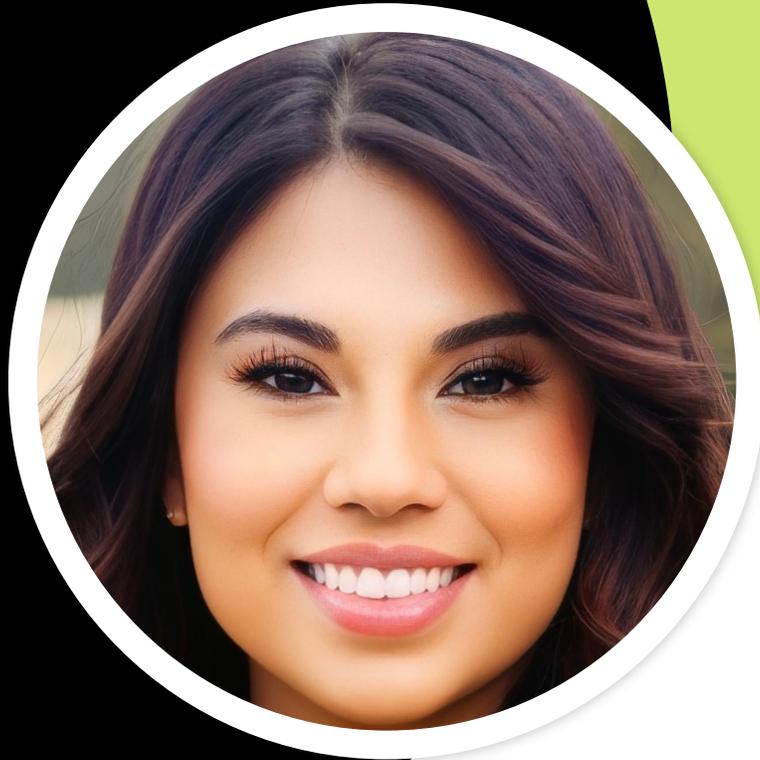




SENIOR BENEFIT
SOLUTIONS

DENTAL HANDBOOK 2024



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**AETNA
DEVOTED
HUMANA
UNITED
MEDICARE ADVANTAGE PLANS**

The image features a stylized background with a large black shape on the left and a light green shape on the right. A white circle is positioned in the center, containing the word "AETNA" in a bold, black, outlined font. The text is centered horizontally within the circle.

AETNA



Aetna[®] Medicare Total Choice dental benefit



Some 2024 Aetna Medicare Advantage plans offer the Total Choice dental benefit. This benefit offers members dental coverage with the freedom to select any licensed dental provider of their choice.

How does the benefit work?

With this benefit, members have a yearly benefit maximum (amount varies by plan). It can be used toward all preventive and comprehensive services, including dentures and implants, up to the benefit maximum (excludes cosmetic services, those considered medical in nature, and administrative charges).

There are no frequency limitations to services.

Options when selecting a provider

Options	How it works
Members visit a dentist in the Aetna dental[®] PPO network. They may save money.	<ul style="list-style-type: none">• We have contracted rates with these providers. That means members can get more dental care up to their benefit maximum.• These dentists agree to bill us directly, so members won't have to pay up front.• We'll pay the dentist up to the benefit maximum for the plan.• The dentist will bill the member for any amount over the benefit maximum and they'll pay them directly.
Members visit any licensed dentist outside the network. They'll have more provider choices. But they may have higher costs.	<ul style="list-style-type: none">• Members may pay more for dental services if they use an out-of-network dentist, so they may reach their benefit maximum more quickly.• If the dentist isn't willing to bill us directly, members will have to pay up front and submit a request for reimbursement.

Frequently asked questions

What is a benefit maximum?

This is the most we'll pay for covered services during the plan year. After reaching the benefit maximum, the member will need to pay out-of-pocket for dental services.

How do members find an in-network provider?

Members can visit [AetnaMedicare.com/Dental](https://www.aetna.com/medicare/dental) to find a network dentist.

Can members use out-of-network providers?

For dental services, yes. For medical services, some members may be required to use an in-network provider. This is because some plans don't include an out-of-network option for medical care. Check the member's EOC at [AetnaMedicare.com/Benefits](https://www.aetna.com/medicare/benefits) to find out what their plan offers.

What if the dentist won't bill Aetna directly?

If the member visits an out-of-network dentist who won't bill us directly, the member will need to pay them up front. The member should ask for an itemized receipt showing the services received, proof of payment, and the name of the dental provider who provided the services. They'll need to submit this to Aetna to receive reimbursement.

How can members request reimbursement?

Online: Visit [AetnaMedicare.com/forms](https://www.aetna.com/medicare/forms)

By mail: Contact Member Services to request a reimbursement form; then mail that form, along with a copy of a itemized receipt, to the claim's address on the member's ID card.

After members request reimbursement, we'll pay them back minus any costs they owe (such as coinsurance), if applicable. We'll do this up to their benefit maximum. It could take up to 20 days to get the reimbursement.

Will there be any other out-of-pocket costs?

If the member's provider is in the Aetna dental PPO network, the member will not have any out-of-pocket costs, up to their benefit maximum.

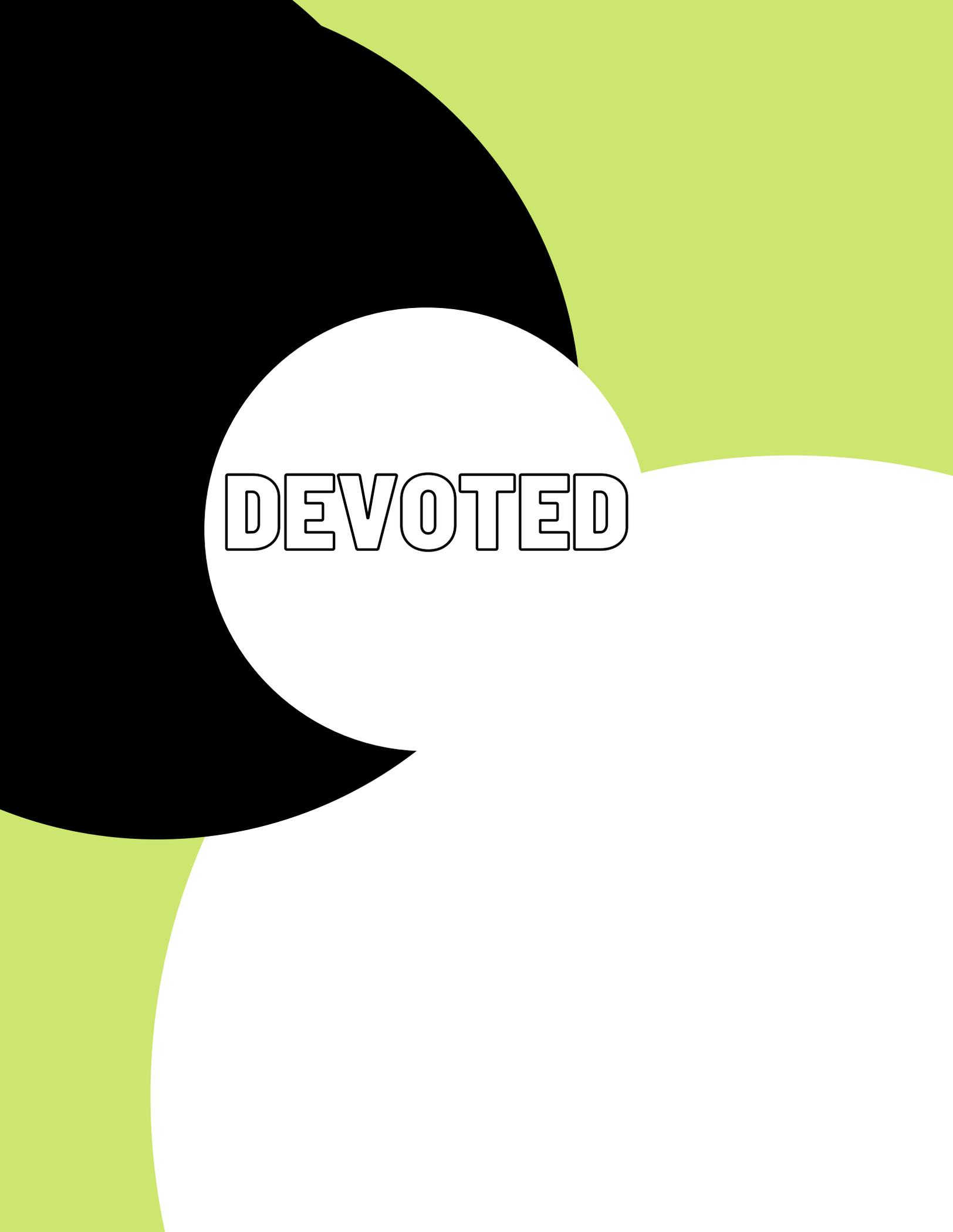
Some plans require that members pay coinsurance when they see an out-of-network dentist. Check the member's EOC at [AetnaMedicare.com/Benefits](https://www.aetna.com/medicare/benefits) to find out what their plan offers.

Questions?

For more information, contact your local Aetna Medicare Broker Manager.

AetnaMedicare.com

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DEVOTED

Devoted Health will pay as much as \$4,000 per year for comprehensive dental services listed below. Services considered preventive are excluded from this maximum.

Your plan also pays for supplemental (extra) benefits:

- You are covered for cleanings, routine exams, x-rays, and more. Please review the chart below for a list of covered services and limitations.
- **If you receive dental services from an out- of-network dentist, you will be responsible for paying the difference between the negotiated fees and the fees your dental provider charges, including any applicable cost share, even for services listed as \$0.**
- If you choose to see an out-of-network provider and pay out-of-pocket, you can ask for reimbursement. For contact information, see Chapter 2.
- Prior authorization may be required for some services — meaning your dentist needs to submit a claim form before performing those services. For services that don't require prior authorization, we strongly recommend that your dentist submit a claim form before performing services.

Exclusions & Limitations:

- You are only covered for the dental services, codes and limits listed in the chart below. It is recommended that you work with your dentist to check benefit eligibility prior to obtaining dental services.
- Any dental services that are furnished that are not listed as a covered code, or if you exceed any dental benefit limitation or annual dental coverage maximum, will not be covered by Devoted Health and you will be responsible for the full cost.
- Any out-of-pocket costs or cost-sharing amount related to supplemental dental services will not count towards your medical maximum out-of-pocket amount.
- If you and your dentist are unsure of your benefits for a specific course of treatment, Devoted Health recommends that you ask for a pre-treatment estimate, also known as advanced determination. You should ask your dentist to submit the claim form in advance of performing the proposed services. Before treatment begins, you'll receive information on whether the services are covered and an estimate of your share of the cost and how much Devoted Health will pay.
- Devoted's dental partner may perform pre- and/or post-treatment clinical review of services to determine if they are appropriate and necessary based on industry standards and that they meet our dental partner's clinical criteria and guidelines for coverage. Any treatment that is determined to not be necessary or does not meet clinical criteria will not be covered by the plan, and you will be responsible for all associated costs.

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Preventive			
What you pay: In network 0% coinsurance, out of network 0% coinsurance			
Exams			
D0120	Routine check-up exam	2 procedures per calendar year	Not covered within 6 months of receiving D0150 or D0180

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D0140	Dental evaluation to evaluate a specific problem or complaint	2 procedures per calendar year	Not covered with any other exam code on same day
D0150	Comprehensive new patient exam	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0180
D0180	Exam for a new or established patient with gum disease or risk factors such as smoking or diabetes	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0150
D0191	Assessment of a Patient	2 procedures per calendar year	Only covered on same day as receiving D9995 or D9996. Not covered when another exam code is submitted on same day.
X-rays			
D0210	Full mouth set of X-rays	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0330
D0220	X-ray of entire tooth (first image)	1 procedure per date of service	Not covered on same day as D0210 or D0330
D0230	X-ray of entire tooth (additional images)	Unlimited	Not covered on same day as D0210 or D0330
D0270			
D0272	X-ray (bitewing procedures) for diagnosing cavities between teeth in the back of the mouth	1 bitewing procedure code per calendar year	Not covered in same year as D0210
D0273			
D0274			
D0277			
D0330	Panoramic X-ray of all the teeth and surrounding bone	1 procedure every 3 years	Not covered within 3 years of receiving D0210
D0350	2D photographic image	1 procedure per calendar year	Only covered when performed on same day as D9995 or D9996
D0801	3D dental surface scan, direct	1 of (D0801, D0802) every calendar year	
D0802	3D dental surface scan, indirect	1 of (D0801, D0802) every calendar year	
D0803	3D facial surface scan, direct	1 of (D0803, D0804) every calendar year	

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D0804	3D facial surface scan, indirect	1 of (D0803, D0804) every calendar year	
Cleanings			
D1110	Routine adult dental cleaning	2 procedures per calendar year	Cannot be performed on the same day as another type of cleaning (D4355, D4910, D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Fluoride			
D1208	Topical fluoride treatment	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year
Comprehensive			
What you pay: In network 0% coinsurance, out of network 20% coinsurance			
Fillings			
D2140			
D2150	Silver-colored filling on front, middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2160			
D2161			
D2330			
D2331	White-colored filling on front teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2332			
D2335			
D2390	White-colored filling that replaces entire outer surface of a front tooth	Unlimited	1 procedure per tooth every 5 years
D2391			
D2392	White-colored filling on middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2393			
D2394			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Crowns			
D2740			
D2750			
D2752	Cap (crown) made of metal,		1 crown code or bridge retainer
D2753	porcelain, porcelain fused to	Unlimited	code (see covered bridge codes
D2790	metal or titanium		below) per tooth every 5 years
D2792			
D2794			
Other Crown Services			
D2910	Recement (reglue) an old inlay, onlay, veneer or partial crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years
D2920	Recement (reglue) an old crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years, only covered 6 months after initial placement of crown
D2940	Protective filling to relieve pain or promote healing, which is usually meant to be a temporary solution	Unlimited	1 procedure per tooth per lifetime
D2950	Buildup filling that is placed to prepare a tooth for a new cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2951	Pin used to retain a large filling	Unlimited	1 procedure per tooth every 5 years, not covered when billed with D2950, D2952 or D2954 on the same day
D2952	Custom-made post and buildup filling that is usually fabricated by a dental lab, placed after a root canal to prepare the tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D2953	Each additional custom-made post	Unlimited	1 procedure per tooth every 5 years, only covered when the tooth receives D2952 on same day
D2954	Pre-made post and buildup filling that is not fabricated by a dental lab, placed after a root canal to prepare tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2980	Repair of a single crown (i.e. chipped porcelain) with filling material	Unlimited	1 procedure per tooth every 5 years, covered only after 2 years from date of crown placement
Root Canals			
D3310			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3320	Initial root canal on a front, middle or back tooth	Unlimited	
D3330			
D3346			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3347	Root canal retreatment (redo) on a front, middle or back tooth	Unlimited	
D3348			
Gum Surgery			
D4210			
D4211	Surgical procedures that treat periodontal disease (gum disease) to promote healing of gums and underlying bone	1 procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or deep cleaning (D4341, D4342) is performed on the same day
D4240			
D4241			
D4260			
D4261			
Other Gum-Related Services			
D4341			
D4342	Deep cleaning that's performed to remove bacteria, plaque and tartar below the gumline along the tooth roots	1 deep cleaning procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D4355	Cleaning that's performed when there's too much tartar on the teeth to do an effective exam	1 procedure every 3 calendar years	Not covered if another cleaning (D1110, D4910), deep cleaning (D4341, D4342), or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4381	Antimicrobial medicine applied within the inflamed gum pocket around a tooth	2 procedures per tooth per calendar year, limited to 2 teeth per quadrant	Only covered on same day that D4910 is performed
D4910	Routine dental cleaning for an adult with a history of gum disease	3 procedures per calendar year	Only covered with previous history of receiving a deep cleaning (D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Complete Dentures			
D5110	Complete upper denture (for patients missing all their upper teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225)
D5120	Complete lower denture (for patients missing all their bottom teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving a lower partial denture (D5212, D5214, D5226)
D5130	Complete upper denture that is delivered on the same day of extracting remaining upper teeth. This denture is meant to be temporary and is called an immediate complete upper denture.	1 procedure per lifetime	Only covered on or after the day of upper tooth extractions
D5140	Complete lower denture that is delivered on the same day of extracting remaining lower teeth. This denture is meant to be temporary and is called an immediate complete lower denture.	1 procedure per lifetime	Only covered on or after the day of lower tooth extractions

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Partial Dentures			
D5211 D5213 D5225	Upper partial denture (for patients missing some of their upper teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving an upper unilateral removable partial denture (D5284, D5286)
D5212 D5214 D5226	Lower partial denture (for patients missing some of their lower teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving a lower unilateral removable partial denture (D5284, D5286)
D5221 D5223 D5227	Upper partial denture that is delivered on the same day of extracting some upper teeth. This denture is meant to be temporary and is called an immediate upper partial denture.	1 procedure code per lifetime	Not covered on same day as receiving an upper partial denture (D5211, D5213, D5225)
D5222 D5224 D5228	Lower partial denture that is delivered on the same day of extracting some lower teeth. This denture is meant to be temporary and is called an immediate lower partial denture.	1 procedure code per lifetime	Not covered on same day as receiving a lower partial denture (D5212, D5214, D5226)
D5284 D5286	Unilateral removable partial denture for the upper or lower arch. This is a 'quadrant' denture meant to only replace 1-2 missing teeth.	1 procedure code per arch every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Adjustments			
D5410 D5421	Adjustment of an upper complete or upper partial denture	2 procedures per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or upper partial denture (D5211, D5213, D5225)
D5411 D5422	Adjustment of a lower complete or lower partial denture	2 procedures per calendar year	Not covered within 6 months of receiving a lower complete denture (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Repairs			
D5511 D5512	Repair of an upper or lower complete denture base	1 procedure code per complete denture base every 5 calendar years	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5520	Replace missing or broken teeth on a complete denture	1 procedure per complete denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5611 D5612 D5621 D5622	Repair of an upper or lower partial denture base or framework	1 procedure code per partial denture base or framework every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5630	Repair or replace a broken clasp on partial denture	1 procedure per partial denture every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5640 D5650	Replace a broken tooth or add tooth to partial denture	1 procedure code per partial denture per calendar year	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5660	Add a clasp to partial denture	1 procedure per partial denture every 5 years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Rebase			
D5710 D5720	Rebase of an upper complete or upper partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5711 D5721	Rebase of a lower complete or lower partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Relines			
D5730			
D5740	Chairside or laboratory reline of upper complete and upper partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5750			
D5760			
D5731			
D5741	Chairside or laboratory reline of lower complete and lower partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)
D5751			
D5761			
D5765	Soft reline for complete or partial dentures	1 procedure per denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110), upper partial denture (D5211, D5213, D5225), lower complete denture (D5120), or lower partial denture (D5212, D5214, D5226)
Other Denture Services			
D5850	Tissue conditioner applied to inside of upper denture to help gums heal	2 procedures per upper denture every 5 calendar years	Covered after delivery of immediate upper denture (D5130, D5221, D5223, D5227) and before fabrication of new upper denture (D5110, D5211, D5213, D5225), not payable after delivery of new upper denture
D5851	Tissue conditioner applied to inside of lower denture to help gums heal	2 procedures per lower denture every 5 calendar years	Covered after delivery of immediate lower denture (D5140, D5222, D5224, D5228) and before fabrication of new lower denture (D5120, D5212, D5214, D5226), not payable after delivery of new lower denture

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Bridge (pontics and retainers)			
D6210			
D6212	The fake tooth (pontic) of the bridge that replaces the missing tooth (edentulous space). Pontics are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 pontic code per edentulous space every 5 calendar years
D6214			
D6240			
D6242			
D6243			
D6245			
D6545			
D6548			
D6740	The caps (retainers) of the bridge that are placed on natural teeth. Retainers are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 retainer code or crown code (see covered crown codes above) per tooth every 5 calendar years, not covered for a bridge supported by implants
D6750			
D6752			
D6753			
D6790			
D6792			
D6794			
Other Bridge Services			
D6930	Recement (reglue) a bridge that has fallen off	Unlimited	1 procedure per calendar year, not covered within 6 months of receiving bridge retainer (see covered retainer codes above)
D6980	Repair of the pontic or retainer portion of bridge	Unlimited	1 procedure every 2 calendar years, not covered within 6 months of receiving bridge pontic (see covered pontic codes above), not covered for a bridge supported by implants
Extractions and Oral Surgery			
D7140	Routine or surgical		
D7210	extractions of erupted teeth or exposed roots	Unlimited	1 extraction procedure code per tooth per lifetime
D7250			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D7310 D7311	Reshaping of bone at extraction site(s) in preparation for a denture procedure (alveoplasty)	1 alveoplasty procedure code per quadrant per lifetime	Only covered if performed on same day as extractions
D7440 D7441	Removal of malignant tumor in the upper or lower jaw	Unlimited	Only covered if procedure is performed by a board certified oral and maxillofacial surgeon
Miscellaneous Services			
D9110	Minor dental procedure to relieve pain or discomfort	1 procedure per calendar year	Only covered for an in-office dental emergency visit
D9230	Nitrous Oxide (laughing gas) sedation	1 procedure per date of dental service	Only covered if comprehensive care (D2140-D9910) is performed on same day
D9910	Desensitizing medication for tooth	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year, does not cover bases, liners or adhesives under fillings
D9930	Treatment for complications after a tooth extraction (including dry sockets) or other surgical procedure	1 procedure per calendar year	Not covered for dry socket treatment within 30 days of an extraction
D9944	Top or bottom hard nightguard that is used to protect the teeth from clenching and/or grinding	1 nightguard every 5 calendar years	Only covered for patients who clench and/or grind their teeth, does not cover appliances for treating sleep apnea, snoring or complex temporomandibular disorders
D9995 D9996	Virtual/remote dental exams	2 procedures per calendar year	Only covered if a D0140 or D0191 exam is performed on the same day

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Preventive			
What you pay: In network 0% coinsurance, out of network 0% coinsurance			
Exams			
D0120	Routine check-up exam	2 procedures per calendar year	Not covered within 6 months of receiving D0150 or D0180
D0140	Dental evaluation to evaluate a specific problem or complaint	2 procedures per calendar year	Not covered with any other exam code on same day
D0150	Comprehensive new patient exam	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0180
D0180	Exam for a new or established patient with gum disease or risk factors such as smoking or diabetes	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0150
D0191	Assessment of a Patient	2 procedures per calendar year	Only covered on same day as receiving D9995 or D9996. Not covered when another exam code is submitted on same day.
X-rays			
D0210	Full mouth set of X-rays	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0330
D0220	X-ray of entire tooth (first image)	1 procedure per date of service	Not covered on same day as D0210 or D0330
D0230	X-ray of entire tooth (additional images)	Unlimited	Not covered on same day as D0210 or D0330
D0270			
D0272	X-ray (bitewing procedures) for diagnosing cavities between teeth in the back of the mouth	1 bitewing procedure code per calendar year	Not covered in same year as D0210
D0273			
D0274			
D0277			
D0330	Panoramic X-ray of all the teeth and surrounding bone	1 procedure every 3 years	Not covered within 3 years of receiving D0210
D0350	2D photographic image	1 procedure per calendar year	Only covered when performed on same day as D9995 or D9996

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D0801	3D dental surface scan, direct	1 of (D0801, D0802) every calendar year	
D0802	3D dental surface scan, indirect	1 of (D0801, D0802) every calendar year	
D0803	3D facial surface scan, direct	1 of (D0803, D0804) every calendar year	
D0804	3D facial surface scan, indirect	1 of (D0803, D0804) every calendar year	
Cleanings			
D1110	Routine adult dental cleaning	2 procedures per calendar year	Cannot be performed on the same day as another type of cleaning (D4355, D4910, D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Fluoride			
D1208	Topical fluoride treatment	2 procedures per calendar year	2 topical fluoride treatments (D1208) per calendar year
Other Dental Services What you pay: In network 0% coinsurance, out of network 20% coinsurance			
Fillings			
D2140			
D2150	Silver-colored filling on front, middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2160			
D2161			
D2330			
D2331	White-colored filling on front teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2332			
D2335			
D2390	White-colored filling that replaces entire outer surface of a front tooth	Unlimited	1 procedure per tooth every 5 years

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D2391			
D2392	White-colored filling on middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2393			
D2394			
Other Gum-Related Services			
D4341		1 deep cleaning procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4342	Deep cleaning that's performed to remove bacteria, plaque and tartar below the gumline along the tooth roots		
D4355	Cleaning that's performed when there's too much tartar on the teeth to do an effective exam	1 procedure every 3 calendar years	Not covered if another cleaning (D1110, D4910), deep cleaning (D4341, D4342), or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4910	Routine dental cleaning for an adult with a history of gum disease	3 procedures per calendar year	Only covered with previous history of receiving a deep cleaning (D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Extractions and Oral Surgery			
D7140	Routine or surgical extractions of erupted teeth or exposed roots	Unlimited	1 extraction procedure code per tooth per lifetime
D7210			
Miscellaneous Services			
D9110	Minor dental procedure to relieve pain or discomfort	1 procedure per calendar year	Only covered for an in-office dental emergency visit
D9995	Virtual/remote dental exams	2 procedures per calendar year	Only covered if a D0140 or D0191 exam is performed on the same day
D9996			

- **If you receive dental services from an out- of-network dentist, you will be responsible for paying the difference between the negotiated fees and the fees your dental provider charges, including any applicable cost share, even for services listed as \$0.**
- If you choose to see an out-of-network provider and pay out-of-pocket, you can ask for reimbursement. For contact information, see Chapter 2.
- Prior authorization may be required for some services — meaning your dentist needs to submit a claim form before performing those services. For services that don’t require prior authorization, we strongly recommend that your dentist submit a claim form before performing services.

Exclusions & Limitations:

- You are only covered for the dental services, codes and limits listed in the chart below. It is recommended that you work with your dentist to check benefit eligibility prior to obtaining dental services.
- Any dental services that are furnished that are not listed as a covered code, or if you exceed any dental benefit limitation or annual dental coverage maximum, will not be covered by Devoted Health and you will be responsible for the full cost.
- Any out-of-pocket costs or cost-sharing amount related to supplemental dental services will not count towards your medical maximum out-of-pocket amount.
- If you and your dentist are unsure of your benefits for a specific course of treatment, Devoted Health recommends that you ask for a pre-treatment estimate, also known as advanced determination. You should ask your dentist to submit the claim form in advance of performing the proposed services. Before treatment begins, you’ll receive information on whether the services are covered and an estimate of your share of the cost and how much Devoted Health will pay.
- Devoted's dental partner may perform pre- and/or post-treatment clinical review of services to determine if they are appropriate and necessary based on industry standards and that they meet our dental partner’s clinical criteria and guidelines for coverage. Any treatment that is determined to not be necessary or does not meet clinical criteria will not be covered by the plan, and you will be responsible for all associated costs.

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Preventive			
What you pay: In network 0% coinsurance, out of network 0% coinsurance			
Exams			
D0120	Routine check-up exam	2 procedures per calendar year	Not covered within 6 months of receiving D0150 or D0180
D0140	Dental evaluation to evaluate a specific problem or complaint	2 procedures per calendar year	Not covered with any other exam code on same day
D0150	Comprehensive new patient exam	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0180

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D0180	Exam for a new or established patient with gum disease or risk factors such as smoking or diabetes	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0150
D0191	Assessment of a Patient	2 procedures per calendar year	Only covered on same day as receiving D9995 or D9996. Not covered when another exam code is submitted on same day.
X-rays			
D0210	Full mouth set of X-rays	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0330
D0220	X-ray of entire tooth (first image)	1 procedure per date of service	Not covered on same day as D0210 or D0330
D0230	X-ray of entire tooth (additional images)	Unlimited	Not covered on same day as D0210 or D0330
D0270			
D0272	X-ray (bitewing procedures) for diagnosing cavities between teeth in the back of the mouth	1 bitewing procedure code per calendar year	Not covered in same year as D0210
D0273			
D0274			
D0277			
D0330	Panoramic X-ray of all the teeth and surrounding bone	1 procedure every 3 years	Not covered within 3 years of receiving D0210
D0350	2D photographic image	1 procedure per calendar year	Only covered when performed on same day as D9995 or D9996
D0801	3D dental surface scan, direct	1 of (D0801, D0802) every calendar year	
D0802	3D dental surface scan, indirect	1 of (D0801, D0802) every calendar year	
D0803	3D facial surface scan, direct	1 of (D0803, D0804) every calendar year	
D0804	3D facial surface scan, indirect	1 of (D0803, D0804) every calendar year	

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Cleanings			
D1110	Routine adult dental cleaning	2 procedures per calendar year	Cannot be performed on the same day as another type of cleaning (D4355, D4910, D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Fluoride			
D1208	Topical fluoride treatment	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year
Comprehensive What you pay: In network 0% coinsurance, out of network 50% coinsurance			
Fillings			
D2140			
D2150	Silver-colored filling on front, middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2160			
D2161			
D2330			
D2331	White-colored filling on front teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2332			
D2335			
D2390	White-colored filling that replaces entire outer surface of a front tooth	Unlimited	1 procedure per tooth every 5 years
D2391			
D2392	White-colored filling on middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2393			
D2394			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Crowns			
D2740			
D2750			
D2752	Cap (crown) made of metal, porcelain, porcelain fused to metal or titanium	Unlimited	1 crown code or bridge retainer code (see covered bridge codes below) per tooth every 5 years
D2753			
D2790			
D2792			
D2794			
Other Crown Services			
D2910	Recement (reglue) an old inlay, onlay, veneer or partial crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years
D2920	Recement (reglue) an old crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years, only covered 6 months after initial placement of crown
D2940	Protective filling to relieve pain or promote healing, which is usually meant to be a temporary solution	Unlimited	1 procedure per tooth per lifetime
D2950	Buildup filling that is placed to prepare a tooth for a new cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2951	Pin used to retain a large filling	Unlimited	1 procedure per tooth every 5 years, not covered when billed with D2950, D2952 or D2954 on the same day
D2952	Custom-made post and buildup filling that is usually fabricated by a dental lab, placed after a root canal to prepare the tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D2953	Each additional custom-made post	Unlimited	1 procedure per tooth every 5 years, only covered when the tooth receives D2952 on same day
D2954	Pre-made post and buildup filling that is not fabricated by a dental lab, placed after a root canal to prepare tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2980	Repair of a single crown (i.e. chipped porcelain) with filling material	Unlimited	1 procedure per tooth every 5 years, covered only after 2 years from date of crown placement
Root Canals			
D3310			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3320	Initial root canal on a front, middle or back tooth	Unlimited	
D3330			
D3346			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3347	Root canal retreatment (redo) on a front, middle or back tooth	Unlimited	
D3348			
Gum Surgery			
D4210			
D4211	Surgical procedures that treat periodontal disease (gum disease) to promote healing of gums and underlying bone	1 procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or deep cleaning (D4341, D4342) is performed on the same day
D4240			
D4241			
D4260			
D4261			
Other Gum-Related Services			
D4341			
D4342	Deep cleaning that's performed to remove bacteria, plaque and tartar below the gumline along the tooth roots	1 deep cleaning procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D4355	Cleaning that's performed when there's too much tartar on the teeth to do an effective exam	1 procedure every 3 calendar years	Not covered if another cleaning (D1110, D4910), deep cleaning (D4341, D4342), or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4381	Antimicrobial medicine applied within the inflamed gum pocket around a tooth	2 procedures per tooth per calendar year, limited to 2 teeth per quadrant	Only covered on same day that D4910 is performed
D4910	Routine dental cleaning for an adult with a history of gum disease	3 procedures per calendar year	Only covered with previous history of receiving a deep cleaning (D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Complete Dentures			
D5110	Complete upper denture (for patients missing all their upper teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225)
D5120	Complete lower denture (for patients missing all their bottom teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving a lower partial denture (D5212, D5214, D5226)
D5130	Complete upper denture that is delivered on the same day of extracting remaining upper teeth. This denture is meant to be temporary and is called an immediate complete upper denture.	1 procedure per lifetime	Only covered on or after the day of upper tooth extractions
D5140	Complete lower denture that is delivered on the same day of extracting remaining lower teeth. This denture is meant to be temporary and is called an immediate complete lower denture.	1 procedure per lifetime	Only covered on or after the day of lower tooth extractions

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Partial Dentures			
D5211 D5213 D5225	Upper partial denture (for patients missing some of their upper teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving an upper unilateral removable partial denture (D5284, D5286)
D5212 D5214 D5226	Lower partial denture (for patients missing some of their lower teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving a lower unilateral removable partial denture (D5284, D5286)
D5221 D5223 D5227	Upper partial denture that is delivered on the same day of extracting some upper teeth. This denture is meant to be temporary and is called an immediate upper partial denture.	1 procedure code per lifetime	Not covered on same day as receiving an upper partial denture (D5211, D5213, D5225)
D5222 D5224 D5228	Lower partial denture that is delivered on the same day of extracting some lower teeth. This denture is meant to be temporary and is called an immediate lower partial denture.	1 procedure code per lifetime	Not covered on same day as receiving a lower partial denture (D5212, D5214, D5226)
D5284 D5286	Unilateral removable partial denture for the upper or lower arch. This is a 'quadrant' denture meant to only replace 1-2 missing teeth.	1 procedure code per arch every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Adjustments			
D5410 D5421	Adjustment of an upper complete or upper partial denture	2 procedures per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or upper partial denture (D5211, D5213, D5225)
D5411 D5422	Adjustment of a lower complete or lower partial denture	2 procedures per calendar year	Not covered within 6 months of receiving a lower complete denture (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Repairs			
D5511 D5512	Repair of an upper or lower complete denture base	1 procedure code per complete denture base every 5 calendar years	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5520	Replace missing or broken teeth on a complete denture	1 procedure per complete denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5611 D5612 D5621 D5622	Repair of an upper or lower partial denture base or framework	1 procedure code per partial denture base or framework every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5630	Repair or replace a broken clasp on partial denture	1 procedure per partial denture every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5640 D5650	Replace a broken tooth or add tooth to partial denture	1 procedure code per partial denture per calendar year	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5660	Add a clasp to partial denture	1 procedure per partial denture every 5 years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Rebase			
D5710 D5720	Rebase of an upper complete or upper partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5711 D5721	Rebase of a lower complete or lower partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Relines			
D5730			
D5740	Chairside or laboratory reline of upper complete and upper partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5750			
D5760			
D5731			
D5741	Chairside or laboratory reline of lower complete and lower partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)
D5751			
D5761			
D5765	Soft reline for complete or partial dentures	1 procedure per denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110), upper partial denture (D5211, D5213, D5225), lower complete denture (D5120), or lower partial denture (D5212, D5214, D5226)
Other Denture Services			
D5850	Tissue conditioner applied to inside of upper denture to help gums heal	2 procedures per upper denture every 5 calendar years	Covered after delivery of immediate upper denture (D5130, D5221, D5223, D5227) and before fabrication of new upper denture (D5110, D5211, D5213, D5225), not payable after delivery of new upper denture
D5851	Tissue conditioner applied to inside of lower denture to help gums heal	2 procedures per lower denture every 5 calendar years	Covered after delivery of immediate lower denture (D5140, D5222, D5224, D5228) and before fabrication of new lower denture (D5120, D5212, D5214, D5226), not payable after delivery of new lower denture

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Bridge (pontics and retainers)			
D6210			
D6212	The fake tooth (pontic) of the bridge that replaces the missing tooth (edentulous space). Pontics are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 pontic code per edentulous space every 5 calendar years
D6214			
D6240			
D6242			
D6243			
D6245			
D6545			
D6548			
D6740	The caps (retainers) of the bridge that are placed on natural teeth. Retainers are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 retainer code or crown code (see covered crown codes above) per tooth every 5 calendar years, not covered for a bridge supported by implants
D6750			
D6752			
D6753			
D6790			
D6792			
D6794			
Other Bridge Services			
D6930	Recement (reglue) a bridge that has fallen off	Unlimited	1 procedure per calendar year, not covered within 6 months of receiving bridge retainer (see covered retainer codes above)
D6980	Repair of the pontic or retainer portion of bridge	Unlimited	1 procedure every 2 calendar years, not covered within 6 months of receiving bridge pontic (see covered pontic codes above), not covered for a bridge supported by implants
Extractions and Oral Surgery			
D7140	Routine or surgical		
D7210	extractions of erupted teeth or exposed roots	Unlimited	1 extraction procedure code per tooth per lifetime
D7250			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D7310 D7311	Reshaping of bone at extraction site(s) in preparation for a denture procedure (alveoplasty)	1 alveoplasty procedure code per quadrant per lifetime	Only covered if performed on same day as extractions
D7440 D7441	Removal of malignant tumor in the upper or lower jaw	Unlimited	Only covered if procedure is performed by a board certified oral and maxillofacial surgeon
Miscellaneous Services			
D9110	Minor dental procedure to relieve pain or discomfort	1 procedure per calendar year	Only covered for an in-office dental emergency visit
D9230	Nitrous Oxide (laughing gas) sedation	1 procedure per date of dental service	Only covered if comprehensive care (D2140-D9910) is performed on same day
D9910	Desensitizing medication for tooth	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year, does not cover bases, liners or adhesives under fillings
D9930	Treatment for complications after a tooth extraction (including dry sockets) or other surgical procedure	1 procedure per calendar year	Not covered for dry socket treatment within 30 days of an extraction
D9944	Top or bottom hard nightguard that is used to protect the teeth from clenching and/or grinding	1 nightguard every 5 calendar years	Only covered for patients who clench and/or grind their teeth, does not cover appliances for treating sleep apnea, snoring or complex temporomandibular disorders
D9995 D9996	Virtual/remote dental exams	2 procedures per calendar year	Only covered if a D0140 or D0191 exam is performed on the same day

- If you choose to see an out-of-network provider and pay out-of-pocket, you can ask for reimbursement. For contact information, see Chapter 2.
- Prior authorization may be required for some services — meaning your dentist needs to submit a claim form before performing those services. For services that don't require prior authorization, we strongly recommend that your dentist submit a claim form before performing services.

Exclusions & Limitations:

- You are only covered for the dental services, codes and limits listed in the chart below. It is recommended that you work with your dentist to check benefit eligibility prior to obtaining dental services.
- Any dental services that are furnished that are not listed as a covered code, or if you exceed any dental benefit limitation or annual dental coverage maximum, will not be covered by Devoted Health and you will be responsible for the full cost.
- Any out-of-pocket costs or cost-sharing amount related to supplemental dental services will not count towards your medical maximum out-of-pocket amount.
- If you and your dentist are unsure of your benefits for a specific course of treatment, Devoted Health recommends that you ask for a pre-treatment estimate, also known as advanced determination. You should ask your dentist to submit the claim form in advance of performing the proposed services. Before treatment begins, you'll receive information on whether the services are covered and an estimate of your share of the cost and how much Devoted Health will pay.
- Devoted's dental partner may perform pre- and/or post-treatment clinical review of services to determine if they are appropriate and necessary based on industry standards and that they meet our dental partner's clinical criteria and guidelines for coverage. Any treatment that is determined to not be necessary or does not meet clinical criteria will not be covered by the plan, and you will be responsible for all associated costs.

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Preventive			
What you pay: In network 0% coinsurance, out of network 0% coinsurance			
Exams			
D0120	Routine check-up exam	2 procedures per calendar year	Not covered within 6 months of receiving D0150 or D0180
D0140	Dental evaluation to evaluate a specific problem or complaint	2 procedures per calendar year	Not covered with any other exam code on same day
D0150	Comprehensive new patient exam	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0180

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D0180	Exam for a new or established patient with gum disease or risk factors such as smoking or diabetes	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0150
D0191	Assessment of a Patient	2 procedures per calendar year	Only covered on same day as receiving D9995 or D9996. Not covered when another exam code is submitted on same day.
X-rays			
D0210	Full mouth set of X-rays	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0330
D0220	X-ray of entire tooth (first image)	1 procedure per date of service	Not covered on same day as D0210 or D0330
D0230	X-ray of entire tooth (additional images)	Unlimited	Not covered on same day as D0210 or D0330
D0270			
D0272	X-ray (bitewing procedures) for diagnosing cavities between teeth in the back of the mouth	1 bitewing procedure code per calendar year	Not covered in same year as D0210
D0273			
D0274			
D0277			
D0330	Panoramic X-ray of all the teeth and surrounding bone	1 procedure every 3 years	Not covered within 3 years of receiving D0210
D0350	2D photographic image	1 procedure per calendar year	Only covered when performed on same day as D9995 or D9996
D0801	3D dental surface scan, direct	1 of (D0801, D0802) every calendar year	
D0802	3D dental surface scan, indirect	1 of (D0801, D0802) every calendar year	
D0803	3D facial surface scan, direct	1 of (D0803, D0804) every calendar year	
D0804	3D facial surface scan, indirect	1 of (D0803, D0804) every calendar year	

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Cleanings			
D1110	Routine adult dental cleaning	2 procedures per calendar year	Cannot be performed on the same day as another type of cleaning (D4355, D4910, D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Fluoride			
D1208	Topical fluoride treatment	2 procedures per calendar year	2 topical fluoride treatments (D1208) per calendar year
Other Dental Services			
What you pay: In network 0% coinsurance, out of network 50% coinsurance			
Fillings			
D2140			
D2150	Silver-colored filling on front, middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2160			
D2161			
D2330			
D2331	White-colored filling on front teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2332			
D2335			
D2390	White-colored filling that replaces entire outer surface of a front tooth	Unlimited	1 procedure per tooth every 5 years
D2391			
D2392	White-colored filling on middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2393			
D2394			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Other Gum-Related Services			
D4341		1 deep cleaning procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	
D4342	Deep cleaning that's performed to remove bacteria, plaque and tartar below the gumline along the tooth roots		Not covered if another cleaning (D1110, D4355, D4910) or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4355	Cleaning that's performed when there's too much tartar on the teeth to do an effective exam	1 procedure every 3 calendar years	Not covered if another cleaning (D1110, D4910), deep cleaning (D4341, D4342), or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4910	Routine dental cleaning for an adult with a history of gum disease	3 procedures per calendar year	Only covered with previous history of receiving a deep cleaning (D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Extractions and Oral Surgery			
D7140	Routine or surgical extractions of erupted teeth or exposed roots	Unlimited	1 extraction procedure code per tooth per lifetime
D7210			
Miscellaneous Services			
D9110	Minor dental procedure to relieve pain or discomfort	1 procedure per calendar year	Only covered for an in-office dental emergency visit
D9995	Virtual/remote dental exams	2 procedures per calendar year	Only covered if a D0140 or D0191 exam is performed on the same day
D9996			

SECTION 3 What services are not covered by the plan?**Section 3.1 Services we do *not* cover (exclusions)**

This section tells you what services are excluded from Medicare coverage and therefore, are not covered by this plan.

- You are covered for cleanings, routine exams, x-rays, and more. Please review the chart below for a list of covered services and limitations.
- **If you receive dental services from an out- of-network dentist, you will be responsible for paying the difference between the negotiated fees and the fees your dental provider charges, including any applicable cost share, even for services listed as \$0.**
- If you choose to see an out-of-network provider and pay out-of-pocket, you can ask for reimbursement. For contact information, see Chapter 2.
- Prior authorization may be required for some services — meaning your dentist needs to submit a claim form before performing those services. For services that don’t require prior authorization, we strongly recommend that your dentist submit a claim form before performing services.

Exclusions & Limitations:

- You are only covered for the dental services, codes and limits listed in the chart below. It is recommended that you work with your dentist to check benefit eligibility prior to obtaining dental services.
- Any dental services that are furnished that are not listed as a covered code, or if you exceed any dental benefit limitation or annual dental coverage maximum, will not be covered by Devoted Health and you will be responsible for the full cost.
- Any out-of-pocket costs or cost-sharing amount related to supplemental dental services will not count towards your medical maximum out-of-pocket amount.
- If you and your dentist are unsure of your benefits for a specific course of treatment, Devoted Health recommends that you ask for a pre-treatment estimate, also known as advanced determination. You should ask your dentist to submit the claim form in advance of performing the proposed services. Before treatment begins, you’ll receive information on whether the services are covered and an estimate of your share of the cost and how much Devoted Health will pay.
- Devoted's dental partner may perform pre- and/or post-treatment clinical review of services to determine if they are appropriate and necessary based on industry standards and that they meet our dental partner’s clinical criteria and guidelines for coverage. Any treatment that is determined to not be necessary or does not meet clinical criteria will not be covered by the plan, and you will be responsible for all associated costs.

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Preventive			
What you pay: In network 0% coinsurance, out of network 0% coinsurance			
Exams			
D0120	Routine check-up exam	2 procedures per calendar year	Not covered within 6 months of receiving D0150 or D0180
D0140	Dental evaluation to evaluate a specific problem or complaint	2 procedures per calendar year	Not covered with any other exam code on same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D0150	Comprehensive new patient exam	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0180
D0180	Exam for a new or established patient with gum disease or risk factors such as smoking or diabetes	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0150
D0191	Assessment of a Patient	2 procedures per calendar year	Only covered on same day as receiving D9995 or D9996. Not covered when another exam code is submitted on same day.
X-rays			
D0210	Full mouth set of X-rays	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0330
D0220	X-ray of entire tooth (first image)	1 procedure per date of service	Not covered on same day as D0210 or D0330
D0230	X-ray of entire tooth (additional images)	Unlimited	Not covered on same day as D0210 or D0330
D0270			
D0272	X-ray (bitewing procedures) for diagnosing cavities between teeth in the back of the mouth	1 bitewing procedure code per calendar year	Not covered in same year as D0210
D0273			
D0274			
D0277			
D0330	Panoramic X-ray of all the teeth and surrounding bone	1 procedure every 3 years	Not covered within 3 years of receiving D0210
D0350	2D photographic image	1 procedure per calendar year	Only covered when performed on same day as D9995 or D9996
D0801	3D dental surface scan, direct	1 of (D0801, D0802) every calendar year	
D0802	3D dental surface scan, indirect	1 of (D0801, D0802) every calendar year	
D0803	3D facial surface scan, direct	1 of (D0803, D0804) every calendar year	
D0804	3D facial surface scan, indirect	1 of (D0803, D0804) every calendar year	

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Cleanings			
D1110	Routine adult dental cleaning	2 procedures per calendar year	Cannot be performed on the same day as another type of cleaning (D4355, D4910, D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Fluoride			
D1208	Topical fluoride treatment	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year
Comprehensive			
What you pay: In network 0% coinsurance, out of network 20% coinsurance			
Fillings			
D2140			
D2150	Silver-colored filling on front, middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2160			
D2161			
D2330			
D2331	White-colored filling on front teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2332			
D2335			
D2390	White-colored filling that replaces entire outer surface of a front tooth	Unlimited	1 procedure per tooth every 5 years
D2391			
D2392	White-colored filling on middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2393			
D2394			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Crowns			
D2740			
D2750			
D2752	Cap (crown) made of metal,		1 crown code or bridge retainer
D2753	porcelain, porcelain fused to	Unlimited	code (see covered bridge codes
D2790	metal or titanium		below) per tooth every 5 years
D2792			
D2794			
Other Crown Services			
D2910	Recement (reglue) an old inlay, onlay, veneer or partial crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years
D2920	Recement (reglue) an old crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years, only covered 6 months after initial placement of crown
D2940	Protective filling to relieve pain or promote healing, which is usually meant to be a temporary solution	Unlimited	1 procedure per tooth per lifetime
D2950	Buildup filling that is placed to prepare a tooth for a new cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2951	Pin used to retain a large filling	Unlimited	1 procedure per tooth every 5 years, not covered when billed with D2950, D2952 or D2954 on the same day
D2952	Custom-made post and buildup filling that is usually fabricated by a dental lab, placed after a root canal to prepare the tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D2953	Each additional custom-made post	Unlimited	1 procedure per tooth every 5 years, only covered when the tooth receives D2952 on same day
D2954	Pre-made post and buildup filling that is not fabricated by a dental lab, placed after a root canal to prepare tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2980	Repair of a single crown (i.e. chipped porcelain) with filling material	Unlimited	1 procedure per tooth every 5 years, covered only after 2 years from date of crown placement
Root Canals			
D3310			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3320	Initial root canal on a front, middle or back tooth	Unlimited	
D3330			
D3346			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3347	Root canal retreatment (redo) on a front, middle or back tooth	Unlimited	
D3348			
Gum Surgery			
D4210			
D4211	Surgical procedures that treat periodontal disease (gum disease) to promote healing of gums and underlying bone	1 procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or deep cleaning (D4341, D4342) is performed on the same day
D4240			
D4241			
D4260			
D4261			
Other Gum-Related Services			
D4341			
D4342	Deep cleaning that's performed to remove bacteria, plaque and tartar below the gumline along the tooth roots	1 deep cleaning procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D4355	Cleaning that's performed when there's too much tartar on the teeth to do an effective exam	1 procedure every 3 calendar years	Not covered if another cleaning (D1110, D4910), deep cleaning (D4341, D4342), or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4381	Antimicrobial medicine applied within the inflamed gum pocket around a tooth	2 procedures per tooth per calendar year, limited to 2 teeth per quadrant	Only covered on same day that D4910 is performed
D4910	Routine dental cleaning for an adult with a history of gum disease	3 procedures per calendar year	Only covered with previous history of receiving a deep cleaning (D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Complete Dentures			
D5110	Complete upper denture (for patients missing all their upper teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225)
D5120	Complete lower denture (for patients missing all their bottom teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving a lower partial denture (D5212, D5214, D5226)
D5130	Complete upper denture that is delivered on the same day of extracting remaining upper teeth. This denture is meant to be temporary and is called an immediate complete upper denture.	1 procedure per lifetime	Only covered on or after the day of upper tooth extractions
D5140	Complete lower denture that is delivered on the same day of extracting remaining lower teeth. This denture is meant to be temporary and is called an immediate complete lower denture.	1 procedure per lifetime	Only covered on or after the day of lower tooth extractions

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Partial Dentures			
D5211 D5213 D5225	Upper partial denture (for patients missing some of their upper teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving an upper unilateral removable partial denture (D5284, D5286)
D5212 D5214 D5226	Lower partial denture (for patients missing some of their lower teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving a lower unilateral removable partial denture (D5284, D5286)
D5221 D5223 D5227	Upper partial denture that is delivered on the same day of extracting some upper teeth. This denture is meant to be temporary and is called an immediate upper partial denture.	1 procedure code per lifetime	Not covered on same day as receiving an upper partial denture (D5211, D5213, D5225)
D5222 D5224 D5228	Lower partial denture that is delivered on the same day of extracting some lower teeth. This denture is meant to be temporary and is called an immediate lower partial denture.	1 procedure code per lifetime	Not covered on same day as receiving a lower partial denture (D5212, D5214, D5226)
D5284 D5286	Unilateral removable partial denture for the upper or lower arch. This is a 'quadrant' denture meant to only replace 1-2 missing teeth.	1 procedure code per arch every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Adjustments			
D5410 D5421	Adjustment of an upper complete or upper partial denture	2 procedures per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or upper partial denture (D5211, D5213, D5225)
D5411 D5422	Adjustment of a lower complete or lower partial denture	2 procedures per calendar year	Not covered within 6 months of receiving a lower complete denture (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Repairs			
D5511 D5512	Repair of an upper or lower complete denture base	1 procedure code per complete denture base every 5 calendar years	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5520	Replace missing or broken teeth on a complete denture	1 procedure per complete denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5611 D5612 D5621 D5622	Repair of an upper or lower partial denture base or framework	1 procedure code per partial denture base or framework every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5630	Repair or replace a broken clasp on partial denture	1 procedure per partial denture every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5640 D5650	Replace a broken tooth or add tooth to partial denture	1 procedure code per partial denture per calendar year	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5660	Add a clasp to partial denture	1 procedure per partial denture every 5 years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Rebase			
D5710 D5720	Rebase of an upper complete or upper partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5711 D5721	Rebase of a lower complete or lower partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Relines			
D5730			
D5740	Chairside or laboratory reline of upper complete and upper partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5750			
D5760			
D5731			
D5741	Chairside or laboratory reline of lower complete and lower partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)
D5751			
D5761			
D5765	Soft reline for complete or partial dentures	1 procedure per denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110), upper partial denture (D5211, D5213, D5225), lower complete denture (D5120), or lower partial denture (D5212, D5214, D5226)
Other Denture Services			
D5850	Tissue conditioner applied to inside of upper denture to help gums heal	2 procedures per upper denture every 5 calendar years	Covered after delivery of immediate upper denture (D5130, D5221, D5223, D5227) and before fabrication of new upper denture (D5110, D5211, D5213, D5225), not payable after delivery of new upper denture
D5851	Tissue conditioner applied to inside of lower denture to help gums heal	2 procedures per lower denture every 5 calendar years	Covered after delivery of immediate lower denture (D5140, D5222, D5224, D5228) and before fabrication of new lower denture (D5120, D5212, D5214, D5226), not payable after delivery of new lower denture

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Bridge (pontics and retainers)			
D6210			
D6212	The fake tooth (pontic) of the bridge that replaces the missing tooth (edentulous space). Pontics are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 pontic code per edentulous space every 5 calendar years
D6214			
D6240			
D6242			
D6243			
D6245			
D6545			
D6548			
D6740	The caps (retainers) of the bridge that are placed on natural teeth. Retainers are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 retainer code or crown code (see covered crown codes above) per tooth every 5 calendar years, not covered for a bridge supported by implants
D6750			
D6752			
D6753			
D6790			
D6792			
D6794			
Other Bridge Services			
D6930	Recement (reglue) a bridge that has fallen off	Unlimited	1 procedure per calendar year, not covered within 6 months of receiving bridge retainer (see covered retainer codes above)
D6980	Repair of the pontic or retainer portion of bridge	Unlimited	1 procedure every 2 calendar years, not covered within 6 months of receiving bridge pontic (see covered pontic codes above), not covered for a bridge supported by implants
Extractions and Oral Surgery			
D7140	Routine or surgical		
D7210	extractions of erupted teeth or exposed roots	Unlimited	1 extraction procedure code per tooth per lifetime
D7250			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D7310 D7311	Reshaping of bone at extraction site(s) in preparation for a denture procedure (alveoplasty)	1 alveoplasty procedure code per quadrant per lifetime	Only covered if performed on same day as extractions
D7440 D7441	Removal of malignant tumor in the upper or lower jaw	Unlimited	Only covered if procedure is performed by a board certified oral and maxillofacial surgeon
Miscellaneous Services			
D9110	Minor dental procedure to relieve pain or discomfort	1 procedure per calendar year	Only covered for an in-office dental emergency visit
D9230	Nitrous Oxide (laughing gas) sedation	1 procedure per date of dental service	Only covered if comprehensive care (D2140-D9910) is performed on same day
D9910	Desensitizing medication for tooth	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year, does not cover bases, liners or adhesives under fillings
D9930	Treatment for complications after a tooth extraction (including dry sockets) or other surgical procedure	1 procedure per calendar year	Not covered for dry socket treatment within 30 days of an extraction
D9944	Top or bottom hard nightguard that is used to protect the teeth from clenching and/or grinding	1 nightguard every 5 calendar years	Only covered for patients who clench and/or grind their teeth, does not cover appliances for treating sleep apnea, snoring or complex temporomandibular disorders
D9995 D9996	Virtual/remote dental exams	2 procedures per calendar year	Only covered if a D0140 or D0191 exam is performed on the same day

SECTION 3 What services are covered outside of the plan?

- You are covered for cleanings, routine exams, x-rays, and more. Please review the chart below for a list of covered services and limitations.
- **If you receive dental services from an out- of-network dentist, you will be responsible for paying the difference between the negotiated fees and the fees your dental provider charges, including any applicable cost share, even for services listed as \$0.**
- If you choose to see an out-of-network provider and pay out-of-pocket, you can ask for reimbursement. For contact information, see Chapter 2.
- Prior authorization may be required for some services — meaning your dentist needs to submit a claim form before performing those services. For services that don’t require prior authorization, we strongly recommend that your dentist submit a claim form before performing services.

Exclusions & Limitations:

- You are only covered for the dental services, codes and limits listed in the chart below. It is recommended that you work with your dentist to check benefit eligibility prior to obtaining dental services.
- Any dental services that are furnished that are not listed as a covered code, or if you exceed any dental benefit limitation or annual dental coverage maximum, will not be covered by Devoted Health and you will be responsible for the full cost.
- Any out-of-pocket costs or cost-sharing amount related to supplemental dental services will not count towards your medical maximum out-of-pocket amount.
- If you and your dentist are unsure of your benefits for a specific course of treatment, Devoted Health recommends that you ask for a pre-treatment estimate, also known as advanced determination. You should ask your dentist to submit the claim form in advance of performing the proposed services. Before treatment begins, you’ll receive information on whether the services are covered and an estimate of your share of the cost and how much Devoted Health will pay.
- Devoted's dental partner may perform pre- and/or post-treatment clinical review of services to determine if they are appropriate and necessary based on industry standards and that they meet our dental partner’s clinical criteria and guidelines for coverage. Any treatment that is determined to not be necessary or does not meet clinical criteria will not be covered by the plan, and you will be responsible for all associated costs.

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Preventive			
What you pay: In network 0% coinsurance, out of network 0% coinsurance			
Exams			
D0120	Routine check-up exam	2 procedures per calendar year	Not covered within 6 months of receiving D0150 or D0180
D0140	Dental evaluation to evaluate a specific problem or complaint	2 procedures per calendar year	Not covered with any other exam code on same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D0150	Comprehensive new patient exam	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0180
D0180	Exam for a new or established patient with gum disease or risk factors such as smoking or diabetes	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0150
D0191	Assessment of a Patient	2 procedures per calendar year	Only covered on same day as receiving D9995 or D9996. Not covered when another exam code is submitted on same day.
X-rays			
D0210	Full mouth set of X-rays	1 procedure every 3 calendar years	Not covered within 3 years of receiving D0330
D0220	X-ray of entire tooth (first image)	1 procedure per date of service	Not covered on same day as D0210 or D0330
D0230	X-ray of entire tooth (additional images)	Unlimited	Not covered on same day as D0210 or D0330
D0270			
D0272	X-ray (bitewing procedures) for diagnosing cavities between teeth in the back of the mouth	1 bitewing procedure code per calendar year	Not covered in same year as D0210
D0273			
D0274			
D0277			
D0330	Panoramic X-ray of all the teeth and surrounding bone	1 procedure every 3 years	Not covered within 3 years of receiving D0210
D0350	2D photographic image	1 procedure per calendar year	Only covered when performed on same day as D9995 or D9996
D0801	3D dental surface scan, direct	1 of (D0801, D0802) every calendar year	
D0802	3D dental surface scan, indirect	1 of (D0801, D0802) every calendar year	
D0803	3D facial surface scan, direct	1 of (D0803, D0804) every calendar year	
D0804	3D facial surface scan, indirect	1 of (D0803, D0804) every calendar year	

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Cleanings			
D1110	Routine adult dental cleaning	2 procedures per calendar year	Cannot be performed on the same day as another type of cleaning (D4355, D4910, D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Fluoride			
D1208	Topical fluoride treatment	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year
Comprehensive			
What you pay: In network 0% coinsurance, out of network 20% coinsurance			
Fillings			
D2140			
D2150	Silver-colored filling on front, middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2160			
D2161			
D2330			
D2331	White-colored filling on front teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2332			
D2335			
D2390	White-colored filling that replaces entire outer surface of a front tooth	Unlimited	1 procedure per tooth every 5 years
D2391			
D2392	White-colored filling on middle or back teeth	Unlimited	1 procedure per surface per tooth every 2 years
D2393			
D2394			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Crowns			
D2740			
D2750			
D2752	Cap (crown) made of metal,		1 crown code or bridge retainer
D2753	porcelain, porcelain fused to	Unlimited	code (see covered bridge codes
D2790	metal or titanium		below) per tooth every 5 years
D2792			
D2794			
Other Crown Services			
D2910	Recement (reglue) an old inlay, onlay, veneer or partial crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years
D2920	Recement (reglue) an old crown that has fallen off	Unlimited	1 procedure per tooth every 2 calendar years, only covered 6 months after initial placement of crown
D2940	Protective filling to relieve pain or promote healing, which is usually meant to be a temporary solution	Unlimited	1 procedure per tooth per lifetime
D2950	Buildup filling that is placed to prepare a tooth for a new cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2951	Pin used to retain a large filling	Unlimited	1 procedure per tooth every 5 years, not covered when billed with D2950, D2952 or D2954 on the same day
D2952	Custom-made post and buildup filling that is usually fabricated by a dental lab, placed after a root canal to prepare the tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D2953	Each additional custom-made post	Unlimited	1 procedure per tooth every 5 years, only covered when the tooth receives D2952 on same day
D2954	Pre-made post and buildup filling that is not fabricated by a dental lab, placed after a root canal to prepare tooth for a cap (crown)	Unlimited	1 buildup procedure code (D2950, D2952, D2954) per tooth every 5 years, not covered when a separate filling code is billed on the same tooth on the same day
D2980	Repair of a single crown (i.e. chipped porcelain) with filling material	Unlimited	1 procedure per tooth every 5 years, covered only after 2 years from date of crown placement
Root Canals			
D3310			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3320	Initial root canal on a front, middle or back tooth	Unlimited	
D3330			
D3346			1 initial root canal procedure code (D3310, D3320, D3330) and 1 retreat root canal procedure code (D3346, D3347, D3348) per tooth per lifetime
D3347	Root canal retreatment (redo) on a front, middle or back tooth	Unlimited	
D3348			
Gum Surgery			
D4210			
D4211	Surgical procedures that treat periodontal disease (gum disease) to promote healing of gums and underlying bone	1 procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or deep cleaning (D4341, D4342) is performed on the same day
D4240			
D4241			
D4260			
D4261			
Other Gum-Related Services			
D4341			
D4342	Deep cleaning that's performed to remove bacteria, plaque and tartar below the gumline along the tooth roots	1 deep cleaning procedure code per quadrant every 3 calendar years, not to exceed 4 unique quadrants every 3 calendar years	Not covered if another cleaning (D1110, D4355, D4910) or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D4355	Cleaning that's performed when there's too much tartar on the teeth to do an effective exam	1 procedure every 3 calendar years	Not covered if another cleaning (D1110, D4910), deep cleaning (D4341, D4342), or gum surgery procedure (D4210, D4211, D4240, D4241, D4260, D4261) is performed on same day
D4381	Antimicrobial medicine applied within the inflamed gum pocket around a tooth	2 procedures per tooth per calendar year, limited to 2 teeth per quadrant	Only covered on same day that D4910 is performed
D4910	Routine dental cleaning for an adult with a history of gum disease	3 procedures per calendar year	Only covered with previous history of receiving a deep cleaning (D4341, D4342) or gum surgery (D4210, D4211, D4240, D4241, D4260, D4261)
Complete Dentures			
D5110	Complete upper denture (for patients missing all their upper teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225)
D5120	Complete lower denture (for patients missing all their bottom teeth)	1 procedure every 5 calendar years	Not covered within 5 years of receiving a lower partial denture (D5212, D5214, D5226)
D5130	Complete upper denture that is delivered on the same day of extracting remaining upper teeth. This denture is meant to be temporary and is called an immediate complete upper denture.	1 procedure per lifetime	Only covered on or after the day of upper tooth extractions
D5140	Complete lower denture that is delivered on the same day of extracting remaining lower teeth. This denture is meant to be temporary and is called an immediate complete lower denture.	1 procedure per lifetime	Only covered on or after the day of lower tooth extractions

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Partial Dentures			
D5211 D5213 D5225	Upper partial denture (for patients missing some of their upper teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving an upper unilateral removable partial denture (D5284, D5286)
D5212 D5214 D5226	Lower partial denture (for patients missing some of their lower teeth)	1 procedure code every 5 calendar years	Not covered within 5 years of receiving a lower unilateral removable partial denture (D5284, D5286)
D5221 D5223 D5227	Upper partial denture that is delivered on the same day of extracting some upper teeth. This denture is meant to be temporary and is called an immediate upper partial denture.	1 procedure code per lifetime	Not covered on same day as receiving an upper partial denture (D5211, D5213, D5225)
D5222 D5224 D5228	Lower partial denture that is delivered on the same day of extracting some lower teeth. This denture is meant to be temporary and is called an immediate lower partial denture.	1 procedure code per lifetime	Not covered on same day as receiving a lower partial denture (D5212, D5214, D5226)
D5284 D5286	Unilateral removable partial denture for the upper or lower arch. This is a 'quadrant' denture meant to only replace 1-2 missing teeth.	1 procedure code per arch every 5 calendar years	Not covered within 5 years of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Adjustments			
D5410 D5421	Adjustment of an upper complete or upper partial denture	2 procedures per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or upper partial denture (D5211, D5213, D5225)
D5411 D5422	Adjustment of a lower complete or lower partial denture	2 procedures per calendar year	Not covered within 6 months of receiving a lower complete denture (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Repairs			
D5511 D5512	Repair of an upper or lower complete denture base	1 procedure code per complete denture base every 5 calendar years	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5520	Replace missing or broken teeth on a complete denture	1 procedure per complete denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110) or lower complete denture (D5120)
D5611 D5612 D5621 D5622	Repair of an upper or lower partial denture base or framework	1 procedure code per partial denture base or framework every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5630	Repair or replace a broken clasp on partial denture	1 procedure per partial denture every 5 calendar years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5640 D5650	Replace a broken tooth or add tooth to partial denture	1 procedure code per partial denture per calendar year	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
D5660	Add a clasp to partial denture	1 procedure per partial denture every 5 years	Not covered within 6 months of receiving an upper partial denture (D5211, D5213, D5225) or lower partial denture (D5212, D5214, D5226)
Denture Rebase			
D5710 D5720	Rebase of an upper complete or upper partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5711 D5721	Rebase of a lower complete or lower partial denture	1 procedure code per denture every 5 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Denture Relines			
D5730			
D5740	Chairside or laboratory reline of upper complete and upper partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving an upper complete (D5110) or upper partial denture (D5211, D5213, D5225)
D5750			
D5760			
D5731			
D5741	Chairside or laboratory reline of lower complete and lower partial dentures	1 procedure code every 2 calendar years	Not covered within 6 months of receiving a lower complete (D5120) or lower partial denture (D5212, D5214, D5226)
D5751			
D5761			
D5765	Soft reline for complete or partial dentures	1 procedure per denture per calendar year	Not covered within 6 months of receiving an upper complete denture (D5110), upper partial denture (D5211, D5213, D5225), lower complete denture (D5120), or lower partial denture (D5212, D5214, D5226)
Other Denture Services			
D5850	Tissue conditioner applied to inside of upper denture to help gums heal	2 procedures per upper denture every 5 calendar years	Covered after delivery of immediate upper denture (D5130, D5221, D5223, D5227) and before fabrication of new upper denture (D5110, D5211, D5213, D5225), not payable after delivery of new upper denture
D5851	Tissue conditioner applied to inside of lower denture to help gums heal	2 procedures per lower denture every 5 calendar years	Covered after delivery of immediate lower denture (D5140, D5222, D5224, D5228) and before fabrication of new lower denture (D5120, D5212, D5214, D5226), not payable after delivery of new lower denture

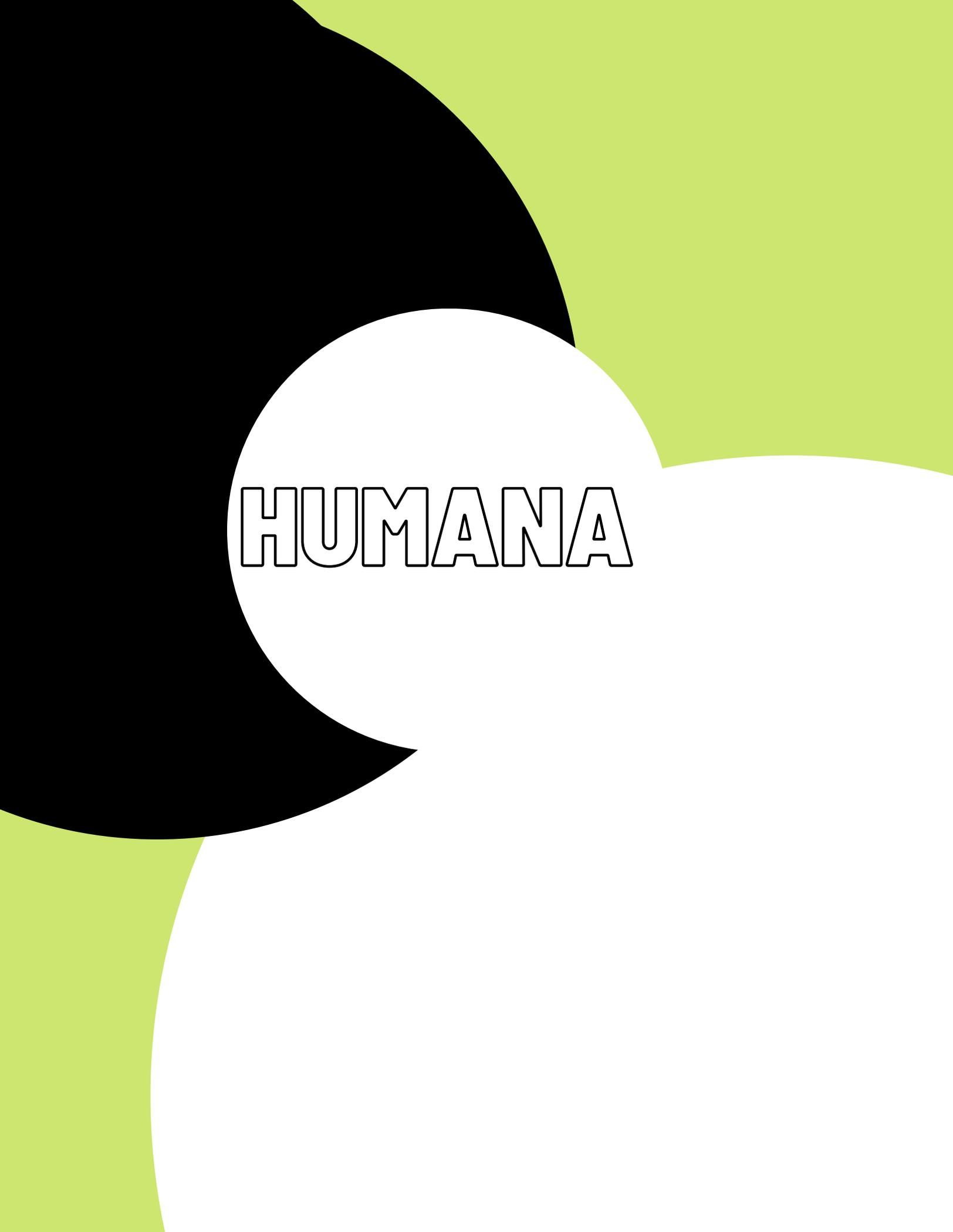
Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
Bridge (pontics and retainers)			
D6210			
D6212	The fake tooth (pontic) of the bridge that replaces the missing tooth (edentulous space). Pontics are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 pontic code per edentulous space every 5 calendar years
D6214			
D6240			
D6242			
D6243			
D6245			
D6545			
D6548			
D6740	The caps (retainers) of the bridge that are placed on natural teeth. Retainers are made of metal, porcelain, porcelain fused to metal or titanium.	Unlimited	1 retainer code or crown code (see covered crown codes above) per tooth every 5 calendar years, not covered for a bridge supported by implants
D6750			
D6752			
D6753			
D6790			
D6792			
D6794			
Other Bridge Services			
D6930	Recement (reglue) a bridge that has fallen off	Unlimited	1 procedure per calendar year, not covered within 6 months of receiving bridge retainer (see covered retainer codes above)
D6980	Repair of the pontic or retainer portion of bridge	Unlimited	1 procedure every 2 calendar years, not covered within 6 months of receiving bridge pontic (see covered pontic codes above), not covered for a bridge supported by implants
Extractions and Oral Surgery			
D7140	Routine or surgical		
D7210	extractions of erupted teeth or exposed roots	Unlimited	1 extraction procedure code per tooth per lifetime
D7250			

Chapter 4 : Medical Benefits Chart (what is covered and what you pay)

CODE	SERVICE	FREQUENCY	BENEFIT DETAILS
D7310 D7311	Reshaping of bone at extraction site(s) in preparation for a denture procedure (alveoplasty)	1 alveoplasty procedure code per quadrant per lifetime	Only covered if performed on same day as extractions
D7440 D7441	Removal of malignant tumor in the upper or lower jaw	Unlimited	Only covered if procedure is performed by a board certified oral and maxillofacial surgeon
Miscellaneous Services			
D9110	Minor dental procedure to relieve pain or discomfort	1 procedure per calendar year	Only covered for an in-office dental emergency visit
D9230	Nitrous Oxide (laughing gas) sedation	1 procedure per date of dental service	Only covered if comprehensive care (D2140-D9910) is performed on same day
D9910	Desensitizing medication for tooth	2 procedures per calendar year	2 topical fluoride treatments (D1208) or desensitizing medication applications (D9910) per calendar year, does not cover bases, liners or adhesives under fillings
D9930	Treatment for complications after a tooth extraction (including dry sockets) or other surgical procedure	1 procedure per calendar year	Not covered for dry socket treatment within 30 days of an extraction
D9944	Top or bottom hard nightguard that is used to protect the teeth from clenching and/or grinding	1 nightguard every 5 calendar years	Only covered for patients who clench and/or grind their teeth, does not cover appliances for treating sleep apnea, snoring or complex temporomandibular disorders
D9995 D9996	Virtual/remote dental exams	2 procedures per calendar year	Only covered if a D0140 or D0191 exam is performed on the same day

SECTION 3 What services are covered outside of the plan?



HUMANA

2024 DEN050

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN050

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$3,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface (alternate benefit only)	One per tooth per lifetime	100%	100%
D2520	Inlay – metallic – two surfaces (alternate benefit only)		100%	100%
D2530	Inlay – metallic – three or more surfaces (alternate benefit only)		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface (alternate benefit only)		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces (alternate benefit only)		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces (alternate benefit only)		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	100%
D2650	Inlay – resin-based composite – one surface (alternate benefit only)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces (alternate benefit only)	One per tooth per lifetime	100%	100%
D2652	Inlay – resin-based composite – three or more surfaces (alternate benefit only)		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
D2710	Crown – resin-based composite (indirect)		100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic (alternate benefit only)		100%	100%
D2750	Crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal		100%	100%
D2792	Crown – full cast noble metal		100%	100%
D2794	Crown – titanium and titanium alloys		100%	100%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete denture every five calendar years	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	One upper and lower partial denture every five calendar years	100%	100%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace broken teeth – per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
Bridges – pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	100%
D6211	Pontic – cast predominantly base metal		100%	100%
D6212	Pontic – cast noble metal		100%	100%
D6214	Pontic – titanium and titanium alloys		100%	100%
D6240	Pontic – porcelain fused to high noble metal		100%	100%
D6241	Pontic – porcelain fused to predominantly base metal		100%	100%
D6242	Pontic – porcelain fused to noble metal		100%	100%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	100%
D6245	Pontic – porcelain/ceramic		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic (alternate benefit only)	Two procedure codes from this group every five calendar years	100%	100%
D6750	Retainer crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	100%
D6752	Retainer crown – porcelain fused to noble metal		100%	100%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	100%
D6790	Retainer crown – full cast high noble metal		100%	100%
D6791	Retainer crown – full cast predominantly base metal		100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment – complete		100%	100%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

2024 DEN086

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- No out-of-network coverage on this plan.
- Humana is a Medicare Advantage health maintenance organization (HMO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a preferred provider organization (PPO) dental network.

2024 DEN086

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exams				
D0120	Periodic oral evaluation – established patient	Unlimited up to annual maximum	100%	0%
D0140	Limited oral evaluation – problem focused		100%	0%
D0150	Comprehensive oral evaluation – new or established patient		100%	0%
D0160	Detailed and extensive oral evaluation – problem focused, by report		100%	0%
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)		100%	0%
D0171	Re-evaluation – post-operative office visit		100%	0%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	0%
Diagnostic imaging				
D0210	Intraoral – comprehensive series of radiographic images	Unlimited up to annual maximum	100%	0%
D0220	Intraoral – periapical first radiographic image		100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
D0240	Intraoral – occlusal radiographic image		100%	0%
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		100%	0%
D0251	Extra-oral posterior dental radiographic image		100%	0%
D0270	Bitewing – single radiographic image		100%	0%
D0272	Bitewings – two radiographic images		100%	0%
D0273	Bitewings – three radiographic images		100%	0%
D0274	Bitewings – four radiographic images		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Diagnostic imaging (continued)				
D0310	Sialography	Unlimited up to annual maximum	100%	0%
D0322	Tomographic survey		100%	0%
D0330	Panoramic radiographic image		100%	0%
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis		100%	0%
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw		100%	0%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		100%	0%
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		100%	0%
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		100%	0%
D0393	Virtual treatment simulation using 3D image volume or surface scan		100%	0%
D0394	Digital subtraction of two or more images or image volumes of the same modality		100%	0%
D0395	Fusion of two or more 3D image volumes of one or more modalities	100%	0%	
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Unlimited up to annual maximum	100%	0%
D1120	Prophylaxis – child		100%	0%
Fluoride				
D1206	Topical application of fluoride varnish	Unlimited up to annual maximum	100%	0%
D1208	Topical application of fluoride – excluding varnish		100%	0%
Other preventive services				
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Unlimited up to annual maximum	100%	0%
D1353	Sealant repair – per tooth		100%	0%
D1354	Application of caries arresting medicament application – per tooth		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited up to annual maximum	100%	0%
D2150	Amalgam – two surfaces, primary or permanent		100%	0%
D2160	Amalgam – three surfaces, primary or permanent		100%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	0%
D2330	Resin-based composite – one surface, anterior (front)		100%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	0%
D2390	Resin-based composite crown, anterior		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Inlay/Onlay restorations				
D2410	Gold foil – one surface	Unlimited up to annual maximum	100%	0%
D2420	Gold foil – two surfaces		100%	0%
D2430	Gold foil – three surfaces		100%	0%
D2510	Inlay – metallic – one surface		100%	0%
D2520	Inlay – metallic – two surfaces		100%	0%
D2530	Inlay – metallic – three or more surfaces		100%	0%
D2542	Onlay – metallic – two surfaces		100%	0%
D2543	Onlay – metallic – three surfaces		100%	0%
D2544	Onlay – metallic – four or more surfaces		100%	0%
D2610	Inlay – porcelain/ceramic – one surface		100%	0%
D2620	Inlay – porcelain/ceramic – two surfaces		100%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces		100%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Inlay/Onlay restorations (continued)				
D2644	Onlay – porcelain/ceramic – four or more surfaces	Unlimited up to annual maximum	100%	0%
D2650	Inlay – resin-based composite – one surface		100%	0%
D2651	Inlay – resin-based composite – two surfaces		100%	0%
D2652	Inlay – resin-based composite – three or more surfaces		100%	0%
D2662	Onlay – resin-based composite – two surfaces		100%	0%
D2663	Onlay – resin-based composite – three surfaces		100%	0%
D2664	Onlay – resin-based composite – four or more surfaces		100%	0%
Crowns				
D2710	Crown – resin-based composite (indirect)	Unlimited up to annual maximum	100%	0%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	0%
D2720	Crown – resin with high noble metal		100%	0%
D2721	Crown – resin with predominantly base metal		100%	0%
D2722	Crown – resin with noble metal		100%	0%
D2740	Crown – porcelain/ceramic		100%	0%
D2750	Crown – porcelain fused to high noble metal		100%	0%
D2751	Crown – porcelain fused to predominantly base metal		100%	0%
D2752	Crown – porcelain fused to noble metal		100%	0%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	0%
D2780	Crown – 3/4 cast high noble metal		100%	0%
D2781	Crown – 3/4 cast predominantly base metal		100%	0%
D2782	Crown – 3/4 cast noble metal		100%	0%
D2783	Crown – 3/4 porcelain/ceramic		100%	0%
D2790	Crown – full cast high noble metal		100%	0%
D2791	Crown – full cast predominantly base metal		100%	0%
D2792	Crown – full cast noble metal		100%	0%
D2794	Crown – titanium and titanium alloys	100%	0%	

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Other restorative services				
D2990	Resin infiltration of incipient smooth surface lesions	Unlimited up to annual maximum	100%	0%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		100%	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	0%
D2920	Re-cement or re-bond crown		100%	0%
D2921	Reattachment of tooth fragment, incisal edge or cusp		100%	0%
D2928	Prefabricated porcelain/ceramic crown – permanent tooth		100%	0%
D2931	Prefabricated stainless steel crown – permanent tooth		100%	0%
D2932	Prefabricated resin crown		100%	0%
D2933	Prefabricated stainless steel crown with resin window		100%	0%
D2940	Protective restoration		100%	0%
D2949	Restorative foundation for an indirect restoration		100%	0%
D2950	Core buildup, including any pins when required		100%	0%
D2951	Pin retention – per tooth, in addition to restoration		100%	0%
D2952	Post and core in addition to crown, indirectly fabricated		100%	0%
D2953	Each additional indirectly fabricated post – same tooth		100%	0%
D2954	Prefabricated post and core in addition to crown		100%	0%
D2955	Post removal		100%	0%
D2957	Each additional prefabricated post – same tooth		100%	0%
D2971	Additional procedures to construct new crown under existing partial denture framework		100%	0%
D2975	Coping		100%	0%
D2980	Crown repair necessitated by restorative material failure	100%	0%	
D2981	Inlay repair necessitated by restorative material failure	100%	0%	
D2982	Onlay repair necessitated by restorative material failure	100%	0%	

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services				
D3110	Pulp cap – direct (excluding final restoration)	Unlimited up to annual maximum	100%	0%
D3120	Pulp cap – indirect (excluding final restoration)		100%	0%
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		100%	0%
D3221	Pulpal debridement, primary and permanent teeth		100%	0%
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		100%	0%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		100%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	0%
D3331	Treatment of root canal obstruction; non-surgical access		100%	0%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		100%	0%
D3333	Internal root repair of perforation defects		100%	0%
D3346	Retreatment of previous root canal therapy – anterior		100%	0%
D3347	Retreatment of previous root canal therapy – premolar		100%	0%
D3348	Retreatment of previous root canal therapy – molar		100%	0%
D3351	Apexification/recalcification pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		100%	0%
D3352	Apexification/recalcification – interim medication replacement		100%	0%
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)		100%	0%
D3355	Pulpal regeneration – initial visit		100%	0%
D3356	Pulpal regeneration – interim medication replacement		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services (continued)				
D3357	Pulpal regeneration – completion of treatment	Unlimited up to annual maximum	100%	0%
D3410	Apicoectomy – anterior		100%	0%
D3421	Apicoectomy – bicuspid (first root)		100%	0%
D3425	Apicoectomy – molar (first root)		100%	0%
D3426	Apicoectomy (each additional root)		100%	0%
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site		100%	0%
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		100%	0%
D3430	Retrograde filling – per root		100%	0%
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		100%	0%
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		100%	0%
D3450	Root amputation – per root		100%	0%
D3470	Intentional re-implantation (including necessary splinting)		100%	0%
D3471	Surgical repair of root resorption – anterior		100%	0%
D3472	Surgical repair of root resorption – premolar		100%	0%
D3473	Surgical repair of root resorption – molar		100%	0%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior		100%	0%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar		100%	0%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar		100%	0%
D3920	Hemisection (including any root removal), not including root canal therapy		100%	0%
Periodontics				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	0%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		100%	0%
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4245	Apically positioned flap		100%	0%
D4249	Clinical crown lengthening – hard tissue		100%	0%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4263	Bone replacement graft – retained natural tooth – first site in quadrant		100%	0%
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant		100%	0%
D4265	Biologic materials to aid in soft and osseous tissue regeneration		100%	0%
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site		100%	0%
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site		100%	0%
D4268	Surgical revision procedure, per tooth		100%	0%
D4270	Pedicle soft tissue graft procedure		100%	0%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		100%	0%
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		100%	0%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4276	Combined connective tissue and pedicle graft, per tooth	Unlimited up to annual maximum	100%	0%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		100%	0%
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		100%	0%
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		100%	0%
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		100%	0%
D4341	Periodontal scaling and root planing – four or more teeth per quadrant		100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		100%	0%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		100%	0%
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		100%	0%
D4910	Periodontal maintenance		100%	0%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		100%	0%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	Unlimited up to annual maximum	100%	0%
D5120	Complete denture – mandibular		100%	0%
D5130	Immediate denture – maxillary		100%	0%
D5140	Immediate denture – mandibular		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Unlimited up to annual maximum	100%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	Unlimited up to annual maximum	100%	0%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	Unlimited up to annual maximum	100%	0%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	0%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	Unlimited up to annual maximum	100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5421	Adjust partial denture – maxillary		100%	0%
D5422	Adjust partial denture – mandibular		100%	0%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	Unlimited up to annual maximum	100%	0%
D5512	Repair broken complete denture base, maxillary		100%	0%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	0%
D5611	Repair resin partial denture base, mandibular		100%	0%
D5612	Repair resin partial denture base, maxillary		100%	0%
D5621	Repair cast partial framework, mandibular		100%	0%
D5622	Repair cast partial framework, maxillary		100%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	0%
D5640	Replace broken teeth – per tooth		100%	0%
D5650	Add tooth to existing partial denture		100%	0%
D5660	Add clasp to existing partial denture – per tooth		100%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	Unlimited up to annual maximum	100%	0%
D5711	Rebase complete mandibular denture		100%	0%
D5720	Rebase maxillary partial denture		100%	0%
D5721	Rebase mandibular partial denture		100%	0%
D5725	Rebase hybrid prosthesis		100%	0%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	Unlimited up to annual maximum	100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5740	Reline maxillary partial denture (direct)		100%	0%
D5741	Reline mandibular partial denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
D5760	Reline maxillary partial denture (indirect)		100%	0%
D5761	Reline mandibular partial denture (indirect)		100%	0%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	0%
Other removable prosthetic services				
D5850	Tissue conditioning, maxillary	Unlimited up to annual maximum	100%	0%
D5851	Tissue conditioning, mandibular		100%	0%
D5862	Precision attachment, by report		100%	0%
D5863	Overdenture - complete maxillary		100%	0%
D5864	Overdenture - partial maxillary		100%	0%
D5865	Overdenture - complete mandibular		100%	0%
D5866	Overdenture - partial mandibular		100%	0%
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)		100%	0%
D5875	Modification of removable prosthesis following implant surgery		100%	0%
D5876	Add metal substructure to acrylic full denture (per arch)		100%	0%
Bridges - pontic				
D6205	Pontic - indirect resin based composite	Unlimited up to annual maximum	100%	0%
D6210	Pontic - cast high noble metal		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – pontic (continued)				
D6211	Pontic – cast predominantly base metal	Unlimited up to annual maximum	100%	0%
D6212	Pontic – cast noble metal		100%	0%
D6214	Pontic – titanium and titanium alloys		100%	0%
D6240	Pontic – porcelain fused to high noble metal		100%	0%
D6241	Pontic – porcelain fused to predominantly base metal		100%	0%
D6242	Pontic – porcelain fused to noble metal		100%	0%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	0%
D6245	Pontic – porcelain/ceramic		100%	0%
D6250	Pontic – resin with high noble metal		100%	0%
D6251	Pontic – resin with predominantly base metal		100%	0%
D6252	Pontic – resin with noble metal		100%	0%
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression		100%	0%
Fixed partial denture retainers – inlays/onlays				
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Unlimited up to annual maximum	100%	0%
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis		100%	0%
D6549	Resin retainer – for resin bonded fixed prosthesis		100%	0%
D6600	Retainer inlay – porcelain/ceramic, two surfaces		100%	0%
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces		100%	0%
D6602	Retainer inlay – cast high noble metal, two surfaces		100%	0%
D6603	Retainer inlay – cast high noble metal, three or more surfaces		100%	0%
D6604	Retainer inlay – cast predominantly base metal, two surfaces		100%	0%
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces		100%	0%
D6606	Retainer inlay – cast noble metal, two surfaces		100%	0%
D6607	Retainer inlay – cast noble metal, three or more surfaces		100%	0%
D6608	Retainer onlay – porcelain/ceramic, two surfaces		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – inlays/onlays (continued)				
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Unlimited up to annual maximum	100%	0%
D6610	Retainer onlay – cast high noble metal, two surfaces		100%	0%
D6611	Retainer onlay – cast high noble metal, three or more surfaces		100%	0%
D6612	Retainer onlay – cast predominantly base metal, two surfaces		100%	0%
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces		100%	0%
D6614	Retainer onlay – cast noble metal, two surfaces		100%	0%
D6615	Retainer onlay – cast noble metal, three or more surfaces		100%	0%
D6624	Retainer inlay – titanium		100%	0%
D6634	Retainer onlay – titanium		100%	0%
Fixed partial denture retainers – crowns				
D6710	Retainer crown – indirect resin based composite	Unlimited up to annual maximum	100%	0%
D6720	Retainer crown – resin with high noble metal		100%	0%
D6721	Retainer crown – resin with predominantly base metal		100%	0%
D6722	Retainer crown – resin with noble metal		100%	0%
D6740	Retainer crown – porcelain/ceramic		100%	0%
D6750	Retainer crown – porcelain fused to high noble metal		100%	0%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	0%
D6752	Retainer crown – porcelain fused to noble metal		100%	0%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	0%
D6780	Retainer crown – 3/4 cast high noble metal		100%	0%
D6781	Retainer crown – 3/4 cast predominantly base metal		100%	0%
D6782	Retainer crown – 3/4 cast noble metal		100%	0%
D6783	Retainer crown – 3/4 porcelain/ceramic		100%	0%
D6784	Retainer crown – 3/4 titanium and titanium alloys		100%	0%
D6790	Retainer crown – full cast high noble metal		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – crowns (continued)				
D6791	Retainer crown – full cast predominantly base metal	Unlimited up to annual maximum	100%	0%
D6792	Retainer crown – full cast noble metal		100%	0%
D6794	Retainer crown – titanium and titanium alloys		100%	0%
Other fixed partial denture services				
D6920	Connector bar	Unlimited up to annual maximum	100%	0%
D6930	Re-cement or re-bond fixed partial denture		100%	0%
D6940	Stress breaker		100%	0%
D6950	Precision attachment		100%	0%
D6980	Fixed partial denture repair necessitated by restorative material failure		100%	0%
Oral surgery				
D7111	Extraction, coronal remnants – primary tooth	Unlimited up to annual maximum	100%	0%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%
D7220	Removal of impacted tooth – soft tissue		100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	0%
D7250	Removal of residual tooth roots (cutting procedure)		100%	0%
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only		100%	0%
D7260	Oroantral fistula closure		100%	0%
D7261	Primary closure of a sinus perforation		100%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	0%
D7280	Exposure of an unerupted tooth		100%	0%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		100%	0%
D7283	Placement of device to facilitate eruption of impacted tooth		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7284	Excisional biopsy of minor salivary glands	Unlimited up to annual maximum	100%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	0%
D7286	Incisional biopsy of oral tissue – soft		100%	0%
D7287	Exfoliative cytological sample collection		100%	0%
D7288	Brush biopsy – transepithelial sample collection		100%	0%
D7290	Surgical repositioning of teeth		100%	0%
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		100%	0%
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		100%	0%
D7293	Placement of temporary anchorage device requiring flap; includes device removal		100%	0%
D7294	Placement of temporary anchorage device without flap; includes device removal		100%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)		100%	0%
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		100%	0%
D7465	Destruction of lesion(s) by physical or chemical method, by report		100%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7509	Marsupialization of odontogenic cyst	Unlimited up to annual maximum	100%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	0%
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		100%	0%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone		100%	0%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		100%	0%
D7921	Collection and application of autologous blood concentrate product		100%	0%
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach		100%	0%
D7952	Sinus augmentation via a vertical approach		100%	0%
D7953	Bone replacement graft for ridge preservation – per site		100%	0%
D7955	Repair of maxillofacial soft and/or hard tissue defect		100%	0%
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site		100%	0%
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site		100%	0%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	0%
D7962	Lingual frenectomy (frenulectomy)		100%	0%
D7963	Frenuloplasty		100%	0%
Adjunctive general services				
D9110	Palliative treatment of dental pain – per visit	Unlimited up to annual maximum	100%	0%
D9120	Fixed partial denture sectioning		100%	0%
Anesthesia				
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Unlimited up to annual maximum	100%	0%
D9222	Deep sedation/general anesthesia – first 15 minutes		100%	0%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia (continued)				
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Unlimited up to annual maximum	100%	0%
D9248	Non-intravenous conscious sedation		100%	0%
Miscellaneous services				
D9944	Occlusal guard – hard appliance, full arch	Unlimited up to annual maximum	100%	0%
D9945	Occlusal guard – soft appliance, full arch		100%	0%
D9946	Occlusal guard – hard appliance, partial arch		100%	0%
D9951	Occlusal adjustment – limited		100%	0%
D9952	Occlusal adjustment – complete		100%	0%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

2024 DEN086

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- No out-of-network coverage on this plan.
- Humana is a Medicare Advantage health maintenance organization (HMO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a preferred provider organization (PPO) dental network.

2024 DEN086

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exams				
D0120	Periodic oral evaluation – established patient	Unlimited up to annual maximum	100%	0%
D0140	Limited oral evaluation – problem focused		100%	0%
D0150	Comprehensive oral evaluation – new or established patient		100%	0%
D0160	Detailed and extensive oral evaluation – problem focused, by report		100%	0%
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)		100%	0%
D0171	Re-evaluation – post-operative office visit		100%	0%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	0%
Diagnostic imaging				
D0210	Intraoral – comprehensive series of radiographic images	Unlimited up to annual maximum	100%	0%
D0220	Intraoral – periapical first radiographic image		100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
D0240	Intraoral – occlusal radiographic image		100%	0%
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		100%	0%
D0251	Extra-oral posterior dental radiographic image		100%	0%
D0270	Bitewing – single radiographic image		100%	0%
D0272	Bitewings – two radiographic images		100%	0%
D0273	Bitewings – three radiographic images		100%	0%
D0274	Bitewings – four radiographic images		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Diagnostic imaging (continued)				
D0310	Sialography	Unlimited up to annual maximum	100%	0%
D0322	Tomographic survey		100%	0%
D0330	Panoramic radiographic image		100%	0%
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis		100%	0%
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw		100%	0%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		100%	0%
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		100%	0%
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		100%	0%
D0393	Virtual treatment simulation using 3D image volume or surface scan		100%	0%
D0394	Digital subtraction of two or more images or image volumes of the same modality		100%	0%
D0395	Fusion of two or more 3D image volumes of one or more modalities	100%	0%	
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Unlimited up to annual maximum	100%	0%
D1120	Prophylaxis – child		100%	0%
Fluoride				
D1206	Topical application of fluoride varnish	Unlimited up to annual maximum	100%	0%
D1208	Topical application of fluoride – excluding varnish		100%	0%
Other preventive services				
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Unlimited up to annual maximum	100%	0%
D1353	Sealant repair – per tooth		100%	0%
D1354	Application of caries arresting medicament application – per tooth		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited up to annual maximum	100%	0%
D2150	Amalgam – two surfaces, primary or permanent		100%	0%
D2160	Amalgam – three surfaces, primary or permanent		100%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	0%
D2330	Resin-based composite – one surface, anterior (front)		100%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	0%
D2390	Resin-based composite crown, anterior		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Inlay/Onlay restorations				
D2410	Gold foil – one surface	Unlimited up to annual maximum	100%	0%
D2420	Gold foil – two surfaces		100%	0%
D2430	Gold foil – three surfaces		100%	0%
D2510	Inlay – metallic – one surface		100%	0%
D2520	Inlay – metallic – two surfaces		100%	0%
D2530	Inlay – metallic – three or more surfaces		100%	0%
D2542	Onlay – metallic – two surfaces		100%	0%
D2543	Onlay – metallic – three surfaces		100%	0%
D2544	Onlay – metallic – four or more surfaces		100%	0%
D2610	Inlay – porcelain/ceramic – one surface		100%	0%
D2620	Inlay – porcelain/ceramic – two surfaces		100%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces		100%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Inlay/Onlay restorations (continued)				
D2644	Onlay – porcelain/ceramic – four or more surfaces	Unlimited up to annual maximum	100%	0%
D2650	Inlay – resin-based composite – one surface		100%	0%
D2651	Inlay – resin-based composite – two surfaces		100%	0%
D2652	Inlay – resin-based composite – three or more surfaces		100%	0%
D2662	Onlay – resin-based composite – two surfaces		100%	0%
D2663	Onlay – resin-based composite – three surfaces		100%	0%
D2664	Onlay – resin-based composite – four or more surfaces		100%	0%
Crowns				
D2710	Crown – resin-based composite (indirect)	Unlimited up to annual maximum	100%	0%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	0%
D2720	Crown – resin with high noble metal		100%	0%
D2721	Crown – resin with predominantly base metal		100%	0%
D2722	Crown – resin with noble metal		100%	0%
D2740	Crown – porcelain/ceramic		100%	0%
D2750	Crown – porcelain fused to high noble metal		100%	0%
D2751	Crown – porcelain fused to predominantly base metal		100%	0%
D2752	Crown – porcelain fused to noble metal		100%	0%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	0%
D2780	Crown – 3/4 cast high noble metal		100%	0%
D2781	Crown – 3/4 cast predominantly base metal		100%	0%
D2782	Crown – 3/4 cast noble metal		100%	0%
D2783	Crown – 3/4 porcelain/ceramic		100%	0%
D2790	Crown – full cast high noble metal		100%	0%
D2791	Crown – full cast predominantly base metal		100%	0%
D2792	Crown – full cast noble metal		100%	0%
D2794	Crown – titanium and titanium alloys		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Other restorative services				
D2990	Resin infiltration of incipient smooth surface lesions	Unlimited up to annual maximum	100%	0%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		100%	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	0%
D2920	Re-cement or re-bond crown		100%	0%
D2921	Reattachment of tooth fragment, incisal edge or cusp		100%	0%
D2928	Prefabricated porcelain/ceramic crown – permanent tooth		100%	0%
D2931	Prefabricated stainless steel crown – permanent tooth		100%	0%
D2932	Prefabricated resin crown		100%	0%
D2933	Prefabricated stainless steel crown with resin window		100%	0%
D2940	Protective restoration		100%	0%
D2949	Restorative foundation for an indirect restoration		100%	0%
D2950	Core buildup, including any pins when required		100%	0%
D2951	Pin retention – per tooth, in addition to restoration		100%	0%
D2952	Post and core in addition to crown, indirectly fabricated		100%	0%
D2953	Each additional indirectly fabricated post – same tooth		100%	0%
D2954	Prefabricated post and core in addition to crown		100%	0%
D2955	Post removal		100%	0%
D2957	Each additional prefabricated post – same tooth		100%	0%
D2971	Additional procedures to construct new crown under existing partial denture framework		100%	0%
D2975	Coping		100%	0%
D2980	Crown repair necessitated by restorative material failure	100%	0%	
D2981	Inlay repair necessitated by restorative material failure	100%	0%	
D2982	Onlay repair necessitated by restorative material failure	100%	0%	

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services				
D3110	Pulp cap – direct (excluding final restoration)	Unlimited up to annual maximum	100%	0%
D3120	Pulp cap – indirect (excluding final restoration)		100%	0%
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		100%	0%
D3221	Pulpal debridement, primary and permanent teeth		100%	0%
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		100%	0%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		100%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	0%
D3331	Treatment of root canal obstruction; non-surgical access		100%	0%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		100%	0%
D3333	Internal root repair of perforation defects		100%	0%
D3346	Retreatment of previous root canal therapy – anterior		100%	0%
D3347	Retreatment of previous root canal therapy – premolar		100%	0%
D3348	Retreatment of previous root canal therapy – molar		100%	0%
D3351	Apexification/recalcification pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		100%	0%
D3352	Apexification/recalcification – interim medication replacement		100%	0%
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)		100%	0%
D3355	Pulpal regeneration – initial visit		100%	0%
D3356	Pulpal regeneration – interim medication replacement		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services (continued)				
D3357	Pulpal regeneration – completion of treatment	Unlimited up to annual maximum	100%	0%
D3410	Apicoectomy – anterior		100%	0%
D3421	Apicoectomy – bicuspid (first root)		100%	0%
D3425	Apicoectomy – molar (first root)		100%	0%
D3426	Apicoectomy (each additional root)		100%	0%
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site		100%	0%
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		100%	0%
D3430	Retrograde filling – per root		100%	0%
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		100%	0%
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		100%	0%
D3450	Root amputation – per root		100%	0%
D3470	Intentional re-implantation (including necessary splinting)		100%	0%
D3471	Surgical repair of root resorption – anterior		100%	0%
D3472	Surgical repair of root resorption – premolar		100%	0%
D3473	Surgical repair of root resorption – molar		100%	0%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior		100%	0%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar		100%	0%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar		100%	0%
D3920	Hemisection (including any root removal), not including root canal therapy		100%	0%
Periodontics				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	0%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		100%	0%
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4245	Apically positioned flap		100%	0%
D4249	Clinical crown lengthening – hard tissue		100%	0%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	0%
D4263	Bone replacement graft – retained natural tooth – first site in quadrant		100%	0%
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant		100%	0%
D4265	Biologic materials to aid in soft and osseous tissue regeneration		100%	0%
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site		100%	0%
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site		100%	0%
D4268	Surgical revision procedure, per tooth		100%	0%
D4270	Pedicle soft tissue graft procedure		100%	0%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		100%	0%
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		100%	0%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4276	Combined connective tissue and pedicle graft, per tooth	Unlimited up to annual maximum	100%	0%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		100%	0%
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		100%	0%
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		100%	0%
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		100%	0%
D4341	Periodontal scaling and root planing – four or more teeth per quadrant		100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		100%	0%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		100%	0%
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		100%	0%
D4910	Periodontal maintenance		100%	0%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		100%	0%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	Unlimited up to annual maximum	100%	0%
D5120	Complete denture – mandibular		100%	0%
D5130	Immediate denture – maxillary		100%	0%
D5140	Immediate denture – mandibular		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Unlimited up to annual maximum	100%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	Unlimited up to annual maximum	100%	0%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	Unlimited up to annual maximum	100%	0%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	0%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	Unlimited up to annual maximum	100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5421	Adjust partial denture – maxillary		100%	0%
D5422	Adjust partial denture – mandibular		100%	0%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	Unlimited up to annual maximum	100%	0%
D5512	Repair broken complete denture base, maxillary		100%	0%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	0%
D5611	Repair resin partial denture base, mandibular		100%	0%
D5612	Repair resin partial denture base, maxillary		100%	0%
D5621	Repair cast partial framework, mandibular		100%	0%
D5622	Repair cast partial framework, maxillary		100%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	0%
D5640	Replace broken teeth – per tooth		100%	0%
D5650	Add tooth to existing partial denture		100%	0%
D5660	Add clasp to existing partial denture – per tooth		100%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	Unlimited up to annual maximum	100%	0%
D5711	Rebase complete mandibular denture		100%	0%
D5720	Rebase maxillary partial denture		100%	0%
D5721	Rebase mandibular partial denture		100%	0%
D5725	Rebase hybrid prosthesis		100%	0%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	Unlimited up to annual maximum	100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5740	Reline maxillary partial denture (direct)		100%	0%
D5741	Reline mandibular partial denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
D5760	Reline maxillary partial denture (indirect)		100%	0%
D5761	Reline mandibular partial denture (indirect)		100%	0%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	0%
Other removable prosthetic services				
D5850	Tissue conditioning, maxillary	Unlimited up to annual maximum	100%	0%
D5851	Tissue conditioning, mandibular		100%	0%
D5862	Precision attachment, by report		100%	0%
D5863	Overdenture - complete maxillary		100%	0%
D5864	Overdenture - partial maxillary		100%	0%
D5865	Overdenture - complete mandibular		100%	0%
D5866	Overdenture - partial mandibular		100%	0%
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)		100%	0%
D5875	Modification of removable prosthesis following implant surgery		100%	0%
D5876	Add metal substructure to acrylic full denture (per arch)		100%	0%
Bridges - pontic				
D6205	Pontic - indirect resin based composite	Unlimited up to annual maximum	100%	0%
D6210	Pontic - cast high noble metal		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – pontic (continued)				
D6211	Pontic – cast predominantly base metal	Unlimited up to annual maximum	100%	0%
D6212	Pontic – cast noble metal		100%	0%
D6214	Pontic – titanium and titanium alloys		100%	0%
D6240	Pontic – porcelain fused to high noble metal		100%	0%
D6241	Pontic – porcelain fused to predominantly base metal		100%	0%
D6242	Pontic – porcelain fused to noble metal		100%	0%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	0%
D6245	Pontic – porcelain/ceramic		100%	0%
D6250	Pontic – resin with high noble metal		100%	0%
D6251	Pontic – resin with predominantly base metal		100%	0%
D6252	Pontic – resin with noble metal		100%	0%
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression		100%	0%
Fixed partial denture retainers – inlays/onlays				
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Unlimited up to annual maximum	100%	0%
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis		100%	0%
D6549	Resin retainer – for resin bonded fixed prosthesis		100%	0%
D6600	Retainer inlay – porcelain/ceramic, two surfaces		100%	0%
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces		100%	0%
D6602	Retainer inlay – cast high noble metal, two surfaces		100%	0%
D6603	Retainer inlay – cast high noble metal, three or more surfaces		100%	0%
D6604	Retainer inlay – cast predominantly base metal, two surfaces		100%	0%
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces		100%	0%
D6606	Retainer inlay – cast noble metal, two surfaces		100%	0%
D6607	Retainer inlay – cast noble metal, three or more surfaces		100%	0%
D6608	Retainer onlay – porcelain/ceramic, two surfaces		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – inlays/onlays (continued)				
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Unlimited up to annual maximum	100%	0%
D6610	Retainer onlay – cast high noble metal, two surfaces		100%	0%
D6611	Retainer onlay – cast high noble metal, three or more surfaces		100%	0%
D6612	Retainer onlay – cast predominantly base metal, two surfaces		100%	0%
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces		100%	0%
D6614	Retainer onlay – cast noble metal, two surfaces		100%	0%
D6615	Retainer onlay – cast noble metal, three or more surfaces		100%	0%
D6624	Retainer inlay – titanium		100%	0%
D6634	Retainer onlay – titanium		100%	0%
Fixed partial denture retainers – crowns				
D6710	Retainer crown – indirect resin based composite	Unlimited up to annual maximum	100%	0%
D6720	Retainer crown – resin with high noble metal		100%	0%
D6721	Retainer crown – resin with predominantly base metal		100%	0%
D6722	Retainer crown – resin with noble metal		100%	0%
D6740	Retainer crown – porcelain/ceramic		100%	0%
D6750	Retainer crown – porcelain fused to high noble metal		100%	0%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	0%
D6752	Retainer crown – porcelain fused to noble metal		100%	0%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	0%
D6780	Retainer crown – 3/4 cast high noble metal		100%	0%
D6781	Retainer crown – 3/4 cast predominantly base metal		100%	0%
D6782	Retainer crown – 3/4 cast noble metal		100%	0%
D6783	Retainer crown – 3/4 porcelain/ceramic		100%	0%
D6784	Retainer crown – 3/4 titanium and titanium alloys		100%	0%
D6790	Retainer crown – full cast high noble metal		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – crowns (continued)				
D6791	Retainer crown – full cast predominantly base metal	Unlimited up to annual maximum	100%	0%
D6792	Retainer crown – full cast noble metal		100%	0%
D6794	Retainer crown – titanium and titanium alloys		100%	0%
Other fixed partial denture services				
D6920	Connector bar	Unlimited up to annual maximum	100%	0%
D6930	Re-cement or re-bond fixed partial denture		100%	0%
D6940	Stress breaker		100%	0%
D6950	Precision attachment		100%	0%
D6980	Fixed partial denture repair necessitated by restorative material failure		100%	0%
Oral surgery				
D7111	Extraction, coronal remnants – primary tooth	Unlimited up to annual maximum	100%	0%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%
D7220	Removal of impacted tooth – soft tissue		100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	0%
D7250	Removal of residual tooth roots (cutting procedure)		100%	0%
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only		100%	0%
D7260	Oroantral fistula closure		100%	0%
D7261	Primary closure of a sinus perforation		100%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	0%
D7280	Exposure of an unerupted tooth		100%	0%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		100%	0%
D7283	Placement of device to facilitate eruption of impacted tooth		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7284	Excisional biopsy of minor salivary glands	Unlimited up to annual maximum	100%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	0%
D7286	Incisional biopsy of oral tissue – soft		100%	0%
D7287	Exfoliative cytological sample collection		100%	0%
D7288	Brush biopsy – transepithelial sample collection		100%	0%
D7290	Surgical repositioning of teeth		100%	0%
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		100%	0%
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		100%	0%
D7293	Placement of temporary anchorage device requiring flap; includes device removal		100%	0%
D7294	Placement of temporary anchorage device without flap; includes device removal		100%	0%
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)		100%	0%
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		100%	0%
D7465	Destruction of lesion(s) by physical or chemical method, by report		100%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7509	Marsupialization of odontogenic cyst	Unlimited up to annual maximum	100%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	0%
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		100%	0%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone		100%	0%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		100%	0%
D7921	Collection and application of autologous blood concentrate product		100%	0%
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach		100%	0%
D7952	Sinus augmentation via a vertical approach		100%	0%
D7953	Bone replacement graft for ridge preservation – per site		100%	0%
D7955	Repair of maxillofacial soft and/or hard tissue defect		100%	0%
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site		100%	0%
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site		100%	0%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	0%
D7962	Lingual frenectomy (frenulectomy)		100%	0%
D7963	Frenuloplasty		100%	0%
Adjunctive general services				
D9110	Palliative treatment of dental pain – per visit	Unlimited up to annual maximum	100%	0%
D9120	Fixed partial denture sectioning		100%	0%
Anesthesia				
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Unlimited up to annual maximum	100%	0%
D9222	Deep sedation/general anesthesia – first 15 minutes		100%	0%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia (continued)				
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Unlimited up to annual maximum	100%	0%
D9248	Non-intravenous conscious sedation		100%	0%
Miscellaneous services				
D9944	Occlusal guard – hard appliance, full arch	Unlimited up to annual maximum	100%	0%
D9945	Occlusal guard – soft appliance, full arch		100%	0%
D9946	Occlusal guard – hard appliance, partial arch		100%	0%
D9951	Occlusal adjustment – limited		100%	0%
D9952	Occlusal adjustment – complete		100%	0%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóadahí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN283

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface (alternate benefit only)	One per tooth per lifetime	100%	100%
D2520	Inlay – metallic – two surfaces (alternate benefit only)		100%	100%
D2530	Inlay – metallic – three or more surfaces (alternate benefit only)		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface (alternate benefit only)		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces (alternate benefit only)		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces (alternate benefit only)		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	100%
D2650	Inlay – resin-based composite – one surface (alternate benefit only)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces (alternate benefit only)	One per tooth per lifetime	100%	100%
D2652	Inlay – resin-based composite – three or more surfaces (alternate benefit only)		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
D2710	Crown – resin-based composite (indirect)		100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic (alternate benefit only)		100%	100%
D2750	Crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal	100%	100%	
D2792	Crown – full cast noble metal	100%	100%	
D2794	Crown – titanium and titanium alloys	100%	100%	
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete denture every five calendar years	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	One upper and lower partial denture every five calendar years	100%	100%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace broken teeth – per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment – complete		100%	100%

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Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

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日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

2024 DEN335

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- No out-of-network coverage on this plan.
- Humana is a Medicare Advantage health maintenance organization (HMO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a preferred provider organization (PPO) dental network.

2024 DEN335

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	0%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	0%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	0%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
D0240	Intraoral – occlusal radiographic image		100%	0%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic radiographic image		100%	0%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	0%
D0272	Bitewings – two radiographic images		100%	0%
D0273	Bitewings – three radiographic images		100%	0%
D0274	Bitewings – four radiographic images		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	0%

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Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	0%
D1208	Topical application of fluoride – excluding varnish		100%	0%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	0%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	0%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	0%
D9910	Application of desensitizing medicament		100%	0%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100% after \$25 copay per tooth	0%
D2150	Amalgam – two surfaces, primary or permanent		100% after \$25 copay per tooth	0%
D2160	Amalgam – three surfaces, primary or permanent		100% after \$25 copay per tooth	0%
D2161	Amalgam – four or more surfaces, primary or permanent		100% after \$25 copay per tooth	0%
D2330	Resin-based composite – one surface, anterior (front)		100% after \$25 copay per tooth	0%
D2331	Resin-based composite – two surfaces, anterior (front)		100% after \$25 copay per tooth	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100% after \$25 copay per tooth	0%
D2335	Resin-based composite – four or more surfaces (anterior)		100% after \$25 copay per tooth	0%
D2391	Resin-based composite – one surface, posterior (back)		100% after \$25 copay per tooth	0%
D2392	Resin-based composite – two surfaces, posterior (back)		100% after \$25 copay per tooth	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100% after \$25 copay per tooth	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100% after \$25 copay per tooth	0%

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Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100% after \$25 copay per tooth	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100% after \$25 copay per tooth	0%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	50%	0%
D7230	Removal of impacted tooth – partially bony		50%	0%
D7240	Removal of impacted tooth – completely bony		50%	0%
D7250	Removal of residual tooth roots (cutting procedure)		50%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		50%	0%
D7280	Exposure of an unerupted tooth		50%	0%
D7284	Excisional biopsy of minor salivary glands		50%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		50%	0%
D7286	Incisional biopsy of oral tissue – soft		50%	0%
D7287	Exfoliative cytological sample collection		50%	0%
D7288	Brush biopsy – transepithelial sample collection		50%	0%
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		50%	0%
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		50%	0%
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		50%	0%
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		50%	0%
D7410	Excision of benign lesion up to 1.25 cm		50%	0%
D7411	Excision of benign lesion greater than 1.25 cm		50%	0%
D7412	Excision of benign lesion, complicated		50%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		50%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	50%	0%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		50%	0%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		50%	0%
D7509	Marsupialization of odontogenic cyst		50%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		50%	0%
D7961	Buccal/labial frenectomy (frenulectomy)		50%	0%
D7962	Lingual frenectomy (frenulectomy)		50%	0%
D7963	Frenuloplasty		50%	0%
D7970	Excision of hyperplastic tissue – per arch		50%	0%
D7971	Excision of pericoronal gingiva		50%	0%
D7972	Surgical reduction of fibrous tuberosity		50%	0%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100% after \$25 copay	0%
Crowns				
D2510	Inlay – metallic – one surface (alternate benefit only)	One per tooth per lifetime	50%	0%
D2520	Inlay – metallic – two surfaces (alternate benefit only)		50%	0%
D2530	Inlay – metallic – three or more surfaces (alternate benefit only)		50%	0%
D2542	Onlay – metallic – two surfaces		50%	0%
D2543	Onlay – metallic – three surfaces		50%	0%
D2544	Onlay – metallic – four or more surfaces		50%	0%
D2610	Inlay – porcelain/ceramic – one surface (alternate benefit only)		50%	0%
D2620	Inlay – porcelain/ceramic – two surfaces (alternate benefit only)		50%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces (alternate benefit only)		50%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		50%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		50%	0%
D2644	Onlay – porcelain/ceramic – four or more surfaces		50%	0%
D2650	Inlay – resin-based composite – one surface (alternate benefit only)		50%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces (alternate benefit only)	One per tooth per lifetime	50%	0%
D2652	Inlay – resin-based composite – three or more surfaces (alternate benefit only)		50%	0%
D2662	Onlay – resin-based composite – two surfaces		50%	0%
D2663	Onlay – resin-based composite – three surfaces		50%	0%
D2664	Onlay – resin-based composite – four or more surfaces		50%	0%
D2710	Crown – resin-based composite (indirect)		50%	0%
D2712	Crown – 3/4 resin-based composite (indirect)		50%	0%
D2720	Crown – resin with high noble metal		50%	0%
D2721	Crown – resin with predominantly base metal		50%	0%
D2722	Crown – resin with noble metal		50%	0%
D2740	Crown – porcelain/ceramic (alternate benefit only)		50%	0%
D2750	Crown – porcelain fused to high noble metal (alternate benefit only)		50%	0%
D2751	Crown – porcelain fused to predominantly base metal		50%	0%
D2752	Crown – porcelain fused to noble metal		50%	0%
D2753	Crown – porcelain fused to titanium and titanium alloys		50%	0%
D2780	Crown – 3/4 cast high noble metal		50%	0%
D2781	Crown – 3/4 cast predominantly base metal		50%	0%
D2782	Crown – 3/4 cast noble metal		50%	0%
D2783	Crown – 3/4 porcelain/ceramic		50%	0%
D2790	Crown – full cast high noble metal		50%	0%
D2791	Crown – full cast predominantly base metal	50%	0%	
D2792	Crown – full cast noble metal	50%	0%	
D2794	Crown – titanium and titanium alloys	50%	0%	
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100% after \$25 copay	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100% after \$25 copay	0%
D2920	Re-cement or re-bond crown		100% after \$25 copay	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	50%	0%
D2952	Post and core in addition to crown, indirectly fabricated		50%	0%
D2953	Each additional indirectly fabricated post – same tooth		50%	0%
D2954	Prefabricated post and core in addition to crown		50%	0%
D2957	Each additional prefabricated post – same tooth		50%	0%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	50%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		50%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		50%	0%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	50%	0%
D3347	Retreatment of previous root canal therapy – premolar		50%	0%
D3348	Retreatment of previous root canal therapy – molar		50%	0%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100% after \$25 copay	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100% after \$25 copay	0%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100% after \$25 copay	0%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete denture every five calendar years	50%	0%
D5120	Complete denture – mandibular		50%	0%
D5130	Immediate denture – maxillary		50%	0%
D5140	Immediate denture – mandibular		50%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	50%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	0%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	0%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	0%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	0%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	0%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	0%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	0%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		50%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	One upper and lower partial denture every five calendar years	50%	0%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	50%	0%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		50%	0%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	50%	0%
D5411	Adjust complete denture – mandibular		50%	0%
D5421	Adjust partial denture – maxillary		50%	0%
D5422	Adjust partial denture – mandibular		50%	0%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	50%	0%
D5512	Repair broken complete denture base, maxillary		50%	0%
D5520	Replace missing or broken teeth – complete denture (each tooth)		50%	0%
D5611	Repair resin partial denture base, mandibular		50%	0%
D5612	Repair resin partial denture base, maxillary		50%	0%
D5621	Repair cast partial framework, mandibular		50%	0%
D5622	Repair cast partial framework, maxillary		50%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		50%	0%
D5640	Replace broken teeth – per tooth		50%	0%
D5650	Add tooth to existing partial denture		50%	0%
D5660	Add clasp to existing partial denture – per tooth		50%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		50%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		50%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	50%	0%
D5711	Rebase complete mandibular denture		50%	0%
D5720	Rebase maxillary partial denture		50%	0%
D5721	Rebase mandibular partial denture		50%	0%
D5725	Rebase hybrid prosthesis		50%	0%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	50%	0%
D5731	Reline complete mandibular denture (direct)		50%	0%
D5740	Reline maxillary partial denture (direct)		50%	0%
D5741	Reline mandibular partial denture (direct)		50%	0%
D5750	Reline complete maxillary denture (indirect)		50%	0%
D5751	Reline complete mandibular denture (indirect)		50%	0%
D5760	Reline maxillary partial denture (indirect)		50%	0%
D5761	Reline mandibular partial denture (indirect)		50%	0%
D5765	Soft liner for complete or partial removable denture (indirect)		50%	0%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	50%	0%
D5851	Tissue conditioning, mandibular		50%	0%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	50%	0%
D9952	Occlusal adjustment – complete		50%	0%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

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Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóadahí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

2024 DEN350

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN350

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	None
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	As needed with covered codes	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

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العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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2024 DEN359

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface (alternate benefit only)	One per tooth per lifetime	100%	100%
D2520	Inlay – metallic – two surfaces (alternate benefit only)		100%	100%
D2530	Inlay – metallic – three or more surfaces (alternate benefit only)		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface (alternate benefit only)		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces (alternate benefit only)		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces (alternate benefit only)		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	100%
D2650	Inlay – resin-based composite – one surface (alternate benefit only)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces (alternate benefit only)	One per tooth per lifetime	100%	100%
D2652	Inlay – resin-based composite – three or more surfaces (alternate benefit only)		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
D2710	Crown – resin-based composite (indirect)		100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic (alternate benefit only)		100%	100%
D2750	Crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal	100%	100%	
D2792	Crown – full cast noble metal	100%	100%	
D2794	Crown – titanium and titanium alloys	100%	100%	
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete denture every five calendar years	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	One upper and lower partial denture every five calendar years	100%	100%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace broken teeth – per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
Bridges – pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	100%
D6211	Pontic – cast predominantly base metal		100%	100%
D6212	Pontic – cast noble metal		100%	100%
D6214	Pontic – titanium and titanium alloys		100%	100%
D6240	Pontic – porcelain fused to high noble metal		100%	100%
D6241	Pontic – porcelain fused to predominantly base metal		100%	100%
D6242	Pontic – porcelain fused to noble metal		100%	100%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	100%
D6245	Pontic – porcelain/ceramic		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic (alternate benefit only)	Two procedure codes from this group every five calendar years	100%	100%
D6750	Retainer crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	100%
D6752	Retainer crown – porcelain fused to noble metal		100%	100%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	100%
D6790	Retainer crown – full cast high noble metal		100%	100%
D6791	Retainer crown – full cast predominantly base metal		100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment – complete		100%	100%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN377

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface (alternate benefit only)	One per tooth per lifetime	100%	100%
D2520	Inlay – metallic – two surfaces (alternate benefit only)		100%	100%
D2530	Inlay – metallic – three or more surfaces (alternate benefit only)		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface (alternate benefit only)		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces (alternate benefit only)		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces (alternate benefit only)		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	100%
D2650	Inlay – resin-based composite – one surface (alternate benefit only)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces (alternate benefit only)	One per tooth per lifetime	100%	100%
D2652	Inlay – resin-based composite – three or more surfaces (alternate benefit only)		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
D2710	Crown – resin-based composite (indirect)		100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic (alternate benefit only)		100%	100%
D2750	Crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal		100%	100%
D2792	Crown – full cast noble metal		100%	100%
D2794	Crown – titanium and titanium alloys		100%	100%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete denture every five calendar years	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	One upper and lower partial denture every five calendar years	100%	100%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace broken teeth – per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
Bridges – pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	100%
D6211	Pontic – cast predominantly base metal		100%	100%
D6212	Pontic – cast noble metal		100%	100%
D6214	Pontic – titanium and titanium alloys		100%	100%
D6240	Pontic – porcelain fused to high noble metal		100%	100%
D6241	Pontic – porcelain fused to predominantly base metal		100%	100%
D6242	Pontic – porcelain fused to noble metal		100%	100%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	100%
D6245	Pontic – porcelain/ceramic		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic (alternate benefit only)	Two procedure codes from this group every five calendar years	100%	100%
D6750	Retainer crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	100%
D6752	Retainer crown – porcelain fused to noble metal		100%	100%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	100%
D6790	Retainer crown – full cast high noble metal		100%	100%
D6791	Retainer crown – full cast predominantly base metal		100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment – complete		100%	100%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

2024 DEN478 MyOption

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the usual, customary and reasonable fees in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.
- Humana MyOption optional supplemental benefits (OSB) are available only to members of certain Humana Medicare Advantage plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on Jan. 1 each year.
- Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium and the OSB premium.



2024 DEN478 MyOption

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exams				
D0120	Periodic oral evaluation – established patient	Unlimited up to annual maximum	100%	100%
D0140	Limited oral evaluation – problem focused		100%	100%
D0150	Comprehensive oral evaluation – new or established patient		100%	100%
D0160	Detailed and extensive oral evaluation – problem focused, by report		100%	100%
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)		100%	100%
D0171	Re-evaluation – post-operative office visit		100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Diagnostic imaging				
D0210	Intraoral – comprehensive series of radiographic images	Unlimited up to annual maximum	100%	100%
D0220	Intraoral – periapical first radiographic image		100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		100%	100%
D0251	Extra-oral posterior dental radiographic image		100%	100%
D0270	Bitewing – single radiographic image		100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Diagnostic imaging (continued)				
D0310	Sialography	Unlimited up to annual maximum	100%	100%
D0322	Tomographic survey		100%	100%
D0330	Panoramic radiographic image		100%	100%
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis		100%	100%
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw		100%	100%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		100%	100%
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		100%	100%
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		100%	100%
D0393	Virtual treatment simulation using 3D image volume or surface scan		100%	100%
D0394	Digital subtraction of two or more images or image volumes of the same modality		100%	100%
D0395	Fusion of two or more 3D image volumes of one or more modalities	100%	100%	
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Unlimited up to annual maximum	100%	100%
D1120	Prophylaxis – child		100%	100%
Fluoride				
D1206	Topical application of fluoride varnish	Unlimited up to annual maximum	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Other preventive services				
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Unlimited up to annual maximum	100%	100%
D1353	Sealant repair – per tooth		100%	100%
D1354	Application of caries arresting medicament application – per tooth		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited up to annual maximum	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2390	Resin-based composite crown, anterior		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%
Inlay/Onlay restorations				
D2410	Gold foil – one surface	Unlimited up to annual maximum	100%	100%
D2420	Gold foil – two surfaces		100%	100%
D2430	Gold foil – three surfaces		100%	100%
D2510	Inlay – metallic – one surface		100%	100%
D2520	Inlay – metallic – two surfaces		100%	100%
D2530	Inlay – metallic – three or more surfaces		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Inlay/Onlay restorations (continued)				
D2644	Onlay – porcelain/ceramic – four or more surfaces	Unlimited up to annual maximum	100%	100%
D2650	Inlay – resin-based composite – one surface		100%	100%
D2651	Inlay – resin-based composite – two surfaces		100%	100%
D2652	Inlay – resin-based composite – three or more surfaces		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
Crowns				
D2710	Crown – resin-based composite (indirect)	Unlimited up to annual maximum	100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic		100%	100%
D2750	Crown – porcelain fused to high noble metal		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal		100%	100%
D2792	Crown – full cast noble metal		100%	100%
D2794	Crown – titanium and titanium alloys	100%	100%	

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Other restorative services				
D2990	Resin infiltration of incipient smooth surface lesions	Unlimited up to annual maximum	100%	100%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%
D2921	Reattachment of tooth fragment, incisal edge or cusp		100%	100%
D2928	Prefabricated porcelain/ceramic crown – permanent tooth		100%	100%
D2931	Prefabricated stainless steel crown – permanent tooth		100%	100%
D2932	Prefabricated resin crown		100%	100%
D2933	Prefabricated stainless steel crown with resin window		100%	100%
D2940	Protective restoration		100%	100%
D2949	Restorative foundation for an indirect restoration		100%	100%
D2950	Core buildup, including any pins when required		100%	100%
D2951	Pin retention – per tooth, in addition to restoration		100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2955	Post removal		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
D2971	Additional procedures to construct new crown under existing partial denture framework		100%	100%
D2975	Coping		100%	100%
D2980	Crown repair necessitated by restorative material failure	100%	100%	
D2981	Inlay repair necessitated by restorative material failure	100%	100%	
D2982	Onlay repair necessitated by restorative material failure	100%	100%	

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services				
D3110	Pulp cap – direct (excluding final restoration)	Unlimited up to annual maximum	100%	100%
D3120	Pulp cap – indirect (excluding final restoration)		100%	100%
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		100%	100%
D3221	Pulpal debridement, primary and permanent teeth		100%	100%
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		100%	100%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
D3331	Treatment of root canal obstruction; non-surgical access		100%	100%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		100%	100%
D3333	Internal root repair of perforation defects		100%	100%
D3346	Retreatment of previous root canal therapy – anterior		100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
D3351	Apexification/recalcification pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		100%	100%
D3352	Apexification/recalcification – interim medication replacement		100%	100%
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)		100%	100%
D3355	Pulpal regeneration – initial visit		100%	100%
D3356	Pulpal regeneration – interim medication replacement		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services (continued)				
D3357	Pulpal regeneration – completion of treatment	Unlimited up to annual maximum	100%	100%
D3410	Apicoectomy – anterior		100%	100%
D3421	Apicoectomy – bicuspid (first root)		100%	100%
D3425	Apicoectomy – molar (first root)		100%	100%
D3426	Apicoectomy (each additional root)		100%	100%
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site		100%	100%
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		100%	100%
D3430	Retrograde filling – per root		100%	100%
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		100%	100%
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		100%	100%
D3450	Root amputation – per root		100%	100%
D3470	Intentional re-implantation (including necessary splinting)		100%	100%
D3471	Surgical repair of root resorption – anterior		100%	100%
D3472	Surgical repair of root resorption – premolar		100%	100%
D3473	Surgical repair of root resorption – molar		100%	100%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior		100%	100%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar		100%	100%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar		100%	100%
D3920	Hemisection (including any root removal), not including root canal therapy		100%	100%
Periodontics				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	100%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		100%	100%
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4245	Apically positioned flap		100%	100%
D4249	Clinical crown lengthening – hard tissue		100%	100%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4263	Bone replacement graft – retained natural tooth – first site in quadrant		100%	100%
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant		100%	100%
D4265	Biologic materials to aid in soft and osseous tissue regeneration		100%	100%
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site		100%	100%
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site		100%	100%
D4268	Surgical revision procedure, per tooth		100%	100%
D4270	Pedicle soft tissue graft procedure		100%	100%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		100%	100%
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		100%	100%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4276	Combined connective tissue and pedicle graft, per tooth	Unlimited up to annual maximum	100%	100%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		100%	100%
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		100%	100%
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		100%	100%
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		100%	100%
D4341	Periodontal scaling and root planing – four or more teeth per quadrant		100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		100%	100%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		100%	100%
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		100%	100%
D4910	Periodontal maintenance		100%	100%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	Unlimited up to annual maximum	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Unlimited up to annual maximum	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	Unlimited up to annual maximum	100%	100%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	Unlimited up to annual maximum	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	Unlimited up to annual maximum	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	Unlimited up to annual maximum	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace broken teeth – per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	Unlimited up to annual maximum	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	Unlimited up to annual maximum	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Other removable prosthetic services				
D5850	Tissue conditioning, maxillary	Unlimited up to annual maximum	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
D5862	Precision attachment, by report		100%	100%
D5863	Overdenture - complete maxillary		100%	100%
D5864	Overdenture - partial maxillary		100%	100%
D5865	Overdenture - complete mandibular		100%	100%
D5866	Overdenture - partial mandibular		100%	100%
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)		100%	100%
D5875	Modification of removable prosthesis following implant surgery		100%	100%
D5876	Add metal substructure to acrylic full denture (per arch)		100%	100%
Bridges - pontic				
D6205	Pontic - indirect resin based composite	Unlimited up to annual maximum	100%	100%
D6210	Pontic - cast high noble metal		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – pontic (continued)				
D6211	Pontic – cast predominantly base metal	Unlimited up to annual maximum	100%	100%
D6212	Pontic – cast noble metal		100%	100%
D6214	Pontic – titanium and titanium alloys		100%	100%
D6240	Pontic – porcelain fused to high noble metal		100%	100%
D6241	Pontic – porcelain fused to predominantly base metal		100%	100%
D6242	Pontic – porcelain fused to noble metal		100%	100%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	100%
D6245	Pontic – porcelain/ceramic		100%	100%
D6250	Pontic – resin with high noble metal		100%	100%
D6251	Pontic – resin with predominantly base metal		100%	100%
D6252	Pontic – resin with noble metal		100%	100%
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression		100%	100%
Fixed partial denture retainers – inlays/onlays				
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Unlimited up to annual maximum	100%	100%
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis		100%	100%
D6549	Resin retainer – for resin bonded fixed prosthesis		100%	100%
D6600	Retainer inlay – porcelain/ceramic, two surfaces		100%	100%
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces		100%	100%
D6602	Retainer inlay – cast high noble metal, two surfaces		100%	100%
D6603	Retainer inlay – cast high noble metal, three or more surfaces		100%	100%
D6604	Retainer inlay – cast predominantly base metal, two surfaces		100%	100%
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces		100%	100%
D6606	Retainer inlay – cast noble metal, two surfaces		100%	100%
D6607	Retainer inlay – cast noble metal, three or more surfaces		100%	100%
D6608	Retainer onlay – porcelain/ceramic, two surfaces		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – inlays/onlays (continued)				
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Unlimited up to annual maximum	100%	100%
D6610	Retainer onlay – cast high noble metal, two surfaces		100%	100%
D6611	Retainer onlay – cast high noble metal, three or more surfaces		100%	100%
D6612	Retainer onlay – cast predominantly base metal, two surfaces		100%	100%
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces		100%	100%
D6614	Retainer onlay – cast noble metal, two surfaces		100%	100%
D6615	Retainer onlay – cast noble metal, three or more surfaces		100%	100%
D6624	Retainer inlay – titanium		100%	100%
D6634	Retainer onlay – titanium		100%	100%
Fixed partial denture retainers – crowns				
D6710	Retainer crown – indirect resin based composite	Unlimited up to annual maximum	100%	100%
D6720	Retainer crown – resin with high noble metal		100%	100%
D6721	Retainer crown – resin with predominantly base metal		100%	100%
D6722	Retainer crown – resin with noble metal		100%	100%
D6740	Retainer crown – porcelain/ceramic		100%	100%
D6750	Retainer crown – porcelain fused to high noble metal		100%	100%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	100%
D6752	Retainer crown – porcelain fused to noble metal		100%	100%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	100%
D6780	Retainer crown – 3/4 cast high noble metal		100%	100%
D6781	Retainer crown – 3/4 cast predominantly base metal		100%	100%
D6782	Retainer crown – 3/4 cast noble metal		100%	100%
D6783	Retainer crown – 3/4 porcelain/ceramic		100%	100%
D6784	Retainer crown – 3/4 titanium and titanium alloys		100%	100%
D6790	Retainer crown – full cast high noble metal		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – crowns (continued)				
D6791	Retainer crown – full cast predominantly base metal	Unlimited up to annual maximum	100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Other fixed partial denture services				
D6920	Connector bar	Unlimited up to annual maximum	100%	100%
D6930	Re-cement or re-bond fixed partial denture		100%	100%
D6940	Stress breaker		100%	100%
D6950	Precision attachment		100%	100%
D6980	Fixed partial denture repair necessitated by restorative material failure		100%	100%
Oral surgery				
D7111	Extraction, coronal remnants – primary tooth	Unlimited up to annual maximum	100%	100%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
D7220	Removal of impacted tooth – soft tissue		100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only		100%	100%
D7260	Oroantral fistula closure		100%	100%
D7261	Primary closure of a sinus perforation		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		100%	100%
D7283	Placement of device to facilitate eruption of impacted tooth		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7284	Excisional biopsy of minor salivary glands	Unlimited up to annual maximum	100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7290	Surgical repositioning of teeth		100%	100%
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		100%	100%
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		100%	100%
D7293	Placement of temporary anchorage device requiring flap; includes device removal		100%	100%
D7294	Placement of temporary anchorage device without flap; includes device removal		100%	100%
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)		100%	100%
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		100%	100%
D7465	Destruction of lesion(s) by physical or chemical method, by report		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7509	Marsupialization of odontogenic cyst	Unlimited up to annual maximum	100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		100%	100%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone		100%	100%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		100%	100%
D7921	Collection and application of autologous blood concentrate product		100%	100%
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach		100%	100%
D7952	Sinus augmentation via a vertical approach		100%	100%
D7953	Bone replacement graft for ridge preservation – per site		100%	100%
D7955	Repair of maxillofacial soft and/or hard tissue defect		100%	100%
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site		100%	100%
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
Adjunctive general services				
D9110	Palliative treatment of dental pain – per visit	Unlimited up to annual maximum	100%	100%
D9120	Fixed partial denture sectioning		100%	100%
Anesthesia				
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Unlimited up to annual maximum	100%	100%
D9222	Deep sedation/general anesthesia – first 15 minutes		100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia (continued)				
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Unlimited up to annual maximum	100%	100%
D9248	Non-intravenous conscious sedation		100%	100%
Miscellaneous services				
D9944	Occlusal guard – hard appliance, full arch	Unlimited up to annual maximum	100%	100%
D9945	Occlusal guard – soft appliance, full arch		100%	100%
D9946	Occlusal guard – hard appliance, partial arch		100%	100%
D9951	Occlusal adjustment – limited		100%	100%
D9952	Occlusal adjustment – complete		100%	100%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN567

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$2,500
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface (alternate benefit only)	One per tooth per lifetime	100%	100%
D2520	Inlay – metallic – two surfaces (alternate benefit only)		100%	100%
D2530	Inlay – metallic – three or more surfaces (alternate benefit only)		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface (alternate benefit only)		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces (alternate benefit only)		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces (alternate benefit only)		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	100%
D2650	Inlay – resin-based composite – one surface (alternate benefit only)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces (alternate benefit only)	One per tooth per lifetime	100%	100%
D2652	Inlay – resin-based composite – three or more surfaces (alternate benefit only)		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
D2710	Crown – resin-based composite (indirect)		100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic (alternate benefit only)		100%	100%
D2750	Crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal		100%	100%
D2792	Crown – full cast noble metal		100%	100%
D2794	Crown – titanium and titanium alloys		100%	100%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	100%
D6211	Pontic – cast predominantly base metal		100%	100%
D6212	Pontic – cast noble metal		100%	100%
D6214	Pontic – titanium and titanium alloys		100%	100%
D6240	Pontic – porcelain fused to high noble metal		100%	100%
D6241	Pontic – porcelain fused to predominantly base metal		100%	100%
D6242	Pontic – porcelain fused to noble metal		100%	100%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	100%
D6245	Pontic – porcelain/ceramic		100%	100%
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic (alternate benefit only)	Two procedure codes from this group every five calendar years	100%	100%
D6750	Retainer crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	100%
D6752	Retainer crown – porcelain fused to noble metal		100%	100%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	100%
D6790	Retainer crown – full cast high noble metal		100%	100%
D6791	Retainer crown – full cast predominantly base metal		100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment – complete		100%	100%

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN781

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$4,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface (alternate benefit only)	One per tooth per lifetime	100%	100%
D2520	Inlay – metallic – two surfaces (alternate benefit only)		100%	100%
D2530	Inlay – metallic – three or more surfaces (alternate benefit only)		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface (alternate benefit only)		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces (alternate benefit only)		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces (alternate benefit only)		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	100%
D2650	Inlay – resin-based composite – one surface (alternate benefit only)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces (alternate benefit only)	One per tooth per lifetime	100%	100%
D2652	Inlay – resin-based composite – three or more surfaces (alternate benefit only)		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
D2710	Crown – resin-based composite (indirect)		100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic (alternate benefit only)		100%	100%
D2750	Crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal		100%	100%
D2792	Crown – full cast noble metal		100%	100%
D2794	Crown – titanium and titanium alloys		100%	100%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete denture every five calendar years	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	One upper and lower partial denture every five calendar years	100%	100%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace broken teeth – per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
Bridges – pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	100%
D6211	Pontic – cast predominantly base metal		100%	100%
D6212	Pontic – cast noble metal		100%	100%
D6214	Pontic – titanium and titanium alloys		100%	100%
D6240	Pontic – porcelain fused to high noble metal		100%	100%
D6241	Pontic – porcelain fused to predominantly base metal		100%	100%
D6242	Pontic – porcelain fused to noble metal		100%	100%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	100%
D6245	Pontic – porcelain/ceramic		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic (alternate benefit only)	Two procedure codes from this group every five calendar years	100%	100%
D6750	Retainer crown – porcelain fused to high noble metal (alternate benefit only)		100%	100%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	100%
D6752	Retainer crown – porcelain fused to noble metal		100%	100%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	100%
D6790	Retainer crown – full cast high noble metal		100%	100%
D6791	Retainer crown – full cast predominantly base metal		100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment – complete		100%	100%
Implants				
D6010	Surgical placement of implant body: endosteal implant	One per tooth per lifetime	100%	100%
D6011	Surgical access to an implant body (second stage implant surgery)	One per tooth per lifetime	100%	100%
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	One per tooth per lifetime	100%	100%
D6013	Surgical placement of mini implant	One per tooth per lifetime	100%	100%
D6040	Surgical placement: epostal implant	One per tooth per lifetime	100%	100%
D6050	Surgical placement: transosteal implant	One per tooth per lifetime	100%	100%
D6100	Surgical removal of implant body	One per tooth per lifetime	100%	100%
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	One per tooth per lifetime	100%	100%
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	One per tooth per lifetime	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	One per tooth per lifetime	100%	100%
D6104	Bone graft at time of implant placement	One per tooth per lifetime	100%	100%
D6105	Removal of implant body not requiring bone removal or flap elevation	One per tooth per lifetime	100%	100%
D6106	Guided tissue regeneration – resorbable barrier, per implant	One per tooth per lifetime	100%	100%
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	One per tooth per lifetime	100%	100%
D6055	Connecting bar – implant supported or abutment supported	One per tooth per lifetime Subject to review, clinical necessity and frequencies	100%	100%
D6056	Prefabricated abutment – includes modification and placement	One per tooth per lifetime	100%	100%
D6057	Custom fabricated abutment – includes placement	One per tooth per lifetime	100%	100%
D6058	Abutment supported porcelain/ceramic crown	One per tooth per lifetime	100%	100%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	One per tooth per lifetime	100%	100%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	One per tooth per lifetime	100%	100%
D6061	Abutment supported porcelain fused to metal crown (noble metal)	One per tooth per lifetime	100%	100%
D6062	Abutment supported cast metal crown (high noble metal)	One per tooth per lifetime	100%	100%
D6063	Abutment supported cast metal crown (predominantly base metal)	One per tooth per lifetime	100%	100%
D6064	Abutment supported cast metal crown (noble metal)	One per tooth per lifetime	100%	100%
D6065	Implant supported porcelain/ceramic crown	One per tooth per lifetime	100%	100%
D6066	Implant supported crown – porcelain fused to high noble alloys	One per tooth per lifetime	100%	100%
D6067	Implant supported crown – high noble alloys	One per tooth per lifetime	100%	100%
D6068	Abutment supported retainer for porcelain/ceramic FPD	One per tooth per lifetime	100%	100%
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	One per tooth per lifetime	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	One per tooth per lifetime	100%	100%
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	One per tooth per lifetime	100%	100%
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	One per tooth per lifetime	100%	100%
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	One per tooth per lifetime	100%	100%
D6074	Abutment supported retainer for cast metal FPD (noble metal)	One per tooth per lifetime	100%	100%
D6075	Implant supported retainer for ceramic FPD	One per tooth per lifetime	100%	100%
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	One per tooth per lifetime	100%	100%
D6077	Implant supported retainer for metal FPD – high noble alloys	One per tooth per lifetime	100%	100%
D6094	Abutment supported crown – titanium and titanium alloys	One per tooth per lifetime	100%	100%
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	One per tooth per lifetime	100%	100%
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	One per tooth per lifetime	100%	100%
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	One per tooth per lifetime	100%	100%
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	One per tooth per lifetime	100%	100%
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	One per tooth per lifetime	100%	100%
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	One per tooth per lifetime	100%	100%
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	One per tooth per lifetime	100%	100%
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	One per tooth per lifetime	100%	100%
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	One per tooth per lifetime Subject to review, clinical necessity and frequencies	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Two per calendar year	100%	100%
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	One per calendar year	100%	100%
D6090	Repair implant supported prosthesis, by report	One per five years Subject to review, clinical necessity and frequencies	100%	100%
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	One per five years	100%	100%
D6092	Re-cement or re-bond implant/abutment supported crown	One per tooth per lifetime	100%	100%
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	One per tooth per lifetime	100%	100%
D6095	Repair implant abutment, by report	One per tooth per lifetime	100%	100%
D6082	Implant supported crown – porcelain fused to predominantly base alloys	One per tooth per lifetime Subject to review, clinical necessity and frequencies	100%	100%
D6083	Implant supported crown – porcelain fused to noble alloys	One per tooth per lifetime	100%	100%
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	100%	100%
D6086	Implant supported crown – predominantly base alloys	One per tooth per lifetime	100%	100%
D6087	Implant supported crown – noble alloys	One per tooth per lifetime	100%	100%
D6088	Implant supported crown – titanium and titanium alloys	One per tooth per lifetime	100%	100%
D6089	Accessing and retorquing loose implant screw – per screw	One per tooth per lifetime	100%	100%
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	100%	100%
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	One per tooth per lifetime	100%	100%
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	One per tooth per lifetime	100%	100%
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6121	Implant supported retainer for metal FPD – predominantly base alloys	One per tooth per lifetime	100%	100%
D6122	Implant supported retainer for metal FPD – noble alloys	One per tooth per lifetime	100%	100%
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	One per tooth per lifetime	100%	100%
D6190	Radiographic/surgical implant index, by report	One per tooth per lifetime Subject to review, clinical necessity and frequencies	100%	100%
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	100%	100%
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Two per calendar year	100%	100%

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Important

At Humana, it is important you are treated fairly.

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- You may file a complaint, also known as a grievance:
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If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

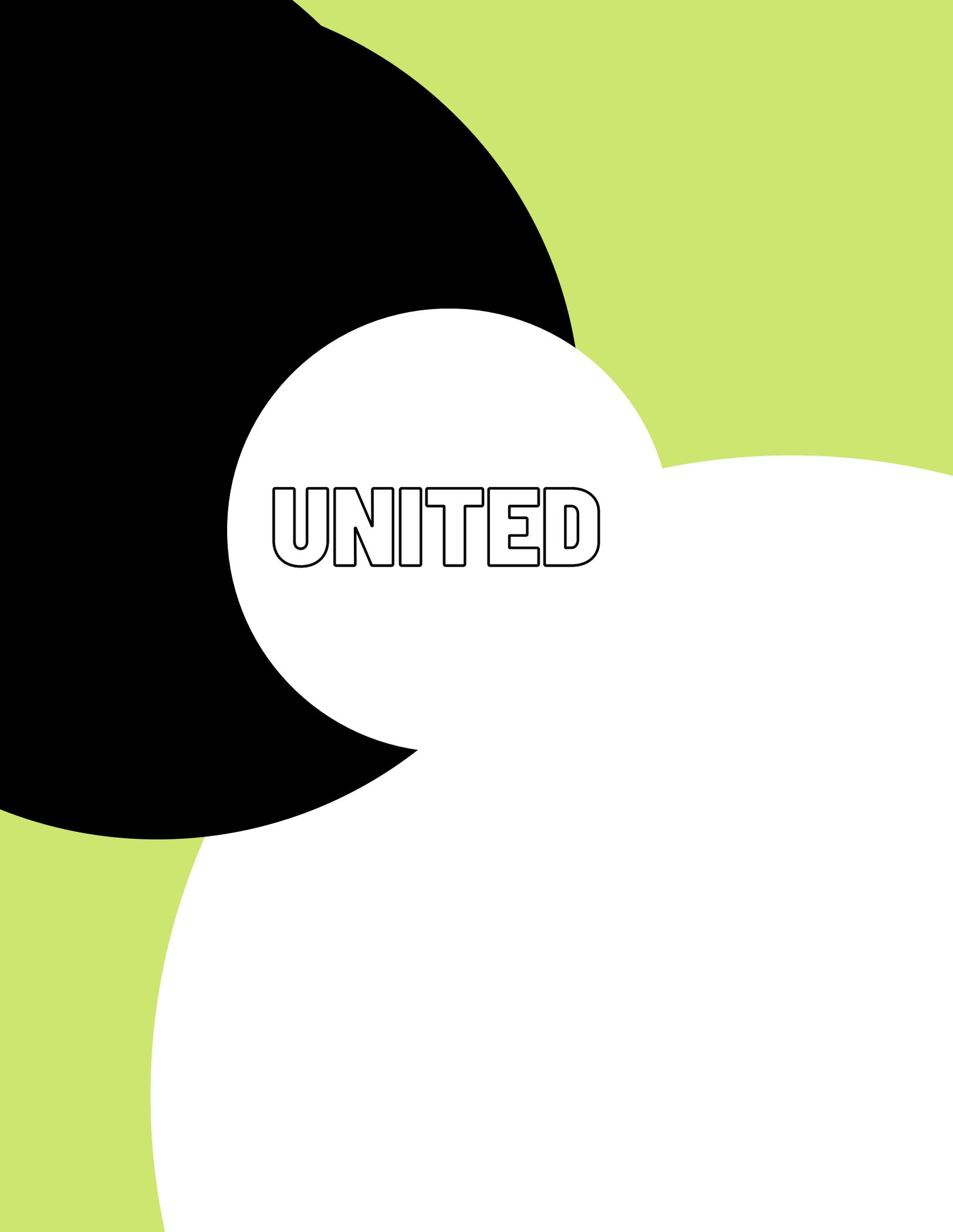
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



UNITED

UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdentalproviders.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Provider services

Phone: **1-844-275-8750**
8 a.m. – 6 p.m. ET Monday – Friday (IVR: 24/7)
Member eligibility, benefits, claims, authorizations, network participation and contract questions



Pre-treatment estimate

UnitedHealthcare Medicare Pre-Treatment Estimates
PO Box 2053
Milwaukee, WI 53201



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Medicare claims
PO Box 2176
Milwaukee, WI 53201

EDI Payer ID

GP133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Medicare
Claims Disputes
PO Box 361
Milwaukee, WI 53201

Corrected claims

UnitedHealthcare Medicare
Corrected Claims
PO Box 481
Milwaukee, WI 53201

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator can be saved and referenced later if/when services are performed. Log in to the Dental Hub at UHCdentalproviders.com to explore this feature.

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



Directory

Level 6 Coinsurance S Platform plan design benefit grid

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



[Level 6 Coinsurance S Platform home](#)

*For Benefit Grid with Related Codes click on [Level 6 Coinsurance S Platform home](#) to go back to the home page where link can be found.

Level 6 Coinsurance S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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Level 6 Coinsurance S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same area)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	re cement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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Level 6 Coinsurance S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdentalproviders.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Provider services

Phone: **1-844-275-8750**
8 a.m. – 6 p.m. ET Monday – Friday (IVR: 24/7)
Member eligibility, benefits, claims, authorizations, network participation and contract questions



Pre-treatment estimate

UnitedHealthcare Medicare Pre-Treatment Estimates
PO Box 2053
Milwaukee, WI 53201



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Medicare claims
PO Box 2176
Milwaukee, WI 53201

EDI Payer ID

GP133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Medicare
Claims Disputes
PO Box 361
Milwaukee, WI 53201

Corrected claims

UnitedHealthcare Medicare
Corrected Claims
PO Box 481
Milwaukee, WI 53201

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator can be saved and referenced later if/when services are performed. Log in to the Dental Hub at UHCdentalproviders.com to explore this feature.

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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Level 6 S Platform plan design benefit grid

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year	
D0140	limited oral evaluation - problem focused	2 per 1 plan year	
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year	
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year	
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year	
D0170	re-evaluation, limited, problem focused	1 per 1 plan year	
D0171	re-evaluation - post-operative office visit	1 per 1 plan year	
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year	
D0190	screening of a patient	1 per 3 plan years	
D0191	assessment of a patient	2 per 1 plan year	
D0210	intraoral - complete series of radiographic images	1 per 3 plan years	
D0220	intraoral - periapical first radiographic image	8 per 1 plan year	
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year	
D0240	intraoral - occlusal radiographic image	1 per 1 plan year	
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year	
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year	
D0270	bitewing - single radiographic image	2 per 1 plan year	
D0272	bitewings - two radiographic images	1 per 1 plan year	
D0273	bitewings - three radiographic images	1 per 1 plan year	
D0274	bitewings - four radiographic images	1 per 1 plan year	
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year	
D0310	sialography	1 per 36 floating months	
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year	
D0322	tomographic survey	1 per 36 floating months	
D0330	panoramic radiographic image	1 per 3 plan years	
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years	
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months	
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months	1. Narrative of necessity including planned procedure



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months	
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months	
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years	
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year	
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year	
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months	
D0386	maxillofacial ultrasound image capture	1 per 60 floating months	
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year	
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months	
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months	
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months	
D0416	viral culture	1 per 36 floating months	
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months	
D0418	analysis of saliva sample	1 per 36 floating months	
D0419	assessment of salivary flow by measurement	1 per 36 floating months	
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months	
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months	
D0425	caries susceptibility tests	1 per 36 floating months	
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year	
D0460	pulp vitality tests	1 per 1 day	
D0470	diagnostic casts	1 per 36 floating months	
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months	
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months	
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months	
D0475	decalcification procedure	1 per 60 floating months	
D0476	special stains for microorganisms	1 per 60 floating months	
D0477	special stains, not for microorganisms	1 per 60 floating months	
D0478	immunohistochemical stains	1 per 60 floating months	
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months	
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months	
D0481	electron microscopy	1 per 60 floating months	
D0482	direct immunofluorescence	1 per 60 floating months	
D0483	indirect immunofluorescence	1 per 60 floating months	
D0484	consultation on slides prepared elsewhere	1 per 60 floating months	
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months	
D0502	other oral pathology procedures, by report	1 per 60 floating months	
D0600	non-ionizing diagnostic procedure	1 per 60 floating months	
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year	
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year	
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year	
D0701	panoramic radiographic image - image capture only	1 per 3 plan years	
D0702	2D cephalometric radiographic image - image capture only	1 per 3 plan years	
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months	
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year	
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year	
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year	
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year	
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years	
D0801	3D dental surface scan – direct	1 per 36 floating months	
D0802	3D dental surface scan – indirect	1 per 36 floating months	
D0803	3D facial surface scan – direct	1 per 36 floating months	
D0804	3D facial surface scan – indirect	1 per 36 floating months	
D1110	prophylaxis - adult	2 per 1 plan year	
D1120	prophylaxis - child	2 per 1 plan year	
D1206	topical application of fluoride varnish	2 per 1 plan year	
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year	
D1310	nutritional counseling for control of dental disease	1 per 36 floating months	
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months	
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months	
D1351	sealant - per tooth	1 per 36 floating months	
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months	
D1353	sealant repair - per tooth	1 per 36 floating months	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months	
D1355	caries preventive medicament application - per tooth	2 per 12 floating months	
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months	1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months	
D2420	gold foil - two surfaces	1 per 6 floating months	
D2430	gold foil - three surfaces	1 per 6 floating months	
D2510	inlay - metallic - one surface	1 per 60 floating months	
D2520	inlay - metallic - two surfaces	1 per 60 floating months	
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months	
D2542	onlay metallic, two surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2543	onlay-metallic-three surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2721	crown - resin with predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2722	crown - resin with noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2792	crown - full cast noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2794	crown - titanium and titanium alloys	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months	1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months	
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months	
D2920	recement or re-bond crown	1 per 24 floating months	
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited	
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months	
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months	
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months	
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months	
D2932	prefabricated resin crown	1 per 60 floating months	
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months	
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months	
D2940	protective restoration	Unlimited	
D2941	interim therapeutic restoration-primary dentition	Unlimited	
D2949	restorative foundation for an indirect restoration	1 per 60 floating months	1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2950	core buildup, including any pins when required	1 per 60 floating months	1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months	
D2952	cast post and core in addition to crown	1 per 60 floating months	1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months	1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months	1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime	
D2957	each additional prefabricated post, same tooth	1 per 60 floating months	1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months	
D2975	coping	1 per 60 floating months	
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months	
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months	
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months	
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime	
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months	
D2991	application of hydroxyapatite regeneration medicament – per tooth	1 per 36 floating months	
D3110	pulp cap - direct (excluding final restoration)	Unlimited	
D3120	pulp cap - indirect (excluding final restoration)	Unlimited	
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime	
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime	
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime	
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime	
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime	
D3333	internal tooth repair of performance defects	1 per lifetime	
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime	
D3352	apexification/recalcification/pulpal regeneration - interim medication replacement	1 per lifetime	
D3353	apexification/recalcification - final visit (includes completed root)	1 per lifetime	
D3355	pupal regeneration-initial visit	1 per lifetime	
D3356	pulpal regeneration-interim medicament replacement	1 per lifetime	
D3357	pulpal regeneration-completion of treatment	1 per lifetime	
D3410	apicoectomy - anterior	1 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery-per tooth, single site	1 per lifetime	
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime	
D3430	retrograde filling - per root	1 per lifetime	
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited	
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited	
D3450	root amputation - per root	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime	1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime	1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime	1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime	
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime	
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime	
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime	
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months	
D4241	gingival flap procedure - including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months	
D4245	apically positioned flap	1 per 36 floating months	
D4249	clinical crown lengthening - hard tissue	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime	
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months	1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months	1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime	1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year	1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime	
D4921	gingival irrigation - per quadrant	1 per 24 floating months	
D5110	complete denture - maxillary	1 per 60 floating months	
D5120	complete denture - mandibular	1 per 60 floating months	
D5130	immediate denture - maxillary	1 per lifetime	
D5140	immediate denture - mandibular	1 per lifetime	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year	
D5411	adjust complete denture - mandibular	2 per 1 plan year	
D5421	adjust partial denture - maxillary	2 per 1 plan year	
D5422	adjust partial denture - mandibular	2 per 1 plan year	
D5511	repair broken complete denture base, mandibular	2 per 1 plan year	
D5512	repair broken complete denture base, maxillary	2 per 1 plan year	
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year	
D5611	repair resin partial denture base, mandibular	2 per 1 plan year	
D5612	repair resin partial denture base, maxillary	2 per 1 plan year	
D5621	repair cast partial framework, mandibular	2 per 1 plan year	
D5622	repair cast partial framework, maxillary	2 per 1 plan year	
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year	
D5640	replace broken teeth - per tooth	2 per 1 plan year	
D5650	add tooth to existing partial denture	1 per 60 floating months	
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year	
D5710	rebase complete maxillary denture	1 per 12 floating months	1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months	1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months	1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months	1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months	1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5741	reline mandibular partial denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months	1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), (maxillary)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months	
D5851	tissue conditioning, mandibular	1 per 12 floating months	
D5862	precision attachment, by report	1 per 60 floating months	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months	
D5875	modification of removable prosthesis following implant surgery	2 per lifetime	



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months	
D5911	facial moulage (sectional)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5928	orbital prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5932	obturator prosthesis, definitive	1 per 60 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5982	surgical stent	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5985	radiation cone locator	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year	1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year	
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year	
D6205	pontic - indirect resin based composite	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6634	retainer onlay - titanium	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	1. Current radiographs 2. Narrative of necessity
D6930	re-cement or re-bond fixed partial denture	1 per 1 plan year	
D6940	stress breaker	1 per 5 plan years	1. Current radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6950	precision attachment	1 per 5 plan years	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months	1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime	
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime	
D7220	removal of impacted tooth - soft tissue	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime	
D7251	coronectomy	1 per lifetime	
D7260	oroantral fistula closure	2 per lifetime	
D7261	primary closure of a sinus perforation	2 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime	
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime	
D7280	exposure of an unerupted tooth	1 per lifetime	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime	
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime	
D7284	excisional biopsy of minor salivary glands	1 per 1 day	
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day	
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day	
D7287	exfoliative cytological sample collection	1 per 1 day	
D7288	brush biopsy - transepithelial sample collection	1 per 1 day	
D7290	surgical repositioning of teeth	1 per lifetime	
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	1 per lifetime	
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7293	placement of temporary anchorage device requiring flap	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime	1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime	1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime	1. Narrative of necessity
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months	
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months	
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day	
D7472	removal of torus palatinus	1 per lifetime	
D7473	removal of torus mandibularis	1 per 1 day	
D7485	reduction of osseous tuberosity	1 per 1 day	
D7490	radical resection of maxilla or mandible	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day	1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day	
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day	
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day	
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day	
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day	
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	1 per 1 day	
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7710	maxilla - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7858	joint reconstruction	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7875	arthroscopy: synovectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months	
D7910	suture of recent small wounds up to 5 cm	Unlimited	
D7911	complicated suture - up to 5 cm	Unlimited	
D7912	complicated suture - greater than 5 cm	Unlimited	
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited	
D7921	collection and application of autologous blood concentrate product	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year	
D7940	osteoplasty - for orthognathic deformities	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime	1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per lifetime	1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per lifetime	1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day	
D7962	lingual frenectomy (frenulectomy)	1 per 1 day	
D7963	frenuloplasty	1 per 1 day	
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months	
D7971	excision of pericoronal gingiva	1 per 36 floating months	
D7972	surgical reduction of fibrous tuberosity	2 per lifetime	1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7991	coronoidectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year	
D9120	fixed partial denture sectioning	1 per 60 floating months	
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited	
D9211	regional block anesthesia	2 per 36 floating months	
D9212	trigeminal division block anesthesia	2 per 36 floating months	
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months	
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anoxiolysis analgesia	4 per 1 plan year	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year	1. Narrative of necessity
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months	
D9410	house/extended care facility call	2 per 1 plan year	
D9420	hospital or ambulatory surgical center call	2 per 1 plan year	
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months	
D9440	office visit - after regularly scheduled hours	1 per 1 plan year	
D9610	therapeutic parenteral drug, single administration	1 per 1 day	1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day	1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day	1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year	
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months	
D9920	behavior management, by report	2 per 1 plan year	1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year	1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year	
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year	
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year	
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year	
D9941	fabrication of athletic mouthguard	1 per 1 plan year	
D9942	repair and/or reline of occlusal guards	1 per 36 floating months	
D9943	occlusal guard adjustment	1 per 1 plan year	
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months	1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months	1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months	1. Narrative of necessity



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Level 6 S Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months	1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year	
D9949	repair of custom sleep apnea appliance	1 per 36 floating months	
D9950	occlusion analysis - mounted case	1 per 5 plan years	
D9951	occlusal adjustment - limited	1 per 1 plan year	
D9952	occlusal adjustment - complete	1 per 5 plan years	
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months	
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year	
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year	



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



Directory

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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

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Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



Directory

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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	copling	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year	
D0140	limited oral evaluation - problem focused	2 per 1 plan year	
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year	
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year	
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year	
D0170	re-evaluation, limited, problem focused	1 per 1 plan year	
D0171	re-evaluation - post-operative office visit	1 per 1 plan year	
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year	
D0190	screening of a patient	1 per 3 plan years	
D0191	assessment of a patient	2 per 1 plan year	
D0210	intraoral - complete series of radiographic images	1 per 3 plan years	
D0220	intraoral - periapical first radiographic image	8 per 1 plan year	
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year	
D0240	intraoral - occlusal radiographic image	1 per 1 plan year	
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year	
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year	
D0270	bitewing - single radiographic image	2 per 1 plan year	
D0272	bitewings - two radiographic images	1 per 1 plan year	
D0273	bitewings - three radiographic images	1 per 1 plan year	
D0274	bitewings - four radiographic images	1 per 1 plan year	
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year	
D0310	sialography	1 per 36 floating months	
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year	
D0322	tomographic survey	1 per 36 floating months	
D0330	panoramic radiographic image	1 per 3 plan years	
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years	
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months	
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months	1. Narrative of necessity including planned procedure



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months	
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months	
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years	
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year	
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year	
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months	
D0386	maxillofacial ultrasound image capture	1 per 60 floating months	
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year	
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months	1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months	



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months	
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months	
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months	
D0416	viral culture	1 per 36 floating months	
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months	
D0418	analysis of saliva sample	1 per 36 floating months	
D0419	assessment of salivary flow by measurement	1 per 36 floating months	
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months	
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months	
D0425	caries susceptibility tests	1 per 36 floating months	
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year	
D0460	pulp vitality tests	1 per 1 day	
D0470	diagnostic casts	1 per 36 floating months	
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months	
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months	
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months	
D0475	decalcification procedure	1 per 60 floating months	
D0476	special stains for microorganisms	1 per 60 floating months	
D0477	special stains, not for microorganisms	1 per 60 floating months	
D0478	immunohistochemical stains	1 per 60 floating months	
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months	
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months	
D0481	electron microscopy	1 per 60 floating months	
D0482	direct immunofluorescence	1 per 60 floating months	
D0483	indirect immunofluorescence	1 per 60 floating months	
D0484	consultation on slides prepared elsewhere	1 per 60 floating months	
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months	
D0502	other oral pathology procedures, by report	1 per 60 floating months	
D0600	non-ionizing diagnostic procedure	1 per 60 floating months	
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year	
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year	
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year	
D0701	panoramic radiographic image - image capture only	1 per 3 plan years	
D0702	2D cephalometric radiographic image - image capture only	1 per 3 plan years	
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months	
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year	
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year	
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year	
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year	
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years	
D0801	3D dental surface scan – direct	1 per 36 floating months	
D0802	3D dental surface scan – indirect	1 per 36 floating months	
D0803	3D facial surface scan – direct	1 per 36 floating months	
D0804	3D facial surface scan – indirect	1 per 36 floating months	
D1110	prophylaxis - adult	2 per 1 plan year	
D1120	prophylaxis - child	2 per 1 plan year	
D1206	topical application of fluoride varnish	2 per 1 plan year	
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year	
D1310	nutritional counseling for control of dental disease	1 per 36 floating months	
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months	
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months	
D1351	sealant - per tooth	1 per 36 floating months	
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months	
D1353	sealant repair - per tooth	1 per 36 floating months	



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months	
D1355	caries preventive medicament application - per tooth	2 per 12 floating months	
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months	1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months	1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months	
D2420	gold foil - two surfaces	1 per 6 floating months	
D2430	gold foil - three surfaces	1 per 6 floating months	
D2510	inlay - metallic - one surface	1 per 60 floating months	
D2520	inlay - metallic - two surfaces	1 per 60 floating months	
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months	
D2542	onlay metallic, two surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2543	onlay-metallic-three surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2721	crown - resin with predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2722	crown - resin with noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2792	crown - full cast noble metal	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2794	crown - titanium and titanium alloys	1 per 60 floating months	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months	1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months	
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months	
D2920	recement or re-bond crown	1 per 24 floating months	
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited	
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months	
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months	
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months	
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months	
D2932	prefabricated resin crown	1 per 60 floating months	
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months	
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months	
D2940	protective restoration	Unlimited	
D2941	interim therapeutic restoration-primary dentition	Unlimited	
D2949	restorative foundation for an indirect restoration	1 per 60 floating months	1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2950	core buildup, including any pins when required	1 per 60 floating months	1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months	
D2952	cast post and core in addition to crown	1 per 60 floating months	1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months	1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months	1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime	
D2957	each additional prefabricated post, same tooth	1 per 60 floating months	1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months	
D2975	coping	1 per 60 floating months	
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months	
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months	
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months	
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime	
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months	
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months	
D3110	pulp cap - direct (excluding final restoration)	Unlimited	
D3120	pulp cap - indirect (excluding final restoration)	Unlimited	
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime	
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime	
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime	
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime	
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime	



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime	
D3333	internal tooth repair of performance defects	1 per lifetime	
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime	
D3352	apexification/recalcification/pulpal regeneration - interim medication replacement	1 per lifetime	
D3353	apexification/recalcification - final visit (includes completed root)	1 per lifetime	
D3355	pupal regeneration-initial visit	1 per lifetime	
D3356	pulpal regeneration-interim medicament replacement	1 per lifetime	
D3357	pulpal regeneration-completion of treatment	1 per lifetime	
D3410	apicoectomy - anterior	1 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime	1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery-per tooth, single site	1 per lifetime	
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime	
D3430	retrograde filling - per root	1 per lifetime	
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited	
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited	
D3450	root amputation - per root	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime	1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime	1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime	1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime	
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime	
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime	
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime	1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime	
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months	
D4241	gingival flap procedure - including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months	
D4245	apically positioned flap	1 per 36 floating months	
D4249	clinical crown lengthening - hard tissue	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime	
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months	1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months	1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime	1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year	1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime	
D4921	gingival irrigation - per quadrant	1 per 24 floating months	
D5110	complete denture - maxillary	1 per 60 floating months	
D5120	complete denture - mandibular	1 per 60 floating months	
D5130	immediate denture - maxillary	1 per lifetime	
D5140	immediate denture - mandibular	1 per lifetime	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year	
D5411	adjust complete denture - mandibular	2 per 1 plan year	
D5421	adjust partial denture - maxillary	2 per 1 plan year	
D5422	adjust partial denture - mandibular	2 per 1 plan year	
D5511	repair broken complete denture base, mandibular	2 per 1 plan year	
D5512	repair broken complete denture base, maxillary	2 per 1 plan year	
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year	
D5611	repair resin partial denture base, mandibular	2 per 1 plan year	
D5612	repair resin partial denture base, maxillary	2 per 1 plan year	
D5621	repair cast partial framework, mandibular	2 per 1 plan year	
D5622	repair cast partial framework, maxillary	2 per 1 plan year	
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year	
D5640	replace broken teeth - per tooth	2 per 1 plan year	
D5650	add tooth to existing partial denture	1 per 60 floating months	
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year	
D5710	rebase complete maxillary denture	1 per 12 floating months	1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months	1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months	1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months	1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months	1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5741	reline mandibular partial denture (direct)	1 per 12 floating months	1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months	1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months	1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), (maxillary)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	1 per 60 floating months	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months	
D5851	tissue conditioning, mandibular	1 per 12 floating months	
D5862	precision attachment, by report	1 per 60 floating months	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	1. Documentation of all missing teeth and teeth planned for extraction
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months	
D5875	modification of removable prosthesis following implant surgery	2 per lifetime	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months	
D5911	facial moulage (sectional)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5928	orbital prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5932	obturator prosthesis, definitive	1 per 60 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5982	surgical stent	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5985	radiation cone locator	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year	1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year	
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year	
D6205	pontic - indirect resin based composite	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6634	retainer onlay - titanium	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	1. Current radiographs 2. Narrative of necessity
D6930	re cement or re-bond fixed partial denture	1 per 1 plan year	
D6940	stress breaker	1 per 5 plan years	1. Current radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6950	precision attachment	1 per 5 plan years	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months	1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime	
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime	
D7220	removal of impacted tooth - soft tissue	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime	
D7251	coronectomy	1 per lifetime	
D7260	oroantral fistula closure	2 per lifetime	
D7261	primary closure of a sinus perforation	2 per lifetime	1. Panoramic radiograph 2. Narrative of necessity
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime	
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime	
D7280	exposure of an unerupted tooth	1 per lifetime	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime	
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime	
D7284	excisional biopsy of minor salivary glands	1 per 1 day	
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day	
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day	
D7287	exfoliative cytological sample collection	1 per 1 day	
D7288	brush biopsy - transepithelial sample collection	1 per 1 day	
D7290	surgical repositioning of teeth	1 per lifetime	
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	1 per lifetime	
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7293	placement of temporary anchorage device requiring flap	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime	1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime	1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime	1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime	1. Narrative of necessity
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months	
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months	
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day	1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day	1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day	
D7472	removal of torus palatinus	1 per lifetime	
D7473	removal of torus mandibularis	1 per 1 day	
D7485	reduction of osseous tuberosity	1 per 1 day	
D7490	radical resection of maxilla or mandible	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day	1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day	
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day	
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day	
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day	
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day	
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	1 per 1 day	
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7710	maxilla - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7858	joint reconstruction	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7875	arthroscopy: synovectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months	
D7910	suture of recent small wounds up to 5 cm	Unlimited	
D7911	complicated suture - up to 5 cm	Unlimited	
D7912	complicated suture - greater than 5 cm	Unlimited	
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited	
D7921	collection and application of autologous blood concentrate product	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year	
D7940	osteoplasty - for orthognathic deformities	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime	1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per lifetime	1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per lifetime	1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day	
D7962	lingual frenectomy (frenulectomy)	1 per 1 day	
D7963	frenuloplasty	1 per 1 day	
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months	
D7971	excision of pericoronal gingiva	1 per 36 floating months	
D7972	surgical reduction of fibrous tuberosity	2 per lifetime	1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited	



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7991	coronoidectomy	2 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year	
D9120	fixed partial denture sectioning	1 per 60 floating months	
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited	
D9211	regional block anesthesia	2 per 36 floating months	
D9212	trigeminal division block anesthesia	2 per 36 floating months	
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months	
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anoxiolysis analgesia	4 per 1 plan year	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year	1. Narrative of necessity
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months	
D9410	house/extended care facility call	2 per 1 plan year	
D9420	hospital or ambulatory surgical center call	2 per 1 plan year	
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months	
D9440	office visit - after regularly scheduled hours	1 per 1 plan year	
D9610	therapeutic parenteral drug, single administration	1 per 1 day	1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day	1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day	1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year	
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months	
D9920	behavior management, by report	2 per 1 plan year	1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year	1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year	
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year	
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year	
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year	
D9941	fabrication of athletic mouthguard	1 per 1 plan year	
D9942	repair and/or reline of occlusal guards	1 per 36 floating months	
D9943	occlusal guard adjustment	1 per 1 plan year	
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months	1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months	1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months	1. Narrative of necessity



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Level 6 F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months	1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year	
D9949	repair of custom sleep apnea appliance	1 per 36 floating months	
D9950	occlusion analysis - mounted case	1 per 5 plan years	
D9951	occlusal adjustment - limited	1 per 1 plan year	
D9952	occlusal adjustment - complete	1 per 5 plan years	
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months	
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year	
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year	



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0120	periodic oral evaluation	Unlimited	
D0140	limited oral evaluation - problem focused	Unlimited	
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	Unlimited	
D0150	comprehensive oral evaluation - new or established patient	Unlimited	
D0160	detailed and extensive oral evaluation - problem-focused, by report	Unlimited	
D0170	re-evaluation, limited, problem focused	Unlimited	
D0171	re-evaluation - post-operative office visit	Unlimited	
D0180	comprehensive periodontal evaluation - new or established patient	Unlimited	
D0190	screening of a patient	Unlimited	
D0191	assessment of a patient	Unlimited	
D0210	intraoral - complete series of radiographic images	Unlimited	
D0220	intraoral - periapical first radiographic image	Unlimited	
D0230	intraoral - periapical each additional radiographic image	Unlimited	
D0240	intraoral - occlusal radiographic image	Unlimited	
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	Unlimited	
D0251	extra-oral posterior dental radiographic image	Unlimited	
D0270	bitewing - single radiographic image	Unlimited	
D0272	bitewings - two radiographic images	Unlimited	
D0273	bitewings - three radiographic images	Unlimited	
D0274	bitewings - four radiographic images	Unlimited	
D0277	vertical bitewings - 7 to 8 radiographic images	Unlimited	
D0310	sialography	Unlimited	
D0320	temporomandibular joint arthrogram, including injection	Unlimited	
D0322	tomographic survey	Unlimited	
D0330	panoramic radiographic image	Unlimited	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	Unlimited	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	Unlimited	
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	Unlimited	
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	Unlimited	
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Unlimited	
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	Unlimited	
D0369	maxillofacial MRI capture and interpretation	Unlimited	
D0370	maxillofacial ultrasound capture and interpretation	Unlimited	
D0371	sialoendoscopy capture and interpretation	Unlimited	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	Unlimited	
D0373	intraoral tomosynthesis – bitewing radiographic image	Unlimited	
D0374	intraoral tomosynthesis – periapical radiographic image	Unlimited	
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	Unlimited	
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	Unlimited	
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	Unlimited	
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	Unlimited	
D0384	cone beam CT image capture for TMJ series including two or more exposures	Unlimited	
D0385	maxillofacial MRI image capture	Unlimited	
D0386	maxillofacial ultrasound image capture	Unlimited	
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Unlimited	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	Unlimited	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	Unlimited	
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	Unlimited	
D0393	treatment simulation using 3D image volume	Unlimited	
D0394	digital subtraction of two or more images or image volumes of the same modality	Unlimited	
D0395	fusion of two or more 3D image volumes of one or more modalities	Unlimited	
D0411	HbA1c in office point of service testing	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0412	blood glucose level test - in-office using a glucose meter	Unlimited	
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	Unlimited	
D0415	collection of microorganisms for culture and sensitivity	Unlimited	
D0416	viral culture	Unlimited	
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	Unlimited	
D0418	analysis of saliva sample	Unlimited	
D0419	assessment of salivary flow by measurement	Unlimited	
D0422	collection and preparation of genetic sample material for laboratory analysis and report	Unlimited	
D0423	genetic test for susceptibility to diseases-specimen analysis	Unlimited	
D0425	caries susceptibility tests	Unlimited	
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	Unlimited	
D0460	pulp vitality tests	Unlimited	
D0470	diagnostic casts	Unlimited	
D0472	accession of tissue, gross examination, prep and transmission of written report	Unlimited	
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	Unlimited	
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	Unlimited	
D0475	decalcification procedure	Unlimited	
D0476	special stains for microorganisms	Unlimited	
D0477	special stains, not for microorganisms	Unlimited	
D0478	immunohistochemical stains	Unlimited	
D0479	tissue in-situ hybridization, including interpretation	Unlimited	
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	Unlimited	
D0481	electron microscopy	Unlimited	
D0482	direct immunofluorescence	Unlimited	
D0483	indirect immunofluorescence	Unlimited	
D0484	consultation on slides prepared elsewhere	Unlimited	
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	Unlimited	
D0502	other oral pathology procedures, by report	Unlimited	
D0600	non-ionizing diagnostic procedure	Unlimited	
D0601	caries risk assessment and documentation, with a finding of low risk	Unlimited	
D0602	caries risk assessment and documentation, with a finding of moderate risk	Unlimited	
D0603	caries risk assessment and documentation, with a finding of high risk	Unlimited	
D0701	panoramic radiographic image - image capture only	Unlimited	
D0702	2D cephalometric radiographic image - image capture only	Unlimited	
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Unlimited	
D0705	extra-oral posterior dental radiographic image - image capture only	Unlimited	
D0706	intraoral - occlusal radiographic image - image capture only	Unlimited	
D0707	intraoral - periapical radiographic image - image capture only	Unlimited	
D0708	intraoral - bitewing radiographic image - image capture only	Unlimited	
D0709	intraoral - complete series of radiographic images - image capture only	Unlimited	
D0801	3D dental surface scan – direct	Unlimited	
D0802	3D dental surface scan – indirect	Unlimited	
D0803	3D facial surface scan – direct	Unlimited	
D0804	3D facial surface scan – indirect	Unlimited	
D1110	prophylaxis - adult	Unlimited	
D1120	prophylaxis - child	Unlimited	
D1206	topical application of fluoride varnish	Unlimited	
D1208	topical application of fluoride - excluding varnish	Unlimited	
D1310	nutritional counseling for control of dental disease	Unlimited	
D1320	tobacco counseling for the control and prevention of oral disease	Unlimited	
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	Unlimited	
D1351	sealant - per tooth	Unlimited	
D1352	preventive resin restoration - permanent tooth	Unlimited	
D1353	sealant repair - per tooth	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D1354	application of caries arresting medicament application - per tooth	Unlimited	
D1355	caries preventive medicament application - per tooth	Unlimited	
D2140	amalgam - one surface, primary or permanent	Unlimited	
D2150	amalgam - two surfaces, primary or permanent	Unlimited	
D2160	amalgam - three surfaces, primary or permanent	Unlimited	
D2161	amalgam - four or more surfaces, primary or permanent	Unlimited	
D2330	resin-based composite - one surface, anterior	Unlimited	
D2331	resin-based composite - two surfaces, anterior	Unlimited	
D2332	resin-based composite - three surfaces, anterior	Unlimited	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	Unlimited	
D2390	resin-based composite crown, anterior	Unlimited	
D2391	resin-based composite - one surface, posterior	Unlimited	
D2392	resin-based composite - two surfaces, posterior	Unlimited	
D2393	resin-based composite - three surfaces, posterior	Unlimited	
D2394	resin-based composite - four or more surfaces, posterior	Unlimited	
D2410	gold foil - one surface	Unlimited	
D2420	gold foil - two surfaces	Unlimited	
D2430	gold foil - three surfaces	Unlimited	
D2510	inlay - metallic - one surface	Unlimited	
D2520	inlay - metallic - two surfaces	Unlimited	
D2530	inlay - metallic - three or more surfaces	Unlimited	
D2542	onlay metallic, two surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2544	onlay-metallic-four or more surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	Unlimited	
D2620	inlay - porcelain/ceramic - two surfaces	Unlimited	
D2630	inlay - porcelain/ceramic - three or more surfaces	Unlimited	
D2642	onlay - porcelain/ceramic - two surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2644	onlay - porcelain/ceramic - four or more surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	Unlimited	
D2651	inlay - composite/resin - two surfaces	Unlimited	
D2652	inlay - composite/resin - three or more surfaces	Unlimited	
D2662	onlay - composite/resin - two surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2710	crown, resin-based composite (indirect)	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2721	crown - resin with predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2750	crown - porcelain fused to high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2780	crown, 3/4 cast high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2782	crown, 3/4 cast noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2794	crown - titanium and titanium alloys	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	Unlimited	1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2915	re cement or re-bond cast indirectly fabricated or prefabricated post and core	Unlimited	
D2920	re cement or re-bond crown	Unlimited	
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited	
D2928	prefabricated porcelain/ceramic crown - permanent tooth	Unlimited	
D2929	prefabricated porcelain/ceramic crown - primary tooth	Unlimited	
D2930	prefabricated stainless steel crown - primary tooth	Unlimited	
D2931	prefabricated stainless steel crown - permanent tooth	Unlimited	
D2932	prefabricated resin crown	Unlimited	
D2933	prefabricated stainless steel crown with resin window	Unlimited	
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	Unlimited	
D2940	protective restoration	Unlimited	
D2941	interim therapeutic restoration-primary dentition	Unlimited	
D2949	restorative foundation for an indirect restoration	Unlimited	
D2950	core buildup, including any pins when required	Unlimited	1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	Unlimited	
D2952	cast post and core in addition to crown	Unlimited	1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	Unlimited	1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	Unlimited	1. Current dated radiographs of teeth
D2955	post removal	Unlimited	
D2957	each additional prefabricated post, same tooth	Unlimited	
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	Unlimited	
D2975	coping	Unlimited	
D2980	crown repair necessitated by restorative material failure	Unlimited	
D2981	inlay repair necessitated by restorative material failure	Unlimited	
D2982	onlay repair necessitated by restorative material failure	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2989	excavation of a tooth resulting in the determination of non-restorability	Unlimited	
D2990	resin infiltration of incipient smooth surface lesions	Unlimited	
D2991	excavation of a tooth resulting in the determination of non-restorability	Unlimited	
D3110	pulp cap - direct (excluding final restoration)	Unlimited	
D3120	pulp cap - indirect (excluding final restoration)	Unlimited	
D3220	therapeutic pulpotomy (excluding final restoration)	Unlimited	
D3221	pulpal debridement, primary and permanent teeth	Unlimited	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Unlimited	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Unlimited	
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Unlimited	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	Unlimited	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	Unlimited	
D3330	endodontic therapy, molar tooth (excluding final restoration)	Unlimited	
D3331	treatment of root canal obstruction, non-surgical access	Unlimited	
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Unlimited	
D3333	internal tooth repair of perforation defects	Unlimited	
D3346	retreatment of previous root canal therapy - anterior	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	Unlimited	
D3352	apexification/recalcification/pulpal regeneration - interim medication replacement	Unlimited	
D3353	apexification/recalcification - final visit (includes completed root)	Unlimited	
D3355	pupal regeneration-initial visit	Unlimited	
D3356	pulpal regeneration-interim medicament replacement	Unlimited	
D3357	pulpal regeneration-completion of treatment	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D3410	apicoectomy - anterior	Unlimited	
D3421	apicoectomy - premolar (first root)	Unlimited	
D3425	apicoectomy - molar (first root)	Unlimited	
D3426	apicoectomy (each additional root)	Unlimited	
D3428	bone graft in conjunction with periradicular surgery-per tooth, single site	Unlimited	
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	Unlimited	
D3430	retrograde filling - per root	Unlimited	
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited	
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited	
D3450	root amputation - per root	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	Unlimited	
D3471	surgical repair of root resorption - anterior	Unlimited	
D3472	surgical repair of root resorption - premolar	Unlimited	
D3473	surgical repair of root resorption - molar	Unlimited	
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Unlimited	
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Unlimited	
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Unlimited	
D3920	hemisection (including any root removal), not including root canal therapy	Unlimited	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited	
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Unlimited	
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited	
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4245	apically positioned flap	Unlimited	
D4249	clinical crown lengthening - hard tissue	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	Unlimited	
D4266	guided tissue regeneration - resorbable barrier, per site	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	Unlimited	
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	Unlimited	
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	Unlimited	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	Unlimited	
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	Unlimited	
D4346	scaling in presence of generalized moderate or severe gingival inflammation	Unlimited	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Unlimited	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Unlimited	1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	Unlimited	
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	Unlimited	
D4921	gingival irrigation - per quadrant	Unlimited	
D5110	complete denture - maxillary	Unlimited	
D5120	complete denture - mandibular	Unlimited	
D5130	immediate denture - maxillary	Unlimited	
D5140	immediate denture - mandibular	Unlimited	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Unlimited	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests)	Unlimited	
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest)	Unlimited	
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Unlimited	
D5222	immediate mandibular partial denture - resin base	Unlimited	
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	Unlimited	
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	Unlimited	
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Unlimited	
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	Unlimited	
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Unlimited	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Unlimited	
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	Unlimited	
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	Unlimited	
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	Unlimited	
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	Unlimited	
D5410	adjust complete denture - maxillary	Unlimited	
D5411	adjust complete denture - mandibular	Unlimited	
D5421	adjust partial denture - maxillary	Unlimited	
D5422	adjust partial denture - mandibular	Unlimited	
D5511	repair broken complete denture base, mandibular	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5512	repair broken complete denture base, maxillary	Unlimited	
D5520	replace missing or broken teeth - complete denture (each tooth)	Unlimited	
D5611	repair resin partial denture base, mandibular	Unlimited	
D5612	repair resin partial denture base, maxillary	Unlimited	
D5621	repair cast partial framework, mandibular	Unlimited	
D5622	repair cast partial framework, maxillary	Unlimited	
D5630	repair or replace broken retentive/clasping materials - per tooth	Unlimited	
D5640	replace broken teeth - per tooth	Unlimited	
D5650	add tooth to existing partial denture	Unlimited	
D5660	add clasp to existing partial denture - per tooth	Unlimited	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	Unlimited	
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	Unlimited	
D5710	rebase complete maxillary denture	Unlimited	
D5711	rebase complete mandibular denture	Unlimited	
D5720	rebase maxillary partial denture	Unlimited	
D5721	rebase mandibular partial denture	Unlimited	
D5725	rebase hybrid prosthesis	Unlimited	
D5730	reline complete maxillary denture (direct)	Unlimited	
D5731	reline complete mandibular denture (direct)	Unlimited	
D5740	reline maxillary partial denture (direct)	Unlimited	
D5741	reline mandibular partial denture (direct)	Unlimited	
D5750	reline complete maxillary denture (indirect)	Unlimited	
D5751	reline complete mandibular denture (indirect)	Unlimited	
D5760	reline maxillary partial denture (indirect)	Unlimited	
D5761	reline mandibular partial denture (indirect)	Unlimited	
D5765	soft liner for complete or partial removable denture - indirect	Unlimited	
D5810	interim complete denture (maxillary)	Unlimited	
D5811	interim complete denture (mandibular)	Unlimited	
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), (maxillary)	Unlimited	
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	Unlimited	
D5850	tissue conditioning, maxillary	Unlimited	
D5851	tissue conditioning, mandibular	Unlimited	
D5862	precision attachment, by report	Unlimited	
D5863	overdenture-complete maxillary	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5864	overdenture-partial maxillary	Unlimited	
D5865	overdenture - complete mandibular	Unlimited	
D5866	overdenture-partial mandibular	Unlimited	
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	Unlimited	
D5875	modification of removable prosthesis following implant surgery	Unlimited	
D5876	add metal substructure to acrylic full denture (per arch)	Unlimited	
D5911	facial moulage (sectional)	Unlimited	
D5912	facial moulage (complete)	Unlimited	
D5913	nasal prosthesis	Unlimited	
D5914	auricular prosthesis	Unlimited	
D5915	orbital prosthesis	Unlimited	
D5916	ocular prosthesis	Unlimited	
D5919	facial prosthesis	Unlimited	
D5922	nasal septal prosthesis	Unlimited	
D5923	ocular prosthesis, interim	Unlimited	
D5924	cranial prosthesis	Unlimited	
D5925	facial augmentation implant prosthesis	Unlimited	
D5926	nasal prosthesis, replacement	Unlimited	
D5927	auricular prosthesis, replacement	Unlimited	
D5928	orbital prosthesis, replacement	Unlimited	
D5929	facial prosthesis, replacement	Unlimited	
D5931	obturator prosthesis, surgical	Unlimited	
D5932	obturator prosthesis, definitive	Unlimited	
D5933	obturator prosthesis, modification	Unlimited	
D5934	mandibular resection prosthesis with guide flange	Unlimited	
D5935	mandibular resection prosthesis without guide flange	Unlimited	
D5936	obturator prosthesis, interim	Unlimited	
D5937	trismus appliance (not for TMD treatment)	Unlimited	
D5951	feeding aid	Unlimited	
D5952	speech aid prosthesis, pediatric	Unlimited	
D5953	speech aid prosthesis, adult	Unlimited	
D5954	palatal augmentation prosthesis	Unlimited	
D5955	palatal lift prosthesis, definitive	Unlimited	
D5958	palatal lift prosthesis, interim	Unlimited	
D5959	palatal lift prosthesis, modification	Unlimited	
D5960	speech aid prosthesis, modification	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5982	surgical stent	Unlimited	
D5983	radiation carrier	Unlimited	
D5984	radiation shield	Unlimited	
D5985	radiation cone locator	Unlimited	
D5986	fluoride gel carrier	Unlimited	
D5987	commissure splint	Unlimited	
D5988	surgical splint	Unlimited	
D5991	vesiculobullous disease medicament carrier	Unlimited	
D5992	adjust maxillofacial prosthetic appliance, by report	Unlimited	
D5993	maintenance and cleaning of a maxillofacial prosthesis	Unlimited	
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	Unlimited	
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	Unlimited	
D6010	surgical placement of implant body: endosteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6011	surgical access to an implant body (second stage implant surgery)	Unlimited	
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6013	surgical placement of mini-implant	Unlimited	1. Panoramic radiograph or full mouth series
D6040	surgical placement: eposteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6050	surgical placement: transosteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6051	interim abutment	Unlimited	
D6055	connecting bar - implant supported or abutment supported	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6056	prefabricated abutment - includes modification and placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6057	custom fabricated abutment - includes placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6058	abutment supported porcelain/ceramic crown	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6059	abutment supported porcelain fused to metal crown (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6061	abutment supported porcelain fused to metal crown (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6062	abutment supported cast metal crown (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6063	abutment supported cast metal crown (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6064	abutment supported cast metal crown (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6065	implant supported porcelain/ceramic crown	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6066	implant supported - porcelain fused to high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6067	implant supported crown - high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6068	abutment supported retainer for porcelain/ceramic FPD	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6072	abutment supported retainer for cast metal FPD (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6074	abutment supported retainer for cast metal FPD (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6075	implant supported retainer for ceramic FPD	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6077	implant supported retainer for metal FPD - high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6080	implant maintenance procedures when prostheses are removed and reinserted	Unlimited	
D6081	scaling and debridement in the presence of inflammation or mucositis of a single a implant	Unlimited	
D6082	implant supported crown - porcelain fused to predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6083	implant supported crown - porcelain fused to noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6084	implant supported crown - porcelain fused to titanium and titanium alloys .	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6085	interim implant crown	Unlimited	
D6086	implant supported crown - predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6087	implant supported crown - noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6088	implant supported crown - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6089	accessing and retorquing loose implant screw - per screw	Unlimited	
D6090	repair implant supported prosthesis, by report	Unlimited	1. Narrative of necessity
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment	Unlimited	
D6092	reacement or re-bond implant/abutment supported crown	Unlimited	
D6093	reacement or re-bond implant/abutment supported fixed partial denture	Unlimited	
D6094	abutment supported crown - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6095	repair implant abutment, by report	Unlimited	1. Radiographs of area 2. Narrative of necessity
D6096	remove broken implant retaining screw	Unlimited	1. Narrative of necessity
D6097	abutment supported crown - porcelain fused to titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6098	implant supported retainer - porcelain fused to predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6100	surgical removal of implant body	Unlimited	
D6101	debridement of a peri implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	Unlimited	
D6102	debridement and osseous contouring of a peri implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	Unlimited	
D6103	bone graft for repair of peri implant defect not include flap entry and closure.	Unlimited	
D6104	bone graft at time of implant placement	Unlimited	
D6105	removal of implant body not requiring bone removal nor flap elevation	Unlimited	
D6106	guided tissue regeneration - resorbable barrier, per implant	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D6107	guided tissue regeneration - non-resorbable barrier, per implant	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D6110	implant/abutment supported removable denture for edentulous arch - maxillary	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6111	implant/abutment supported removable denture for edentulous arch - mandibular	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6112	implant/abutment supported removable denture for partially edentulous arch - maxillary	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6113	implant/abutment supported removable denture for partially edentulous arch - mandibular	Unlimited	
D6114	implant /abutment supported fixed denture for edentulous arch - maxillary	Unlimited	
D6115	implant/abutment supported fixed denture for edentulous arch - mandibular	Unlimited	
D6116	implant/abutment supported fixed denture for partially edentulous arch-maxillary	Unlimited	
D6117	implant/abutment supported fixed denture for partially edentulous arch - mandibular	Unlimited	
D6118	implant/abutment supported interim fixed denture for edentulous arch, mandibular	Unlimited	
D6119	implant/abutment supported interim fixed denture for edentulous arch, maxillary	Unlimited	
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6121	implant supported retainer for metal FPD - predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6122	implant supported retainer for metal FPD - noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6190	radiographic/surgical implant index, by report	Unlimited	
D6191	semi-precision abutment - placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6192	semi-precision attachment - placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Unlimited	
D6198	remove interim implant component	Unlimited	1. Radiographs of area 2. Narrative of necessity
D6205	pontic - indirect resin based composite	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6214	pontic - titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6240	pontic - porcelain fused to high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6603	retainer inlay - cast high noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6611	retainer onlay - cast high noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	Unlimited	
D6634	retainer onlay - titanium	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6720	retainer crown - resin with high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	Unlimited	
D6930	re-cement or re-bond fixed partial denture	Unlimited	
D6940	stress breaker	Unlimited	
D6950	precision attachment	Unlimited	
D6980	fixed partial denture repair, necessitated by restorative material failure	Unlimited	
D7111	extraction, coronal remnants - primary tooth	Unlimited	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	Unlimited	
D7220	removal of impacted tooth - soft tissue	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	Unlimited	
D7251	coronectomy	Unlimited	
D7260	oroantral fistula closure	Unlimited	
D7261	primary closure of a sinus perforation	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Unlimited	
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Unlimited	
D7280	exposure of an unerupted tooth	Unlimited	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	Unlimited	
D7283	placement of device to facilitate eruption of impacted tooth	Unlimited	
D7284	excisional biopsy of minor salivary glands	Unlimited	
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	Unlimited	
D7286	incisional biopsy of oral tissue - soft (all others)	Unlimited	
D7287	exfoliative cytological sample collection	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7288	brush biopsy - transepithelial sample collection	Unlimited	
D7290	surgical repositioning of teeth	Unlimited	
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	Unlimited	
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	Unlimited	
D7293	placement of temporary anchorage device requiring flap	Unlimited	
D7294	placement: of temporary anchorage device without flap; includes device removal	Unlimited	
D7295	harvest of bone for use in autogenous grafting procedures	Unlimited	
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	Unlimited	
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	Unlimited	
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	Unlimited	
D7299	removal of temporary anchorage device, requiring flap	Unlimited	
D7300	removal of temporary anchorage device without flap	Unlimited	
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Unlimited	
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	Unlimited	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Unlimited	
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	Unlimited	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Unlimited	
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	Unlimited	
D7410	excision of benign lesion up to 1.25 cm	Unlimited	
D7411	excision of benign lesion greater than 1.25 cm	Unlimited	
D7412	excision of benign lesion, complicated	Unlimited	
D7413	excision of malignant lesion up to 1.25 cm	Unlimited	
D7414	excision of malignant lesion greater than 1.25 cm	Unlimited	
D7415	excision of malignant lesion, complicated	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	Unlimited	
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	Unlimited	
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Unlimited	
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Unlimited	
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Unlimited	
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Unlimited	
D7465	destruction of lesion(s) by physical or chemical method, by report	Unlimited	
D7471	removal of lateral exostosis (maxilla or mandible)	Unlimited	
D7472	removal of torus palatinus	Unlimited	
D7473	removal of torus mandibularis	Unlimited	
D7485	reduction of osseous tuberosity	Unlimited	
D7490	radical resection of maxilla or mandible	Unlimited	
D7509	marsupialization of odontogenic cyst	Unlimited	
D7510	incision and drainage of abscess - intraoral soft tissue	Unlimited	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Unlimited	
D7520	incision and drainage of abscess - extraoral soft tissue	Unlimited	
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Unlimited	
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Unlimited	
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	Unlimited	
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	Unlimited	
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	Unlimited	
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited	
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited	
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited	
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7650	malar and/or zygomatic arch - open reduction	Unlimited	
D7660	malar and/or zygomatic arch - closed reduction	Unlimited	
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited	
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited	
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited	
D7710	maxilla - open reduction	Unlimited	
D7720	maxilla - closed reduction	Unlimited	
D7730	mandible - open reduction	Unlimited	
D7740	mandible - closed reduction	Unlimited	
D7750	malar and/or zygomatic arch - open reduction	Unlimited	
D7760	malar and/or zygomatic arch - closed reduction	Unlimited	
D7770	alveolus, open reduction stabilization of teeth	Unlimited	
D7771	alveolus, closed reduction stabilization of teeth	Unlimited	
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited	
D7810	open reduction of dislocation	Unlimited	
D7820	closed reduction of dislocation	Unlimited	
D7830	manipulation under anesthesia	Unlimited	
D7840	condylectomy	Unlimited	
D7850	surgical discectomy, with/without implant	Unlimited	
D7852	disc repair	Unlimited	
D7854	synovectomy	Unlimited	
D7856	myotomy	Unlimited	
D7858	joint reconstruction	Unlimited	
D7860	arthrotomy	Unlimited	
D7865	arthroplasty	Unlimited	
D7870	arthrocentesis	Unlimited	
D7871	non-arthroscopic lysis and lavage	Unlimited	
D7872	arthroscopy - diagnosis, with or without biopsy	Unlimited	
D7873	arthroscopy: lavage and lysis of adhesions	Unlimited	
D7874	arthroscopy: disc repositioning and stabilization	Unlimited	
D7875	arthroscopy: synovectomy	Unlimited	
D7876	arthroscopy: discectomy	Unlimited	
D7877	arthroscopy: debridement	Unlimited	
D7880	occlusal orthotic device, by report	Unlimited	
D7881	occlusal orthotic device adjustment	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7910	suture of recent small wounds up to 5 cm	Unlimited	
D7911	complicated suture - up to 5 cm	Unlimited	
D7912	complicated suture - greater than 5 cm	Unlimited	
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited	
D7921	collection and application of autologous blood concentrate product	Unlimited	
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Unlimited	
D7940	osteoplasty - for orthognathic deformities	Unlimited	
D7941	osteotomy - mandibular rami	Unlimited	
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	Unlimited	
D7944	osteotomy - segmented or subapical - per sextant or quadrant	Unlimited	
D7945	osteotomy - body of mandible	Unlimited	
D7946	LeFort I (maxilla - total)	Unlimited	
D7947	LeFort I (maxilla - segmented)	Unlimited	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	Unlimited	
D7949	LeFort II or LeFort III - with bone graft	Unlimited	
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Unlimited	
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	Unlimited	
D7952	sinus augmentation via a vertical approach	Unlimited	
D7953	bone replacement graft for ridge preservation - per site	Unlimited	
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited	
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	Unlimited	
D7962	lingual frenectomy (frenulectomy)	Unlimited	
D7963	frenuloplasty	Unlimited	
D7970	excision of hyperplastic tissue - per arch	Unlimited	
D7971	excision of pericoronal gingiva	Unlimited	
D7972	surgical reduction of fibrous tuberosity	Unlimited	
D7979	non-surgical sialolithotomy	Unlimited	
D7980	surgical sialolithotomy	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7981	excision of salivary gland, by report	Unlimited	
D7982	sialodochoplasty	Unlimited	
D7983	closure of salivary fistula	Unlimited	
D7990	emergency tracheotomy	Unlimited	
D7991	coronoidectomy	Unlimited	
D7993	surgical placement of craniofacial implant - extra oral	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited	
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited	
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	Unlimited	
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited	
D9110	palliative (emergency) treatment of dental pain - minor procedure	Unlimited	
D9120	fixed partial denture sectioning	Unlimited	
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	Unlimited	
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited	
D9211	regional block anesthesia	Unlimited	
D9212	trigeminal division block anesthesia	Unlimited	
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	Unlimited	
D9222	deep sedation/general anesthesia - first 15 minutes	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anoxiolysis analgesia	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	Unlimited	1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	Unlimited	
D9410	house/extended care facility call	Unlimited	
D9420	hospital or ambulatory surgical center call	Unlimited	
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	Unlimited	
D9440	office visit - after regularly scheduled hours	Unlimited	
D9610	therapeutic parenteral drug, single administration	Unlimited	1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	Unlimited	1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	Unlimited	
D9910	application of desensitizing medicament	Unlimited	
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	Unlimited	
D9920	behavior management, by report	Unlimited	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	Unlimited	
D9932	cleaning and inspection of removable complete denture, maxillary	Unlimited	
D9933	cleaning and inspection of removable complete denture, mandibular	Unlimited	
D9934	cleaning and inspection of removable partial denture, maxillary	Unlimited	
D9935	cleaning and inspection of removable partial denture, mandibular	Unlimited	
D9941	fabrication of athletic mouthguard	Unlimited	
D9942	repair and/or reline of occlusal guards	Unlimited	
D9943	occlusal guard adjustment	Unlimited	
D9944	occlusal guard - hard appliance, full arch	Unlimited	
D9945	occlusal guard - soft appliance, full arch	Unlimited	
D9946	occlusal guard - hard appliance, partial arch	Unlimited	
D9947	custom sleep apnea appliance fabrication and placement	Unlimited	
D9948	adjustment of custom sleep apnea appliance	Unlimited	
D9949	repair of custom sleep apnea appliance	Unlimited	
D9950	occlusion analysis - mounted case	Unlimited	
D9951	occlusal adjustment - limited	Unlimited	
D9952	occlusal adjustment - complete	Unlimited	
D9953	reline custom sleep apnea appliance (indirect)	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year	
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year	



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

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Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



Pre-treatment estimate

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Salt Lake City, UT 84130



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



UHC On Air

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Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



Directory

ISNP F Platform plan design benefit grid

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0120	periodic oral evaluation	Unlimited	
D0140	limited oral evaluation - problem focused	Unlimited	
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	Unlimited	
D0150	comprehensive oral evaluation - new or established patient	Unlimited	
D0160	detailed and extensive oral evaluation - problem-focused, by report	Unlimited	
D0170	re-evaluation, limited, problem focused	Unlimited	
D0171	re-evaluation - post-operative office visit	Unlimited	
D0180	comprehensive periodontal evaluation - new or established patient	Unlimited	
D0190	screening of a patient	Unlimited	
D0191	assessment of a patient	Unlimited	
D0210	intraoral - complete series of radiographic images	Unlimited	
D0220	intraoral - periapical first radiographic image	Unlimited	
D0230	intraoral - periapical each additional radiographic image	Unlimited	
D0240	intraoral - occlusal radiographic image	Unlimited	
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	Unlimited	
D0251	extra-oral posterior dental radiographic image	Unlimited	
D0270	bitewing - single radiographic image	Unlimited	
D0272	bitewings - two radiographic images	Unlimited	
D0273	bitewings - three radiographic images	Unlimited	
D0274	bitewings - four radiographic images	Unlimited	
D0277	vertical bitewings - 7 to 8 radiographic images	Unlimited	
D0310	sialography	Unlimited	
D0320	temporomandibular joint arthrogram, including injection	Unlimited	
D0322	tomographic survey	Unlimited	
D0330	panoramic radiographic image	Unlimited	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	Unlimited	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	Unlimited	
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	Unlimited	
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	Unlimited	
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Unlimited	
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	Unlimited	
D0369	maxillofacial MRI capture and interpretation	Unlimited	
D0370	maxillofacial ultrasound capture and interpretation	Unlimited	
D0371	sialoendoscopy capture and interpretation	Unlimited	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	Unlimited	
D0373	intraoral tomosynthesis – bitewing radiographic image	Unlimited	
D0374	intraoral tomosynthesis – periapical radiographic image	Unlimited	
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	Unlimited	
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	Unlimited	
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	Unlimited	
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	Unlimited	
D0384	cone beam CT image capture for TMJ series including two or more exposures	Unlimited	
D0385	maxillofacial MRI image capture	Unlimited	
D0386	maxillofacial ultrasound image capture	Unlimited	
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Unlimited	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	Unlimited	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	Unlimited	
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	Unlimited	
D0393	treatment simulation using 3D image volume	Unlimited	
D0394	digital subtraction of two or more images or image volumes of the same modality	Unlimited	
D0395	fusion of two or more 3D image volumes of one or more modalities	Unlimited	
D0411	HbA1c in office point of service testing	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0412	blood glucose level test - in-office using a glucose meter	Unlimited	
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	Unlimited	
D0415	collection of microorganisms for culture and sensitivity	Unlimited	
D0416	viral culture	Unlimited	
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	Unlimited	
D0418	analysis of saliva sample	Unlimited	
D0419	assessment of salivary flow by measurement	Unlimited	
D0422	collection and preparation of genetic sample material for laboratory analysis and report	Unlimited	
D0423	genetic test for susceptibility to diseases-specimen analysis	Unlimited	
D0425	caries susceptibility tests	Unlimited	
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	Unlimited	
D0460	pulp vitality tests	Unlimited	
D0470	diagnostic casts	Unlimited	
D0472	accession of tissue, gross examination, prep and transmission of written report	Unlimited	
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	Unlimited	
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	Unlimited	
D0475	decalcification procedure	Unlimited	
D0476	special stains for microorganisms	Unlimited	
D0477	special stains, not for microorganisms	Unlimited	
D0478	immunohistochemical stains	Unlimited	
D0479	tissue in-situ hybridization, including interpretation	Unlimited	
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	Unlimited	
D0481	electron microscopy	Unlimited	
D0482	direct immunofluorescence	Unlimited	
D0483	indirect immunofluorescence	Unlimited	
D0484	consultation on slides prepared elsewhere	Unlimited	
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	Unlimited	
D0502	other oral pathology procedures, by report	Unlimited	
D0600	non-ionizing diagnostic procedure	Unlimited	
D0601	caries risk assessment and documentation, with a finding of low risk	Unlimited	
D0602	caries risk assessment and documentation, with a finding of moderate risk	Unlimited	
D0603	caries risk assessment and documentation, with a finding of high risk	Unlimited	
D0701	panoramic radiographic image - image capture only	Unlimited	
D0702	2D cephalometric radiographic image - image capture only	Unlimited	
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Unlimited	
D0705	extra-oral posterior dental radiographic image - image capture only	Unlimited	
D0706	intraoral - occlusal radiographic image - image capture only	Unlimited	
D0707	intraoral - periapical radiographic image - image capture only	Unlimited	
D0708	intraoral - bitewing radiographic image - image capture only	Unlimited	
D0709	intraoral - complete series of radiographic images - image capture only	Unlimited	
D0801	3D dental surface scan – direct	Unlimited	
D0802	3D dental surface scan – indirect	Unlimited	
D0803	3D facial surface scan – direct	Unlimited	
D0804	3D facial surface scan – indirect	Unlimited	
D1110	prophylaxis - adult	Unlimited	
D1120	prophylaxis - child	Unlimited	
D1206	topical application of fluoride varnish	Unlimited	
D1208	topical application of fluoride - excluding varnish	Unlimited	
D1310	nutritional counseling for control of dental disease	Unlimited	
D1320	tobacco counseling for the control and prevention of oral disease	Unlimited	
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	Unlimited	
D1351	sealant - per tooth	Unlimited	
D1352	preventive resin restoration - permanent tooth	Unlimited	
D1353	sealant repair - per tooth	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D1354	application of caries arresting medicament application - per tooth	Unlimited	
D1355	caries preventive medicament application - per tooth	Unlimited	
D2140	amalgam - one surface, primary or permanent	Unlimited	
D2150	amalgam - two surfaces, primary or permanent	Unlimited	
D2160	amalgam - three surfaces, primary or permanent	Unlimited	
D2161	amalgam - four or more surfaces, primary or permanent	Unlimited	
D2330	resin-based composite - one surface, anterior	Unlimited	
D2331	resin-based composite - two surfaces, anterior	Unlimited	
D2332	resin-based composite - three surfaces, anterior	Unlimited	
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	Unlimited	
D2390	resin-based composite crown, anterior	Unlimited	
D2391	resin-based composite - one surface, posterior	Unlimited	
D2392	resin-based composite - two surfaces, posterior	Unlimited	
D2393	resin-based composite - three surfaces, posterior	Unlimited	
D2394	resin-based composite - four or more surfaces, posterior	Unlimited	
D2410	gold foil - one surface	Unlimited	
D2420	gold foil - two surfaces	Unlimited	
D2430	gold foil - three surfaces	Unlimited	
D2510	inlay - metallic - one surface	Unlimited	
D2520	inlay - metallic - two surfaces	Unlimited	
D2530	inlay - metallic - three or more surfaces	Unlimited	
D2542	onlay metallic, two surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2544	onlay-metallic-four or more surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	Unlimited	
D2620	inlay - porcelain/ceramic - two surfaces	Unlimited	
D2630	inlay - porcelain/ceramic - three or more surfaces	Unlimited	
D2642	onlay - porcelain/ceramic - two surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2644	onlay - porcelain/ceramic - four or more surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	Unlimited	
D2651	inlay - composite/resin - two surfaces	Unlimited	
D2652	inlay - composite/resin - three or more surfaces	Unlimited	
D2662	onlay - composite/resin - two surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	Unlimited	1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2710	crown, resin-based composite (indirect)	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2721	crown - resin with predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2750	crown - porcelain fused to high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2780	crown, 3/4 cast high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2782	crown, 3/4 cast noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2794	crown - titanium and titanium alloys	Unlimited	1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	Unlimited	1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2915	re cement or re-bond cast indirectly fabricated or prefabricated post and core	Unlimited	
D2920	re cement or re-bond crown	Unlimited	
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited	
D2928	prefabricated porcelain/ceramic crown - permanent tooth	Unlimited	
D2929	prefabricated porcelain/ceramic crown - primary tooth	Unlimited	
D2930	prefabricated stainless steel crown - primary tooth	Unlimited	
D2931	prefabricated stainless steel crown - permanent tooth	Unlimited	
D2932	prefabricated resin crown	Unlimited	
D2933	prefabricated stainless steel crown with resin window	Unlimited	
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	Unlimited	
D2940	protective restoration	Unlimited	
D2941	interim therapeutic restoration-primary dentition	Unlimited	
D2949	restorative foundation for an indirect restoration	Unlimited	
D2950	core buildup, including any pins when required	Unlimited	1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	Unlimited	
D2952	cast post and core in addition to crown	Unlimited	1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	Unlimited	1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	Unlimited	1. Current dated radiographs of teeth
D2955	post removal	Unlimited	
D2957	each additional prefabricated post, same tooth	Unlimited	
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	Unlimited	
D2975	coping	Unlimited	
D2980	crown repair necessitated by restorative material failure	Unlimited	
D2981	inlay repair necessitated by restorative material failure	Unlimited	
D2982	onlay repair necessitated by restorative material failure	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D2989	excavation of a tooth resulting in the determination of non-restorability	Unlimited	
D2990	resin infiltration of incipient smooth surface lesions	Unlimited	
D2991	excavation of a tooth resulting in the determination of non-restorability	Unlimited	
D3110	pulp cap - direct (excluding final restoration)	Unlimited	
D3120	pulp cap - indirect (excluding final restoration)	Unlimited	
D3220	therapeutic pulpotomy (excluding final restoration)	Unlimited	
D3221	pulpal debridement, primary and permanent teeth	Unlimited	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Unlimited	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Unlimited	
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Unlimited	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	Unlimited	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	Unlimited	
D3330	endodontic therapy, molar tooth (excluding final restoration)	Unlimited	
D3331	treatment of root canal obstruction, non-surgical access	Unlimited	
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Unlimited	
D3333	internal tooth repair of perforation defects	Unlimited	
D3346	retreatment of previous root canal therapy - anterior	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	Unlimited	
D3352	apexification/recalcification/pulpal regeneration - interim medication replacement	Unlimited	
D3353	apexification/recalcification - final visit (includes completed root)	Unlimited	
D3355	pupal regeneration-initial visit	Unlimited	
D3356	pulpal regeneration-interim medicament replacement	Unlimited	
D3357	pulpal regeneration-completion of treatment	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D3410	apicoectomy - anterior	Unlimited	
D3421	apicoectomy - premolar (first root)	Unlimited	
D3425	apicoectomy - molar (first root)	Unlimited	
D3426	apicoectomy (each additional root)	Unlimited	
D3428	bone graft in conjunction with periradicular surgery-per tooth, single site	Unlimited	
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	Unlimited	
D3430	retrograde filling - per root	Unlimited	
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited	
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited	
D3450	root amputation - per root	Unlimited	1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	Unlimited	
D3471	surgical repair of root resorption - anterior	Unlimited	
D3472	surgical repair of root resorption - premolar	Unlimited	
D3473	surgical repair of root resorption - molar	Unlimited	
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Unlimited	
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Unlimited	
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Unlimited	
D3920	hemisection (including any root removal), not including root canal therapy	Unlimited	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited	
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Unlimited	
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited	
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4245	apically positioned flap	Unlimited	
D4249	clinical crown lengthening - hard tissue	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	Unlimited	
D4266	guided tissue regeneration - resorbable barrier, per site	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	Unlimited	1. Current dated radiographs of tooth/ area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	Unlimited	
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	Unlimited	
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	Unlimited	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	Unlimited	
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	Unlimited	
D4346	scaling in presence of generalized moderate or severe gingival inflammation	Unlimited	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Unlimited	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Unlimited	1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	Unlimited	
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	Unlimited	
D4921	gingival irrigation - per quadrant	Unlimited	
D5110	complete denture - maxillary	Unlimited	
D5120	complete denture - mandibular	Unlimited	
D5130	immediate denture - maxillary	Unlimited	
D5140	immediate denture - mandibular	Unlimited	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Unlimited	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests)	Unlimited	
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest)	Unlimited	
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Unlimited	
D5222	immediate mandibular partial denture - resin base	Unlimited	
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	Unlimited	
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	Unlimited	
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Unlimited	
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	Unlimited	
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Unlimited	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Unlimited	
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	Unlimited	
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	Unlimited	
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	Unlimited	
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	Unlimited	
D5410	adjust complete denture - maxillary	Unlimited	
D5411	adjust complete denture - mandibular	Unlimited	
D5421	adjust partial denture - maxillary	Unlimited	
D5422	adjust partial denture - mandibular	Unlimited	
D5511	repair broken complete denture base, mandibular	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5512	repair broken complete denture base, maxillary	Unlimited	
D5520	replace missing or broken teeth - complete denture (each tooth)	Unlimited	
D5611	repair resin partial denture base, mandibular	Unlimited	
D5612	repair resin partial denture base, maxillary	Unlimited	
D5621	repair cast partial framework, mandibular	Unlimited	
D5622	repair cast partial framework, maxillary	Unlimited	
D5630	repair or replace broken retentive/clasping materials - per tooth	Unlimited	
D5640	replace broken teeth - per tooth	Unlimited	
D5650	add tooth to existing partial denture	Unlimited	
D5660	add clasp to existing partial denture - per tooth	Unlimited	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	Unlimited	
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	Unlimited	
D5710	rebase complete maxillary denture	Unlimited	
D5711	rebase complete mandibular denture	Unlimited	
D5720	rebase maxillary partial denture	Unlimited	
D5721	rebase mandibular partial denture	Unlimited	
D5725	rebase hybrid prosthesis	Unlimited	
D5730	reline complete maxillary denture (direct)	Unlimited	
D5731	reline complete mandibular denture (direct)	Unlimited	
D5740	reline maxillary partial denture (direct)	Unlimited	
D5741	reline mandibular partial denture (direct)	Unlimited	
D5750	reline complete maxillary denture (indirect)	Unlimited	
D5751	reline complete mandibular denture (indirect)	Unlimited	
D5760	reline maxillary partial denture (indirect)	Unlimited	
D5761	reline mandibular partial denture (indirect)	Unlimited	
D5765	soft liner for complete or partial removable denture - indirect	Unlimited	
D5810	interim complete denture (maxillary)	Unlimited	
D5811	interim complete denture (mandibular)	Unlimited	
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), (maxillary)	Unlimited	
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	Unlimited	
D5850	tissue conditioning, maxillary	Unlimited	
D5851	tissue conditioning, mandibular	Unlimited	
D5862	precision attachment, by report	Unlimited	
D5863	overdenture-complete maxillary	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5864	overdenture-partial maxillary	Unlimited	
D5865	overdenture - complete mandibular	Unlimited	
D5866	overdenture-partial mandibular	Unlimited	
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	Unlimited	
D5875	modification of removable prosthesis following implant surgery	Unlimited	
D5876	add metal substructure to acrylic full denture (per arch)	Unlimited	
D5911	facial moulage (sectional)	Unlimited	
D5912	facial moulage (complete)	Unlimited	
D5913	nasal prosthesis	Unlimited	
D5914	auricular prosthesis	Unlimited	
D5915	orbital prosthesis	Unlimited	
D5916	ocular prosthesis	Unlimited	
D5919	facial prosthesis	Unlimited	
D5922	nasal septal prosthesis	Unlimited	
D5923	ocular prosthesis, interim	Unlimited	
D5924	cranial prosthesis	Unlimited	
D5925	facial augmentation implant prosthesis	Unlimited	
D5926	nasal prosthesis, replacement	Unlimited	
D5927	auricular prosthesis, replacement	Unlimited	
D5928	orbital prosthesis, replacement	Unlimited	
D5929	facial prosthesis, replacement	Unlimited	
D5931	obturator prosthesis, surgical	Unlimited	
D5932	obturator prosthesis, definitive	Unlimited	
D5933	obturator prosthesis, modification	Unlimited	
D5934	mandibular resection prosthesis with guide flange	Unlimited	
D5935	mandibular resection prosthesis without guide flange	Unlimited	
D5936	obturator prosthesis, interim	Unlimited	
D5937	trismus appliance (not for TMD treatment)	Unlimited	
D5951	feeding aid	Unlimited	
D5952	speech aid prosthesis, pediatric	Unlimited	
D5953	speech aid prosthesis, adult	Unlimited	
D5954	palatal augmentation prosthesis	Unlimited	
D5955	palatal lift prosthesis, definitive	Unlimited	
D5958	palatal lift prosthesis, interim	Unlimited	
D5959	palatal lift prosthesis, modification	Unlimited	
D5960	speech aid prosthesis, modification	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D5982	surgical stent	Unlimited	
D5983	radiation carrier	Unlimited	
D5984	radiation shield	Unlimited	
D5985	radiation cone locator	Unlimited	
D5986	fluoride gel carrier	Unlimited	
D5987	commissure splint	Unlimited	
D5988	surgical splint	Unlimited	
D5991	vesiculobullous disease medicament carrier	Unlimited	
D5992	adjust maxillofacial prosthetic appliance, by report	Unlimited	
D5993	maintenance and cleaning of a maxillofacial prosthesis	Unlimited	
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	Unlimited	
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	Unlimited	
D6010	surgical placement of implant body: endosteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6011	surgical access to an implant body (second stage implant surgery)	Unlimited	
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6013	surgical placement of mini-implant	Unlimited	1. Panoramic radiograph or full mouth series
D6040	surgical placement: eposteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6050	surgical placement: transosteal implant	Unlimited	1. Panoramic radiograph or full mouth series
D6051	interim abutment	Unlimited	
D6055	connecting bar - implant supported or abutment supported	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6056	prefabricated abutment - includes modification and placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6057	custom fabricated abutment - includes placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6058	abutment supported porcelain/ceramic crown	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6059	abutment supported porcelain fused to metal crown (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6061	abutment supported porcelain fused to metal crown (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6062	abutment supported cast metal crown (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6063	abutment supported cast metal crown (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6064	abutment supported cast metal crown (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6065	implant supported porcelain/ceramic crown	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6066	implant supported - porcelain fused to high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6067	implant supported crown - high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6068	abutment supported retainer for porcelain/ceramic FPD	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6072	abutment supported retainer for cast metal FPD (high noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6074	abutment supported retainer for cast metal FPD (noble metal)	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6075	implant supported retainer for ceramic FPD	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6077	implant supported retainer for metal FPD - high noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6080	implant maintenance procedures when prostheses are removed and reinserted	Unlimited	
D6081	scaling and debridement in the presence of inflammation or mucositis of a single a implant	Unlimited	
D6082	implant supported crown - porcelain fused to predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6083	implant supported crown - porcelain fused to noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6084	implant supported crown - porcelain fused to titanium and titanium alloys .	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6085	interim implant crown	Unlimited	
D6086	implant supported crown - predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6087	implant supported crown - noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6088	implant supported crown - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6089	accessing and retorquing loose implant screw - per screw	Unlimited	
D6090	repair implant supported prosthesis, by report	Unlimited	1. Narrative of necessity
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment	Unlimited	
D6092	re-cement or re-bond implant/abutment supported crown	Unlimited	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	Unlimited	
D6094	abutment supported crown - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6095	repair implant abutment, by report	Unlimited	1. Radiographs of area 2. Narrative of necessity
D6096	remove broken implant retaining screw	Unlimited	1. Narrative of necessity
D6097	abutment supported crown - porcelain fused to titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6098	implant supported retainer - porcelain fused to predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6100	surgical removal of implant body	Unlimited	
D6101	debridement of a peri implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	Unlimited	
D6102	debridement and osseous contouring of a peri implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	Unlimited	
D6103	bone graft for repair of peri implant defect not include flap entry and closure.	Unlimited	
D6104	bone graft at time of implant placement	Unlimited	
D6105	removal of implant body not requiring bone removal nor flap elevation	Unlimited	
D6106	guided tissue regeneration - resorbable barrier, per implant	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D6107	guided tissue regeneration - non-resorbable barrier, per implant	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D6110	implant/abutment supported removable denture for edentulous arch - maxillary	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6111	implant/abutment supported removable denture for edentulous arch - mandibular	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6112	implant/abutment supported removable denture for partially edentulous arch - maxillary	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6113	implant/abutment supported removable denture for partially edentulous arch - mandibular	Unlimited	
D6114	implant /abutment supported fixed denture for edentulous arch - maxillary	Unlimited	
D6115	implant/abutment supported fixed denture for edentulous arch - mandibular	Unlimited	
D6116	implant/abutment supported fixed denture for partially edentulous arch-maxillary	Unlimited	
D6117	implant/abutment supported fixed denture for partially edentulous arch - mandibular	Unlimited	
D6118	implant/abutment supported interim fixed denture for edentulous arch, mandibular	Unlimited	
D6119	implant/abutment supported interim fixed denture for edentulous arch, maxillary	Unlimited	
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6121	implant supported retainer for metal FPD - predominantly base alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6122	implant supported retainer for metal FPD - noble alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6190	radiographic/surgical implant index, by report	Unlimited	
D6191	semi-precision abutment - placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6192	semi-precision attachment - placement	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	Unlimited	1. Radiographs of implant in place or projected date of implant placement
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Unlimited	
D6198	remove interim implant component	Unlimited	1. Radiographs of area 2. Narrative of necessity
D6205	pontic - indirect resin based composite	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6214	pontic - titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6240	pontic - porcelain fused to high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6603	retainer inlay - cast high noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6611	retainer onlay - cast high noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	Unlimited	
D6634	retainer onlay - titanium	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6720	retainer crown - resin with high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	Unlimited	1. Full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	Unlimited	
D6930	re-cement or re-bond fixed partial denture	Unlimited	
D6940	stress breaker	Unlimited	
D6950	precision attachment	Unlimited	
D6980	fixed partial denture repair, necessitated by restorative material failure	Unlimited	
D7111	extraction, coronal remnants - primary tooth	Unlimited	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	Unlimited	
D7220	removal of impacted tooth - soft tissue	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	Unlimited	
D7251	coronectomy	Unlimited	
D7260	oroantral fistula closure	Unlimited	
D7261	primary closure of a sinus perforation	Unlimited	1. Panoramic radiograph 2. Narrative of necessity
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Unlimited	
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Unlimited	
D7280	exposure of an unerupted tooth	Unlimited	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	Unlimited	
D7283	placement of device to facilitate eruption of impacted tooth	Unlimited	
D7284	excisional biopsy of minor salivary glands	Unlimited	
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	Unlimited	
D7286	incisional biopsy of oral tissue - soft (all others)	Unlimited	
D7287	exfoliative cytological sample collection	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7288	brush biopsy - transepithelial sample collection	Unlimited	
D7290	surgical repositioning of teeth	Unlimited	
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	Unlimited	
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	Unlimited	
D7293	placement of temporary anchorage device requiring flap	Unlimited	
D7294	placement: of temporary anchorage device without flap; includes device removal	Unlimited	
D7295	harvest of bone for use in autogenous grafting procedures	Unlimited	
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	Unlimited	
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	Unlimited	
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	Unlimited	
D7299	removal of temporary anchorage device, requiring flap	Unlimited	
D7300	removal of temporary anchorage device without flap	Unlimited	
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Unlimited	
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	Unlimited	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Unlimited	
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	Unlimited	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Unlimited	
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	Unlimited	
D7410	excision of benign lesion up to 1.25 cm	Unlimited	
D7411	excision of benign lesion greater than 1.25 cm	Unlimited	
D7412	excision of benign lesion, complicated	Unlimited	
D7413	excision of malignant lesion up to 1.25 cm	Unlimited	
D7414	excision of malignant lesion greater than 1.25 cm	Unlimited	
D7415	excision of malignant lesion, complicated	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	Unlimited	
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	Unlimited	
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Unlimited	
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Unlimited	
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Unlimited	
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Unlimited	
D7465	destruction of lesion(s) by physical or chemical method, by report	Unlimited	
D7471	removal of lateral exostosis (maxilla or mandible)	Unlimited	
D7472	removal of torus palatinus	Unlimited	
D7473	removal of torus mandibularis	Unlimited	
D7485	reduction of osseous tuberosity	Unlimited	
D7490	radical resection of maxilla or mandible	Unlimited	
D7509	marsupialization of odontogenic cyst	Unlimited	
D7510	incision and drainage of abscess - intraoral soft tissue	Unlimited	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Unlimited	
D7520	incision and drainage of abscess - extraoral soft tissue	Unlimited	
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Unlimited	
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Unlimited	
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	Unlimited	
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	Unlimited	
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	Unlimited	
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited	
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited	
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited	
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7650	malar and/or zygomatic arch - open reduction	Unlimited	
D7660	malar and/or zygomatic arch - closed reduction	Unlimited	
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited	
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited	
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited	
D7710	maxilla - open reduction	Unlimited	
D7720	maxilla - closed reduction	Unlimited	
D7730	mandible - open reduction	Unlimited	
D7740	mandible - closed reduction	Unlimited	
D7750	malar and/or zygomatic arch - open reduction	Unlimited	
D7760	malar and/or zygomatic arch - closed reduction	Unlimited	
D7770	alveolus, open reduction stabilization of teeth	Unlimited	
D7771	alveolus, closed reduction stabilization of teeth	Unlimited	
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited	
D7810	open reduction of dislocation	Unlimited	
D7820	closed reduction of dislocation	Unlimited	
D7830	manipulation under anesthesia	Unlimited	
D7840	condylectomy	Unlimited	
D7850	surgical discectomy, with/without implant	Unlimited	
D7852	disc repair	Unlimited	
D7854	synovectomy	Unlimited	
D7856	myotomy	Unlimited	
D7858	joint reconstruction	Unlimited	
D7860	arthrotomy	Unlimited	
D7865	arthroplasty	Unlimited	
D7870	arthrocentesis	Unlimited	
D7871	non-arthroscopic lysis and lavage	Unlimited	
D7872	arthroscopy - diagnosis, with or without biopsy	Unlimited	
D7873	arthroscopy: lavage and lysis of adhesions	Unlimited	
D7874	arthroscopy: disc repositioning and stabilization	Unlimited	
D7875	arthroscopy: synovectomy	Unlimited	
D7876	arthroscopy: discectomy	Unlimited	
D7877	arthroscopy: debridement	Unlimited	
D7880	occlusal orthotic device, by report	Unlimited	
D7881	occlusal orthotic device adjustment	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7910	suture of recent small wounds up to 5 cm	Unlimited	
D7911	complicated suture - up to 5 cm	Unlimited	
D7912	complicated suture - greater than 5 cm	Unlimited	
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited	
D7921	collection and application of autologous blood concentrate product	Unlimited	
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Unlimited	
D7940	osteoplasty - for orthognathic deformities	Unlimited	
D7941	osteotomy - mandibular rami	Unlimited	
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	Unlimited	
D7944	osteotomy - segmented or subapical - per sextant or quadrant	Unlimited	
D7945	osteotomy - body of mandible	Unlimited	
D7946	LeFort I (maxilla - total)	Unlimited	
D7947	LeFort I (maxilla - segmented)	Unlimited	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	Unlimited	
D7949	LeFort II or LeFort III - with bone graft	Unlimited	
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Unlimited	
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	Unlimited	
D7952	sinus augmentation via a vertical approach	Unlimited	
D7953	bone replacement graft for ridge preservation - per site	Unlimited	
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited	
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Unlimited	1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	Unlimited	
D7962	lingual frenectomy (frenulectomy)	Unlimited	
D7963	frenuloplasty	Unlimited	
D7970	excision of hyperplastic tissue - per arch	Unlimited	
D7971	excision of pericoronal gingiva	Unlimited	
D7972	surgical reduction of fibrous tuberosity	Unlimited	
D7979	non-surgical sialolithotomy	Unlimited	
D7980	surgical sialolithotomy	Unlimited	



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ISNP F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Clinical review document requirements
D7981	excision of salivary gland, by report	Unlimited	
D7982	sialodochoplasty	Unlimited	
D7983	closure of salivary fistula	Unlimited	
D7990	emergency tracheotomy	Unlimited	
D7991	coronoidectomy	Unlimited	
D7993	surgical placement of craniofacial implant - extra oral	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited	1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited	
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited	
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	Unlimited	
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited	
D9110	palliative (emergency) treatment of dental pain - minor procedure	Unlimited	
D9120	fixed partial denture sectioning	Unlimited	
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	Unlimited	
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited	
D9211	regional block anesthesia	Unlimited	
D9212	trigeminal division block anesthesia	Unlimited	
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	Unlimited	
D9222	deep sedation/general anesthesia - first 15 minutes	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anoxiolysis analgesia	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited	1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	Unlimited	1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	Unlimited	
D9410	house/extended care facility call	Unlimited	
D9420	hospital or ambulatory surgical center call	Unlimited	
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	Unlimited	
D9440	office visit - after regularly scheduled hours	Unlimited	
D9610	therapeutic parenteral drug, single administration	Unlimited	1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	Unlimited	1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	Unlimited	
D9910	application of desensitizing medicament	Unlimited	
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	Unlimited	
D9920	behavior management, by report	Unlimited	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	Unlimited	
D9932	cleaning and inspection of removable complete denture, maxillary	Unlimited	
D9933	cleaning and inspection of removable complete denture, mandibular	Unlimited	
D9934	cleaning and inspection of removable partial denture, maxillary	Unlimited	
D9935	cleaning and inspection of removable partial denture, mandibular	Unlimited	
D9941	fabrication of athletic mouthguard	Unlimited	
D9942	repair and/or reline of occlusal guards	Unlimited	
D9943	occlusal guard adjustment	Unlimited	
D9944	occlusal guard - hard appliance, full arch	Unlimited	
D9945	occlusal guard - soft appliance, full arch	Unlimited	
D9946	occlusal guard - hard appliance, partial arch	Unlimited	
D9947	custom sleep apnea appliance fabrication and placement	Unlimited	
D9948	adjustment of custom sleep apnea appliance	Unlimited	
D9949	repair of custom sleep apnea appliance	Unlimited	
D9950	occlusion analysis - mounted case	Unlimited	
D9951	occlusal adjustment - limited	Unlimited	
D9952	occlusal adjustment - complete	Unlimited	
D9953	reline custom sleep apnea appliance (indirect)	Unlimited	



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CDT code*	Code description	Frequency limitations	Clinical review document requirements
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year	
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year	



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



Directory

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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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Level 6 Coinsurance F Platform plan design benefit grid continued

CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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UnitedHealthcare Medicare dental plans 2024 QRG supporting claim information



UHCdental.com

The Provider Portal may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.



Pre-treatment estimate

Recommended, not required. Utilizing the UHCdental.com portal will likely provide a quicker response than mailing.

UnitedHealthcare Dental
PO Box 30552
Salt Lake City, UT 84130



Provider services

Phone: **1-877-816-3596**
8 a.m. – 6 p.m. ET Monday – Friday
(IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



Related codes

Related codes are a group of codes that describe related procedures that may be performed in various combinations. Many procedure codes cannot be reported together because they are mutually exclusive of each other, either due to being clinically inappropriate or based on plan limitations. Use this link to view the benefit grid with related codes.



Clinical guidelines

The guideline is designed to provide guidance for the adjudication of claims and/or prior authorization requests.



UHC On Air

Visit UHC On Air to utilize the 24/7 on demand training and educational support video.



Claims

UnitedHealthcare Dental
PO Box 30567
Salt Lake City, UT 84130

EDI Payer ID

52133

Pre-treatment estimates and claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

Claim disputes or adjustments

UnitedHealthcare Dental
Claims Disputes
PO Box 30569
Salt Lake City, UT 84130

Corrected claims

UnitedHealthcare Dental
Corrected Claims
PO Box 30567
Salt Lake City, UT 84130

Treatment Plan Calculator

The Treatment Plan Calculator provides accurate real-time treatment pricing, benefits plan coverage, and out-of-pocket expenses, giving patients a clear picture of what is covered. This eliminates billing surprises after services are rendered. The Treatment Plan Calculator is available for use on commercial and Medicare Advantage plans. Explore this **self-paced training module** to learn more about the Treatment Plan Calculator and the newer features and functionality of the provider portal. To use the Treatment Plan Calculator, sign in to **UHCdental.com** and search for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Quick reference guide notice

This guide is intended to be used for quick reference and may not contain all of the necessary information and is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll-free number.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0120	periodic oral evaluation	2 per 1 plan year		
D0140	limited oral evaluation - problem focused	2 per 1 plan year		
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per 1 plan year		
D0150	comprehensive oral evaluation - new or established patient	2 per 1 plan year		
D0160	detailed and extensive oral evaluation - problem-focused, by report	2 per 1 plan year		
D0170	re-evaluation, limited, problem focused	1 per 1 plan year		
D0171	re-evaluation - post-operative office visit	1 per 1 plan year		
D0180	comprehensive periodontal evaluation - new or established patient	2 per 1 plan year		
D0190	screening of a patient	1 per 3 plan years		
D0191	assessment of a patient	2 per 1 plan year		
D0210	intraoral - complete series of radiographic images	1 per 3 plan years		
D0220	intraoral - periapical first radiographic image	8 per 1 plan year		
D0230	intraoral - periapical each additional radiographic image	8 per 1 plan year		
D0240	intraoral - occlusal radiographic image	1 per 1 plan year		
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	1 per 1 plan year		
D0251	extra-oral posterior dental radiographic image	1 per 1 plan year		
D0270	bitewing - single radiographic image	2 per 1 plan year		
D0272	bitewings - two radiographic images	1 per 1 plan year		
D0273	bitewings - three radiographic images	1 per 1 plan year		
D0274	bitewings - four radiographic images	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0277	vertical bitewings - 7 to 8 radiographic images	1 per 1 plan year		
D0310	sialography	1 per 36 floating months		
D0320	temporomandibular joint arthrogram, including injection	1 per 1 plan year		
D0322	tomographic survey	1 per 36 floating months		
D0330	panoramic radiographic image	1 per 3 plan years		
D0340	2D cephalometric radiographic imaging - acquisition, measurement and analysis	1 per 3 plan years		
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	1 per 36 floating months		
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0369	maxillofacial MRI capture and interpretation	1 per 60 floating months		
D0370	maxillofacial ultrasound capture and interpretation	1 per 60 floating months		
D0371	sialoendoscopy capture and interpretation	1 per 60 floating months		
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	1 per 3 plan years		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0373	intraoral tomosynthesis – bitewing radiographic image	1 per 1 plan year		
D0374	intraoral tomosynthesis – periapical radiographic image	8 per 1 plan year		
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0384	cone beam CT image capture for TMJ series including two or more exposures	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0385	maxillofacial MRI image capture	1 per 60 floating months		
D0386	maxillofacial ultrasound image capture	1 per 60 floating months		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1 per 3 plan years		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	1 per 1 plan year		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	8 per 1 plan year		
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0393	treatment simulation using 3D image volume	1 per 60 floating months		1. Narrative of necessity including planned procedure



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0394	digital subtraction of two or more images or image volumes of the same modality	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0395	fusion of two or more 3D image volumes of one or more modalities	1 per 60 floating months		1. Narrative of necessity including planned procedure
D0411	HbA1c in office point of service testing	1 per 36 floating months		
D0412	blood glucose level test - in-office using a glucose meter	1 per 36 floating months		
D0414	lab processing of microbial specimen to include culture and sensitivity studies.	1 per 36 floating months		
D0415	collection of microorganisms for culture and sensitivity	1 per 36 floating months		
D0416	viral culture	1 per 36 floating months		
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	1 per 36 floating months		
D0418	analysis of saliva sample	1 per 36 floating months		
D0419	assessment of salivary flow by measurement	1 per 36 floating months		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	1 per 36 floating months		
D0423	genetic test for susceptibility to diseases-specimen analysis	1 per 36 floating months		
D0425	caries susceptibility tests	1 per 36 floating months		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesion	1 per 1 plan year		
D0460	pulp vitality tests	1 per 1 day		
D0470	diagnostic casts	1 per 36 floating months		
D0472	accession of tissue, gross examination, prep and transmission of written report	1 per 60 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	1 per 60 floating months		
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	1 per 60 floating months		
D0475	decalcification procedure	1 per 60 floating months		
D0476	special stains for microorganisms	1 per 60 floating months		
D0477	special stains, not for microorganisms	1 per 60 floating months		
D0478	immunohistochemical stains	1 per 60 floating months		
D0479	tissue in-situ hybridization, including interpretation	1 per 60 floating months		
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	1 per 60 floating months		
D0481	electron microscopy	1 per 60 floating months		
D0482	direct immunofluorescence	1 per 60 floating months		
D0483	indirect immunofluorescence	1 per 60 floating months		
D0484	consultation on slides prepared elsewhere	1 per 60 floating months		
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	1 per 60 floating months		
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	1 per 60 floating months		
D0502	other oral pathology procedures, by report	1 per 60 floating months		
D0600	non-ionizing diagnostic procedure	1 per 60 floating months		
D0601	caries risk assessment and documentation, with a finding of low risk	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D0602	caries risk assessment and documentation, with a finding of moderate risk	2 per 1 plan year		
D0603	caries risk assessment and documentation, with a finding of high risk	2 per 1 plan year		
D0701	panoramic radiographic image - image capture only	1 per 3 plan years		
D0702	2-D cephalometric radiographic image - image capture only	1 per 3 plan years		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	1 per 36 floating months		
D0705	extra-oral posterior dental radiographic image - image capture only	1 per 1 plan year		
D0706	intraoral - occlusal radiographic image - image capture only	1 per 1 plan year		
D0707	intraoral - periapical radiographic image - image capture only	8 per 1 plan year		
D0708	intraoral - bitewing radiographic image - image capture only	1 per 1 plan year		
D0709	intraoral - complete series of radiographic images - image capture only	1 per 3 plan years		
D0801	3D dental surface scan - direct	1 per 36 floating months		
D0802	3D dental surface scan - indirect	1 per 36 floating months		
D0803	3D facial surface scan - direct	1 per 36 floating months		
D0804	3D facial surface scan - indirect	1 per 36 floating months		
D1110	prophylaxis - adult	2 per 1 plan year		
D1120	prophylaxis - child	2 per 1 plan year		
D1206	topical application of fluoride varnish	2 per 1 plan year		
D1208	topical application of fluoride - excluding varnish	2 per 1 plan year		
D1310	nutritional counseling for control of dental disease	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D1320	tobacco counseling for the control and prevention of oral disease	1 per 36 floating months		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	1 per 36 floating months		
D1351	sealant - per tooth	1 per 36 floating months		
D1352	preventive resin restoration - permanent tooth	1 per 36 floating months		
D1353	sealant repair - per tooth	1 per 36 floating months		
D1354	application of caries arresting medicament application - per tooth	2 per 12 floating months		
D1355	caries preventive medicament application - per tooth	2 per 12 floating months		
D2140	amalgam - one surface, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2150	amalgam - two surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2160	amalgam - three surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2161	amalgam - four or more surfaces, primary or permanent	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2330	resin-based composite - one surface, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2331	resin-based composite - two surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2332	resin-based composite - three surfaces, anterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2390	resin-based composite crown, anterior	1 per 6 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs or patient is too young for radiographs
D2391	resin-based composite - one surface, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2392	resin-based composite - two surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2393	resin-based composite - three surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2394	resin-based composite - four or more surfaces, posterior	1 per 6 floating months		1. If tooth has existing crown: narrative of necessity for filling
D2410	gold foil - one surface	1 per 6 floating months		
D2420	gold foil - two surfaces	1 per 6 floating months		
D2430	gold foil - three surfaces	1 per 6 floating months		
D2510	inlay - metallic - one surface	1 per 60 floating months		
D2520	inlay - metallic - two surfaces	1 per 60 floating months		
D2530	inlay - metallic - three or more surfaces	1 per 60 floating months		
D2542	onlay metallic, two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2543	onlay-metallic-three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2544	onlay-metallic-four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2610	inlay - porcelain/ceramic - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2620	inlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2642	onlay - porcelain/ceramic - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2643	onlay - porcelain/ceramic - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2650	inlay - composite/resin - one surface	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2651	inlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2652	inlay - composite/resin - three or more surfaces	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing restoration and the rationale for replacement, if applicable
D2662	onlay - composite/resin - two surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2663	onlay - composite/resin - three surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2664	onlay - composite/resin - four or more surfaces	1 per 60 floating months		1. Current dated bitewing radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2710	crown, resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2712	crown - 3/4 resin-based composite (indirect)	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2720	crown - resin with high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2721	crown - resin with predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2722	crown - resin with noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2740	crown - porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2750	crown - porcelain fused to high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2751	crown - porcelain fused to predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2752	crown - porcelain fused to noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2780	crown, 3/4 cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2781	crown, 3/4 cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2782	crown, 3/4 cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2783	crown, 3/4 porcelain/ceramic	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2790	crown - full cast high noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2791	crown - full cast predominantly base metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2792	crown - full cast noble metal	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2794	crown - titanium and titanium alloys	1 per 60 floating months		1. Current dated radiographs of teeth 2. Date of prior placement of existing crowns and the rationale for replacement, if applicable 3. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs; if diagnosis is cracked tooth syndrome, specific diagnostic test performed
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per 24 floating months		
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	1 per 24 floating months		
D2920	recement or re-bond crown	1 per 24 floating months		
D2921	reattachment of tooth fragment, incisal edge or cusp	Unlimited		
D2928	prefabricated porcelain/ceramic crown - permanent tooth	1 per 60 floating months		
D2929	prefabricated porcelain/ceramic crown - primary tooth	1 per 60 floating months		
D2930	prefabricated stainless steel crown - primary tooth	1 per 60 floating months		
D2931	prefabricated stainless steel crown - permanent tooth	1 per 60 floating months		
D2932	prefabricated resin crown	1 per 60 floating months		
D2933	prefabricated stainless steel crown with resin window	1 per 60 floating months		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	1 per 60 floating months		
D2940	protective restoration	Unlimited		
D2941	interim therapeutic restoration-primary dentition	Unlimited		
D2949	restorative foundation for an indirect restoration	1 per 60 floating months		1. Current dated pre-operative radiographs of teeth. 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D2950	core buildup, including any pins when required	1 per 60 floating months		1. Current dated radiographs of teeth 2. Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	pin retention - per tooth, in addition to restoration	1 per 60 floating months		
D2952	cast post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2953	each additional indirectly fabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2954	prefabricated post and core in addition to crown	1 per 60 floating months		1. Current dated radiographs of teeth
D2955	post removal	1 per lifetime		
D2957	each additional prefabricated post, same tooth	1 per 60 floating months		1. Current dated radiographs of teeth
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	1 per 60 floating months		
D2975	coping	1 per 60 floating months		
D2980	crown repair necessitated by restorative material failure	1 per 24 floating months		
D2981	inlay repair necessitated by restorative material failure	1 per 24 floating months		
D2982	onlay repair necessitated by restorative material failure	1 per 24 floating months		
D2989	excavation of a tooth resulting in the determination of non-restorability	1 per lifetime		
D2990	resin infiltration of incipient smooth surface lesions	1 per 36 floating months		
D2991	application of hydroxyapatite regeneration medicament - per tooth	1 per 36 floating months		
D3110	pulp cap - direct (excluding final restoration)	Unlimited		
D3120	pulp cap - indirect (excluding final restoration)	Unlimited		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3220	therapeutic pulpotomy (excluding final restoration)	1 per lifetime		
D3221	pulpal debridement, primary and permanent teeth	1 per lifetime		
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per lifetime		
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per lifetime		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime		
D3320	endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime		
D3330	endodontic therapy, molar tooth (excluding final restoration)	1 per lifetime		
D3331	treatment of root canal obstruction, non-surgical access	1 per lifetime		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	1 per lifetime		
D3333	internal tooth repair of perforation defects	1 per lifetime		
D3346	retreatment of previous root canal therapy - anterior	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3347	retreatment of previous root canal therapy - bicuspid	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3348	retreatment of previous root canal therapy - molar	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3351	apexification/ recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3352	apexification/ recalcification/pulpal regeneration - interim medication replacement	1 per lifetime		
D3353	apexification/ recalcification - final visit (includes completed root	1 per lifetime		
D3355	pupal regeneration-initial visit	1 per lifetime		
D3356	pulpal regeneration- interim medicament replacement	1 per lifetime		
D3357	pulpal regeneration- completion of treatment	1 per lifetime		
D3410	apicoectomy - anterior	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3421	apicoectomy - premolar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3425	apicoectomy - molar (first root)	1 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3426	apicoectomy (each additional root)	2 per lifetime		1. Current dated pre-operative radiographs of tooth. 2. Narrative of necessity including history of root canal therapy
D3428	bone graft in conjunction with periradicular surgery- per tooth, single site	1 per lifetime		
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	1 per lifetime		
D3430	retrograde filling - per root	1 per lifetime		
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Unlimited		
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	Unlimited		
D3450	root amputation - per root	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D3470	intentional reimplantation (including necessary splinting)	1 per lifetime		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D3471	surgical repair of root resorption - anterior	1 per lifetime		1. Narrative indicating history of root canal therapy
D3472	surgical repair of root resorption - premolar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3473	surgical repair of root resorption - molar	1 per lifetime		1. Narrative indicating history of root canal therapy
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per lifetime		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime		
D3920	hemisection (including any root removal), not including root canal therapy	1 per lifetime		1. Current dated radiographs of tooth 2. Narrative of necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime		
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	1 per 36 floating months		
D4245	apically positioned flap	1 per 36 floating months		
D4249	clinical crown lengthening - hard tissue	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4263	bone replacement graft - retained natural tooth - first site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting
D4266	guided tissue regeneration - resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4268	surgical revision procedure, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4270	pedicle soft tissue graft procedure	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4276	combined connective tissue and pedicle graft, per tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1 per lifetime		1. Current dated radiographs of tooth/area of problem 2. Complete 6-point periodontal charting 3. Narrative of necessity
D4286	removal of non-resorbable barrier	1 per lifetime		
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	1 per lifetime		
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	1 per 24 floating months		1. Panoramic radiograph or full series. 2. Complete 6-point periodontal charting
D4346	scaling in presence of generalized moderate or severe gingival inflammation	2 per 1 plan year		
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per 36 floating months		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	12 per lifetime		1. Panoramic radiograph or full series 2. Complete 6-point periodontal charting 3. Dates of previous scaling and root planing
D4910	periodontal maintenance	4 per 1 plan year		1. Narrative specifying dates of previous scaling and root planing or osseous surgery
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	1 per lifetime		
D4921	gingival irrigation - per quadrant	1 per 24 floating months		
D5110	complete denture - maxillary	1 per 60 floating months	50% when coinsurance applies	
D5120	complete denture - mandibular	1 per 60 floating months	50% when coinsurance applies	
D5130	immediate denture - maxillary	1 per lifetime	50% when coinsurance applies	
D5140	immediate denture - mandibular	1 per lifetime	50% when coinsurance applies	
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5222	immediate mandibular partial denture - resin base	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction.
D5282	removable unil partial denture - one piece cast metal (include retentive/clasping materials, rests, and teeth), maxillary	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	1 per 60 floating months	50% when coinsurance applies	1. Panoramic radiograph or full series. 2. Documentation of all missing teeth and teeth planned for extraction
D5410	adjust complete denture - maxillary	2 per 1 plan year		
D5411	adjust complete denture - mandibular	2 per 1 plan year		
D5421	adjust partial denture - maxillary	2 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5422	adjust partial denture - mandibular	2 per 1 plan year		
D5511	repair broken complete denture base, mandibular	2 per 1 plan year		
D5512	repair broken complete denture base, maxillary	2 per 1 plan year		
D5520	replace missing or broken teeth - complete denture (each tooth)	2 per 1 plan year		
D5611	repair resin partial denture base, mandibular	2 per 1 plan year		
D5612	repair resin partial denture base, maxillary	2 per 1 plan year		
D5621	repair cast partial framework, mandibular	2 per 1 plan year		
D5622	repair cast partial framework, maxillary	2 per 1 plan year		
D5630	repair or replace broken retentive/clasping materials - per tooth	2 per 1 plan year		
D5640	replace broken teeth - per tooth	2 per 1 plan year		
D5650	add tooth to existing partial denture	1 per 60 floating months		
D5660	add clasp to existing partial denture - per tooth	1 per 60 floating months		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	2 per 1 plan year		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	2 per 1 plan year		
D5710	rebase complete maxillary denture	1 per 12 floating months		1. Date of initial denture delivery
D5711	rebase complete mandibular denture	1 per 12 floating months		1. Date of initial denture delivery
D5720	rebase maxillary partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5721	rebase mandibular partial denture	1 per 12 floating months		1. Date of initial denture delivery
D5725	rebase hybrid prosthesis	1 per 12 floating months		1. Date of initial denture delivery
D5730	reline complete maxillary denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5731	reline complete mandibular denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5740	reline maxillary partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5741	reline mandibular partial denture (direct)	1 per 12 floating months		1. Date of initial denture delivery
D5750	reline complete maxillary denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5751	reline complete mandibular denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5760	reline maxillary partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5761	reline mandibular partial denture (indirect)	1 per 12 floating months		1. Date of initial denture delivery
D5765	soft liner for complete or partial removable denture - indirect	1 per 12 floating months		1. Date of initial denture delivery
D5810	interim complete denture (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5811	interim complete denture (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5820	interim partial denture (including retentive/ clasp materials, rests, and teeth), (maxillary)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5821	interim partial denture (including retentive/ clasp materials, rests, and teeth), (mandibular)	1 per 60 floating months	50% when coinsurance applies	1. Narrative of medical necessary. 2. If extractions have not yet been performed: dates of planned extractions
D5850	tissue conditioning, maxillary	1 per 12 floating months		
D5851	tissue conditioning, mandibular	1 per 12 floating months		
D5862	precision attachment, by report	1 per 60 floating months	50% when coinsurance applies	1. Current dated radiographs of tooth/teeth involved 2. Narrative of necessity
D5863	overdenture-complete maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5864	overdenture-partial maxillary	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5865	overdenture - complete mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction
D5866	overdenture-partial mandibular	1 per 60 floating months	50% when coinsurance applies	1. Documentation of all missing teeth and teeth planned for extraction



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	2 per 12 floating months		
D5875	modification of removable prosthesis following implant surgery	2 per lifetime		
D5876	add metal substructure to acrylic full denture (per arch)	1 per 60 floating months		
D5911	facial moulage (sectional)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5912	facial moulage (complete)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5913	nasal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5914	auricular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5915	orbital prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5916	ocular prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5919	facial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5922	nasal septal prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5923	ocular prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5924	cranial prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5925	facial augmentation implant prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5926	nasal prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5927	auricular prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5928	orbital prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5929	facial prosthesis, replacement	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5931	obturator prosthesis, surgical	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5932	obturator prosthesis, definitive	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5933	obturator prosthesis, modification	1 per 60 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5934	mandibular resection prosthesis with guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5935	mandibular resection prosthesis without guide flange	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5936	obturator prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5937	trismus appliance (not for TMD treatment)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5951	feeding aid	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5952	speech aid prosthesis, pediatric	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5953	speech aid prosthesis, adult	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5954	palatal augmentation prosthesis	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5955	palatal lift prosthesis, definitive	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5958	palatal lift prosthesis, interim	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5959	palatal lift prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5960	speech aid prosthesis, modification	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D5982	surgical stent	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5983	radiation carrier	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5984	radiation shield	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5985	radiation cone locator	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5986	fluoride gel carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5987	commissure splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5988	surgical splint	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5991	vesiculobullous disease medicament carrier	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5992	adjust maxillofacial prosthetic appliance, by report	2 per 1 plan year		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D5993	maintenance and cleaning of a maxillofacial prosthesis	2 per 1 plan year		1. Narrative explaining need for procedure.
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	2 per 1 plan year		
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	2 per 1 plan year		
D6205	pontic - indirect resin based composite	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6210	pontic - cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6211	pontic - cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6212	pontic - cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6214	pontic - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6240	pontic - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6241	pontic - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6242	pontic - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6243	pontic - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6245	pontic-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6250	pontic - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6251	pontic - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6252	pontic - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6549	resin retainer - for resin bonded fixed prosthesis	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6600	retainer inlay-porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6602	retainer inlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6603	retainer inlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6604	retainer inlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6606	retainer inlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6607	retainer inlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6608	retainer onlay - porcelain/ceramic, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6610	retainer onlay - cast high noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6611	retainer onlay - cast high noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6612	retainer onlay - cast predominantly base metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6614	retainer onlay - cast noble metal, two surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6615	retainer onlay - cast noble metal, three or more surfaces	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6624	retainer inlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6634	retainer onlay - titanium	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6720	retainer crown - resin with high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6721	retainer crown - resin with predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6722	retainer crown - resin with noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6740	retainer crown-porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6750	retainer crown - porcelain fused to high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6751	retainer crown - porcelain fused to predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6752	retainer crown - porcelain fused to noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6753	retainer crown - porcelain fused to titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6780	retainer crown - 3/4 cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6781	retainer crown-3/4 cast predominantly based metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6782	retainer crown-3/4 cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6783	retainer crown-3/4 porcelain/ceramic	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6784	retainer crown 3/4 - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6790	retainer crown - full cast high noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6791	retainer crown - full cast predominantly base metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6792	retainer crown - full cast noble metal	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth 3. Narrative of necessity
D6794	retainer crown - titanium and titanium alloys	1 per 5 plan years	50% when coinsurance applies	1. full arch radiographs 2. Dental charting indicating missing teeth
D6920	connector bar	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6930	recement or re-bond fixed partial denture	1 per 1 plan year		
D6940	stress breaker	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6950	precision attachment	1 per 5 plan years	50% when coinsurance applies	1. Current radiographs 2. Narrative of necessity
D6980	fixed partial denture repair, necessitated by restorative material failure	1 per 24 floating months		1. Narrative of necessity
D7111	extraction, coronal remnants - primary tooth	1 per lifetime		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime		
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	1 per lifetime		
D7220	removal of impacted tooth - soft tissue	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7230	removal of impacted tooth - partially bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7240	removal of impacted tooth - completely bony	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7241	removal of impacted tooth - completely bony, with unusual surgical	1 per lifetime		1. Panoramic radiograph 2. Narrative of necessity
D7250	removal of residual tooth roots (cutting procedure)	1 per lifetime		
D7251	coronectomy	1 per lifetime		
D7260	oroantral fistula closure	2 per lifetime		
D7261	primary closure of a sinus perforation	2 per lifetime		1. Panoramic radiograph 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime		
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	1 per lifetime		
D7280	exposure of an unerupted tooth	1 per lifetime		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	1 per lifetime		
D7283	placement of device to facilitate eruption of impacted tooth	1 per lifetime		
D7284	excisional biopsy of minor salivary glands	1 per 1 day		
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	1 per 1 day		
D7286	incisional biopsy of oral tissue - soft (all others)	1 per 1 day		
D7287	exfoliative cytological sample collection	1 per 1 day		
D7288	brush biopsy - transepithelial sample collection	1 per 1 day		
D7290	surgical repositioning of teeth	1 per lifetime		
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	1 per lifetime		
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7293	placement of temporary anchorage device requiring flap	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7294	placement: of temporary anchorage device without flap; includes device removal	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7295	harvest of bone for use in autogenous grafting procedures	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	1 per lifetime		1. Current full mouth radiographs 2. Narrative of necessity
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	1 per lifetime		1. Narrative of necessity
D7299	removal of temporary anchorage device, requiring flap	1 per lifetime		1. Narrative of necessity
D7300	removal of temporary anchorage device without flap	1 per lifetime		1. Narrative of necessity
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	1 per 1 plan year		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	1 per 60 floating months		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	1 per 60 floating months		
D7410	excision of benign lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7411	excision of benign lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7412	excision of benign lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7413	excision of malignant lesion up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7414	excision of malignant lesion greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7415	excision of malignant lesion, complicated	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Cyst is not attached to or removed with tooth. Size, color or consistency indicates need for pathology examination.)
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	1 per 1 day		1. Narrative of necessity 2. Pathology report (Coverage Criteria: Presence of hard, attached or freely movable raised or erythematous lesion.)
D7465	destruction of lesion(s) by physical or chemical method, by report	1 per 1 day		1. Narrative of necessity 2. Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	1 per 1 day		
D7472	removal of torus palatinus	1 per lifetime		
D7473	removal of torus mandibularis	1 per 1 day		
D7485	reduction of osseous tuberosity	1 per 1 day		
D7490	radical resection of maxilla or mandible	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7509	marsupialization of odontogenic cyst	1 per 1 day		1. Diagnosis 2. Narrative of necessity
D7510	incision and drainage of abscess - intraoral soft tissue	1 per 1 day		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7520	incision and drainage of abscess - extraoral soft tissue	1 per 1 day		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	1 per 1 day		
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	1 per 1 day		
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	1 per 1 day		
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	1 per 1 day		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1 per 1 day		
D7610	maxilla - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7620	maxilla - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7630	mandible - open reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7640	mandible - closed reduction (teeth immobilized, if present)	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7650	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7660	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7670	alveolus - closed reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7671	alveolus - open reduction, may include stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7710	maxilla - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7720	maxilla - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7730	mandible - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7740	mandible - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7750	malar and/or zygomatic arch - open reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7760	malar and/or zygomatic arch - closed reduction	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7770	alveolus, open reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7771	alveolus, closed reduction stabilization of teeth	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7780	facial bones - complicated reduction with fixation and multiple approaches	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7810	open reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7820	closed reduction of dislocation	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7830	manipulation under anesthesia	1 per 1 day		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7840	condylectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7850	surgical discectomy, with/without implant	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7852	disc repair	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7854	synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7856	myotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7858	joint reconstruction	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7860	arthrotomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7865	arthroplasty	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7870	arthrocentesis	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7871	non-arthroscopic lysis and lavage	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7872	arthroscopy - diagnosis, with or without biopsy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7873	arthroscopy: lavage and lysis of adhesions	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7874	arthroscopy: disc repositioning and stabilization	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7875	arthroscopy: synovectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7876	arthroscopy: discectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7877	arthroscopy: debridement	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7880	occlusal orthotic device, by report	1 per 24 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7881	occlusal orthotic device adjustment	1 per 6 floating months		
D7910	suture of recent small wounds up to 5 cm	Unlimited		
D7911	complicated suture - up to 5 cm	Unlimited		
D7912	complicated suture - greater than 5 cm	Unlimited		
D7920	skin graft (identify defect covered, location and type of graft)	Unlimited		
D7921	collection and application of autologous blood concentrate product	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	2 per 1 plan year		
D7940	osteoplasty - for orthognathic deformities	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7941	osteotomy - mandibular rami	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7944	osteotomy - segmented or subapical - per sextant or quadrant	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7945	osteotomy - body of mandible	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7946	LeFort I (maxilla - total)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7947	LeFort I (maxilla - segmented)	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)- without bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7949	LeFort II or LeFort III - with bone graft	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7952	sinus augmentation via a vertical approach	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7953	bone replacement graft for ridge preservation - per site	1 per lifetime		1. Current dated radiograph of the tooth to be extracted 2. Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	1 per lifetime		1. Current dated radiographs of area 3. Narrative of necessity
D7961	buccal / labial frenectomy (frenulectomy)	1 per 1 day		
D7962	lingual frenectomy (frenulectomy)	1 per 1 day		
D7963	frenuloplasty	1 per 1 day		
D7970	excision of hyperplastic tissue - per arch	1 per 36 floating months		
D7971	excision of pericoronal gingiva	1 per 36 floating months		
D7972	surgical reduction of fibrous tuberosity	2 per lifetime		1. Radiographs of area 2. Narrative of necessity
D7979	non-surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7980	surgical sialolithotomy	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7981	excision of salivary gland, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7982	sialodochoplasty	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7983	closure of salivary fistula	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7990	emergency tracheotomy	Unlimited		
D7991	coronoidectomy	2 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7993	surgical placement of craniofacial implant - extra oral	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7994	surgical placement: zygomatic implant	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7995	synthetic graft - mandible or facial bones, by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	1 per lifetime		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Unlimited		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9110	palliative (emergency) treatment of dental pain - minor procedure	2 per 1 plan year		
D9120	fixed partial denture sectioning	1 per 60 floating months		
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	2 per 36 floating months		1. Diagnosis 2. Previous or anticipated surgical or nonsurgical treatment 3. Narrative explaining need for procedure.
D9210	local anesthesia not in conjunction with operative or surgical procedures	Unlimited		
D9211	regional block anesthesia	2 per 36 floating months		
D9212	trigeminal division block anesthesia	2 per 36 floating months		
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	2 per 12 floating months		
D9222	deep sedation/general anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9223	deep sedation/general anesthesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9230	inhalation of nitrous oxide/anxiolysis analgesia	4 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9239	intravenous moderate (conscious) sedation/ anesthesia - first 15 minutes	2 per 1 plan year		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9243	intravenous moderate (conscious) sedation/ analgesia-each 15 minute increment	Unlimited		1. Anesthesia/Sedation Record including start time and stop time 2. Narrative of necessity
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	2 per 1 plan year		1. Narrative of necessity



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	2 per 12 floating months		
D9410	house/extended care facility call	2 per 1 plan year		
D9420	hospital or ambulatory surgical center call	2 per 1 plan year		
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	1 per 12 floating months		
D9440	office visit - after regularly scheduled hours	1 per 1 plan year		
D9610	therapeutic parenteral drug, single administration	1 per 1 day		1. Narrative of necessity 2. Name of medication used and route of administration
D9612	therapeutic parenteral drugs, two or more administrations, different medications	1 per 1 day		1. Narrative of necessity 2. Name of medications used and route of administration
D9630	drugs or medicaments, dispensed in the office for home use	1 per 1 day		1. Narrative of necessity 2. Name of drug or medicament(s)
D9910	application of desensitizing medicament	1 per 1 plan year		
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	2 per 12 floating months		
D9920	behavior management, by report	2 per 1 plan year		1. Narrative of necessity (Coverage Criteria: Appropriate in cases where substantial time and effort is expended in allaying the patient's fear and apprehension. Narrative required.)
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	2 per 1 plan year		1. Diagnosis 2. Associated surgical treatment 3. Narrative explaining need for procedure. (Coverage Criteria: Narrative and/or radiographic images required (e.g., dry socket, extensive hemorrhage).)
D9932	cleaning and inspection of removable complete denture, maxillary	1 per 1 plan year		
D9933	cleaning and inspection of removable complete denture, mandibular	1 per 1 plan year		
D9934	cleaning and inspection of removable partial denture, maxillary	1 per 1 plan year		
D9935	cleaning and inspection of removable partial denture, mandibular	1 per 1 plan year		



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CDT code*	Code description	Frequency limitations	Coinsurance	Clinical review document requirements
D9941	fabrication of athletic mouthguard	1 per 1 plan year		
D9942	repair and/or reline of occlusal guards	1 per 36 floating months		
D9943	occlusal guard adjustment	1 per 1 plan year		
D9944	occlusal guard - hard appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9945	occlusal guard - soft appliance, full arch	1 per 36 floating months		1. Narrative of necessity
D9946	occlusal guard - hard appliance, partial arch	1 per 36 floating months		1. Narrative of necessity
D9947	custom sleep apnea appliance fabrication and placement	1 per 36 floating months		1. Copy of medical diagnosis and sleep study
D9948	adjustment of custom sleep apnea appliance	1 per 1 plan year		
D9949	repair of custom sleep apnea appliance	1 per 36 floating months		
D9950	occlusion analysis - mounted case	1 per 5 plan years		
D9951	occlusal adjustment - limited	1 per 1 plan year		
D9952	occlusal adjustment - complete	1 per 5 plan years		
D9953	reline custom sleep apnea appliance (indirect)	1 per 36 floating months		
D9995	teledentistry - synchronous; real-time encounter	2 per 1 plan year		
D9996	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	2 per 1 plan year		



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