

## HEALTHPLEX REFERENCE MANUAL FOR DENTAL SERVICES: LIMITED AND COMPREHENSIVE PLANS

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*Please Note:* This manual is a supplement to be used in conjunction with an enrollee's Dental Plan's Certificate of Coverage (COC) or Evidence of Coverage (EOC) as well as the applicable contract between you and/or the Health Plan and Healthplex. The information in your COC, EOC and/or contract supersedes this document.

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### **Accessibility Statement**

The clinical review criteria, internal rule, protocol or guideline relied upon to make a decision for a requested dental service is available to an enrollee or their designee upon request and free of charge. Oral interpretation and alternate formats of written material for enrollees with special needs are also available.

Where applicable and upon request by an enrollee, any written notices/information shall be translated into a preferred non-English language.

Please contact Healthplex Customer Service for help with questions, language and/or interpretative services by phone at 1-800-468-9868 or email to: [info@healthplex.com](mailto:info@healthplex.com).

### **Introduction**

The Healthplex guidelines and clinical criteria apply to the procedure codes, nomenclature and descriptors outlined in the most current version of the Current Dental Terminology (CDT) reference manual published by the American Dental Association.

This document includes information pertaining to the most frequently billed services. Exceptions to published limitations are given on a case-by-case basis considering individual factors including but not limited to age, comorbidities, special needs and access to the local delivery system.

### **Dental Benefit Administration**

Benefits for planned or rendered dental care are provided as defined in the members' contracts, which in addition to clinical criteria may include exclusions, limitations and administrative guidelines for certain procedures. Contracts vary depending on regulatory requirements and/or plan-specific rules and level of coverage.

## Healthplex Clinical Criteria

Healthplex's guidelines, protocols and review criteria for dental services are developed and maintained by the Healthplex Dental Director, are reviewed at least annually and are updated as needed.

Criteria are created from an aggregate of information from:

- Current dental literature;
- Practice Parameters from the American Association of Periodontology ([www.perio.org](http://www.perio.org));
- Parameters of Care from the American Association of Oral and Maxillofacial Surgery ([www.aaoms.org](http://www.aaoms.org));
- Oral Health Policies and Clinical Guidelines from the American Academy of Pediatric Dentistry ([www.aapd.org](http://www.aapd.org));
- Position Statements from the American Association of Dental Consultants ([www.aadc.org](http://www.aadc.org));
- Dental Practice Parameters from the American Dental Association ([www.ada.org](http://www.ada.org));
- Evaluation of new and emerging technologies from participating dental professionals;
- Guidance documents issued by applicable regulatory oversight entities; and
- Public information from other insurance companies.

Criteria are reviewed and approved at least annually by Healthplex's Utilization Management Committee, whose clinical members, at a minimum, include the Dental Director (a licensed Dentist), a member of the Healthplex Clinical Review Staff (typically a General Dentist or an Orthodontist), a practicing network general dentist, an Oral Surgeon, an Endodontist, and a Periodontist.

## The Professional Review Process

All Clinical Reviewers shall be actively licensed dental professionals with an appropriate level of education, training, and professional experience in clinical practice. Only a clinical peer reviewer, a licensed dentist, shall render an adverse determination if based on medical necessity rather than plan guidelines.

Clinical Reviewers shall evaluate requested services based on plan specific guidelines, clinical application of review criteria, patient condition, health history, and demographics (including but not limited to geographical area, assessment of the local delivery system, age, complications, progress of treatment, home environment and social habits). Based on an aggregate of these factors, the Reviewer shall indicate if the services are approved, denied, or if further information is needed to render a determination. Individual cases may be elevated to a Dental Director and/or their designated representative for consideration of special circumstances as necessary.

## Scope of Coverage for Comprehensive Services Programs

A Limited Benefit Dental Plan, including certain Medicare plans, provides coverage for routine preventive and diagnostic dental services to maintain oral health and to prevent the need for more extensive dental procedures.

A Comprehensive Benefit Dental Plan , including certain Medicare plans, provides coverage for routine preventive and diagnostic dental services as well as services needed restore the dental condition.

Healthplex Limited & Comprehensive Dental Benefit Plans include access to a network of dentists who have agreed to accept reduced fees for covered services, which provides the opportunity for a member to incur minimal out of pocket expenses.

### **Statement About Incentives**

Healthplex, Inc. shall not, with respect to utilization review activities, permit or provide compensation or anything of value to its employees, agents, or contractors based on:

1. A percentage of the amount by which a claim is reduced for payment or the number of claims or the cost of services for which the person has denied authorization or payment; or
2. Any other method that encourages the rendering of an adverse determination.

Healthplex, Inc. does not use incentives to encourage barriers to care and service. Decision-making is based solely on appropriateness of care and service combined with the applicable dental plan's scope of coverage. Healthplex, Inc. does not specifically reward any individual for issuing any denial of coverage or for encouraging decisions that result in underutilization.

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## COVERED PROCEDURES

### I. DIAGNOSTIC SERVICES

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#### Summary

##### A. Diagnostic Summary

Diagnostic services include an oral examination, caries risk assessment and select radiographs to assess the current status and to develop a treatment plan for the maintenance and/or restoration of a patient's oral health. Diagnostic procedures do not generally require prior approval or application of clinical criteria.

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#### Examinations

##### B. Comprehensive Evaluation

A comprehensive evaluation is a thorough examination and recording of the extraoral and intraoral hard and soft tissues. This applies to new patients, established patients who have had a significant change in health conditions or other unusual circumstances such as established patients who have been absent from active treatment for three or more years.

Documentation should include the patient's dental and medical history as well as medical consultation/clearance if indicated, evaluation and charting of dental caries, missing or unerupted teeth, restorations, prosthetic appliances, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies and any other pertinent information.

Reimbursement is generally limited to one exam (comprehensive, periodic, consultation or limited focused) every 6 months and includes diagnosis, treatment planning and oral cancer screening.

##### C. Periodic Evaluation

A periodic evaluation is performed on a patient of record to determine any changes to dental and/or medical health status since the previous evaluation.

Reimbursement is generally limited to one exam (comprehensive, periodic, consultation or limited focused) every 6 months and includes diagnosis, treatment planning and oral cancer screening.

##### D. Limited Evaluation – Problem Focused

A limited evaluation is performed when a patient presents with a specific problem, complaint and/or dental emergency.

Please note: Follow-up visits related to previous treatment are not billable and therefore shall not be considered for separate reimbursement.

If a limited/problem focused evaluation does not share a limitation with other types of evaluations, reimbursement is generally allowed once every six months and is not

separately payable if rendered on the same day as another exam or consultation.

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## Radiographs

### E. Radiograph Summary

To minimize a patient's radiation exposure, Healthplex recommends that providers exercise professional judgment and utilize the guidelines for prescribing dental radiographs published by the American Dental Association in collaboration with the U.S. Food & Drug Administration available online at:

[http://www.ada.org/~media/ADA/Member%20Center/Files/Dental\\_Radiographic\\_Examinations\\_2012.ashx](http://www.ada.org/~media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx).

Radiographs may be necessary in order to obtain a determination for certain services. Please mount, date, and label **copies** of the most recent radiographs available. Originals should **always** be retained by the dentist.

Please note: Radiographs submitted to Healthplex will NOT be returned. Healthplex recommends submitting digital radiograph copies whenever possible.

### F. Complete or Comprehensive Series of Radiographic Images

A complete or comprehensive series is comprised of individual radiographs or a panoramic radiograph plus bitewings. The maximum reimbursement for individual radiographs shall be limited to the allowance for a complete/comprehensive series.

Reimbursement is typically limited to either a complete/comprehensive series or a panoramic radiograph every 36-months.

### G. Panoramic Radiographs

Reimbursement is typically limited to either a complete/comprehensive series or a panoramic radiograph every 36-months.

### H. Cone Beam Computed Tomography (CBCT) Scans

CBCT is unproven and not medically necessary for routine dental diagnosis due to insufficient evidence of efficacy and/or safety.

If the CBCT is included within your dental plan's scope of coverage, consideration will be generally limited to those necessary for diagnosis and treatment related to implants or oral surgery and will be evaluated on a case-by-case basis. A narrative of necessary for this type of image and a panoramic radiograph are required in order to determine if the scan meets criteria for approval.

### I. Cephalometric Radiographs

Cephalometric radiographs are payable once every 12 months to an orthodontist or oral surgeon for diagnostic purposes related to orthodontic treatment only.

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**Diagnostic  
Casts****J. Diagnostic Casts**

Diagnostic casts are payable to an orthodontist for diagnostic purposes related to orthodontic treatment only. Diagnostic casts related to prosthetics are considered included in the allowance for the related billable service.

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## II. PREVENTIVE SERVICES

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### Summary

#### A. Preventive Summary

Preventive services include routine prophylaxis, topical application of fluoride, sealants, oral hygiene instructions and space maintenance therapy. The goal of providing routine preventive dental services is to maintain oral health and to prevent the need for more extensive dental procedures.

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### Prophylaxis

#### B. Prophylaxis (Cleaning)

Prophylaxis includes necessary scaling and polishing for the removal of plaque, calculus and stains from the tooth structures.

Reimbursement is routinely allowed once every 6 months.

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### Fluoride

#### C. Topical Application of Fluoride – Excluding Varnish

Topical Fluoride treatments in the form of gel, foam, and rinses applied in dental office as a caries preventive agent. Topical application of fluoride is allowed once every 6 months. Refer to the benefit brochure for applicable age limitations.

#### D. Topical Application of Fluoride Varnish

Fluoride varnish may be the preferred delivery method for individuals receiving head and neck radiation therapy and/or moderate to high caries risk individuals with a medical or cognitive impairment Xerostomia. Fluoride varnish is generally allowed once every 6 months. Refer to the benefit brochure for applicable age limitations.

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### Sealants

#### E. Sealants

Sealants should be applied to occlusal surfaces (and buccal/lingual pits and grooves when applicable) of previously unrestored and caries free erupted first and second permanent molars.

Sealants are indicated for the following:

- Caries prevention in pit and fissures on permanent molars
- Non-cavitated carious lesions
- Caries prevention in primary molars that are expected to have a reasonable period of retention

Sealants are not indicated for the following:

- In the presence of rampant caries and multiple interproximal lesions
- Extrinsic staining of pits and fissures
- For cavitated carious lesions

Sealants shall be limited to once every 60 months. Refer to the benefit brochure for applicable age limitations.

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## Space Maintainer

### F. Space Maintainers

A space maintainer is covered when indicated due to the premature loss of a primary tooth.

Space Maintainers are **contraindicated** for the following:

- When permanent tooth/teeth is/are close to eruption
- Severe crowding already exists Space has already been lost

Exclusions:

- Dental services that are not Necessary

Limitations:

- Lifetime reimbursement for a unilateral appliance is once per quadrant and for a bilateral appliance is once per arch.
  - Any Space Maintainer adjustments are inclusive for 6 months
  - Removal of a fixed appliance is limited to once per lifetime to an office other than that of the original rendering provider.
  - Refer to the benefit brochure for applicable age limitations.
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### III. RESTORATIVE SERVICES

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#### Summary

#### A. Restorative Summary

Restorative services most commonly include amalgam and composite restorations, post and core, and crown. Amalgam and composite restorations as well as stainless steel crowns do not require prior approval or application of clinical criteria. Prior authorization is recommended for all other covered restorative procedures as clinical criteria apply.

Restorations placed solely for abrasion, attrition or for cosmetic purposes are beyond the scope of the program.

Repeated unexplained failure of any type of restoration will result in peer review and may necessitate removal of the dentist from the network and/or further disciplinary action.

#### Coverage Limitations and Exclusions

- Dental Services that are not necessary
- Any dental procedure performed solely for cosmetic/aesthetic reasons (cosmetic procedures are those procedures that improve physical appearance)
- Any dental procedure not directly associated with dental disease
- Clinical situations that can be effectively treated by a less costly, dental appropriate alternative procedure will be assigned a benefit based on the least costly procedure
- All indirect restorations like crowns, bridge abutments, pontics, inlays, onlays, post and core are covered once per tooth per 60 consecutive months

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#### Amalgam & Composite Restorations

#### B. Direct Restorations

Direct Restorations are indicated for the following:

- To replace tooth structure lost to caries or trauma
- To replace restorative material lost in the course of accessing pulp chamber for endodontic therapy
- To replace existing restorations that exhibit recurrent decay, fracture or marginal defects

In addition to the above, Glass Ionomer restorations are indicated for the following:

- When teeth cannot be isolated properly to allow placement of resin restorations
- As an alternative to resin sealants when the teeth cannot be properly isolated (patient cooperation, partially erupted teeth)
- Class I, II, III and V restorations on primary teeth
- Class III and V restorations on permanent teeth that cannot be isolated in high-risk patients

- As a caries control plan for high-risk patients using atraumatic techniques

Direct Restorations are not indicated for the following:

- Teeth with a hopeless prognosis
- Incipient enamel only lesions extending less than halfway to the dentino-enamel junction (DEJ)
- Primary teeth that are near exfoliation or less than 50% of the tooth root remains
- Composite resin restorations are not indicated for patients with heavy bruxism
- Composite resin restorations are not indicated for patients with extensive active caries, or high caries risk
- Amalgam restorations are not indicated for placement on teeth in which they will have contact with gold restorations

Total restoration per tooth by amalgam and/or composite is not to exceed the allowable fee for a four surface restoration within 24 months. Direct Restorations are expected to last a reasonable amount of time but no less than 24 months.

If an amalgam or composite restoration is billed on the same day as a post and core or a core build-up, separate reimbursement shall not be available for the restoration.

Bases, cements, liners, pulp caps, bonding agents and local anesthetic are included in the restorative service fees and shall not be reimbursed separately.

#### **C. Protective Restoration**

A protective restoration is indicated for the following:

- To relieve pain
- To promote healing
- To prevent further deterioration
- To retain tissue form

A protective restoration is not indicated for the following:

- As a liner or base for a definitive restoration
- Not for endodontic access closure
- Not for pulp capping
- As a definitive restoration

#### **D. Interim Therapeutic Restoration - Primary Dentition Interim**

Therapeutic restorations are indicated for the following:

- For very young, uncooperative or special needs patients
- When traditional tooth preparation for an Amalgam or Composite restoration is not feasible or must be postponed

#### **E. Resin Infiltration of Incipient Smooth Surface Lesions**

This service is typically used for treating white spots, demineralized enamel from orthodontic treatment, for aesthetic purposes. The code describes a proprietary product (Icon Smooth Surface Caries Infiltration, DMG America Ridgefield park, New Jersey) and

will not be reimbursed due to insufficient evidence of efficacy.

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## Post and Core

### F. Post and Core

A request for a post and core shall be automatically approved if the tooth has recent history of approved endodontic treatment. In the absence of recent endodontic treatment, the request requires clinical review of pre-operative radiographs and a full mouth treatment plan to substantiate medical necessity.

Consideration for post and core or core build-up is contingent upon the approval of the corresponding root canal and crown.

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## Crowns

### G. Crowns

A request for a crown shall be automatically approved if the tooth has recent history of approved endodontic treatment. In the absence of recent endodontic treatment, the request requires clinical review of pre-operative radiographs and a full mouth treatment plan to substantiate medical necessity.

Payment for a crown includes any adjustments or re-cementation necessary during the six month period following its initial placement.

The determination of coverage will be based on the status of the individual tooth as well as the condition of the remaining teeth and supporting tissue. Factors considered include but are not limited to: medical necessity, periodontal condition, restorative prognosis, endodontic prognosis, missing teeth, integrity of the opposing dentition, and existing or proposed prosthesis in the same or opposing arch.

A crown will not be approved if the tooth can be reasonably restored with a filling.

Damaged teeth should be restored using procedures that remove the least amount of tooth structure necessary to restore normal function.

Crowns are indicated for the following:

- Extensive caries or tooth fractures
- To replace large defective restorations
- Complete cusp fractures
- Endodontically treated teeth (unless only need to restore the access opening on an anterior tooth) that are asymptomatic with a good apical seal
- Symptomatic “cracked tooth syndrome” (not enamel craze lines)
- Full coverage restoration of a primary tooth without a permanent successor

Crowns are not indicated for the following:

- If a more conservative means of restoration is acceptable
  - If the buccal and lingual walls are intact
- If root resorption is present

- For teeth with untreated/uncontrolled periodontal disease or periapical pathology Unstable, active caries
- Poor oral hygiene
- Teeth that do not have a favorable Crown/root ratio

**Coverage Limitations:**

- Clinical situations that can be effectively treated by a less costly, dental appropriate alternative procedure will be assigned a benefit based on the least costly procedure
- Limited to 1 restoration per natural or prosthetic tooth per consecutive 60 months without regard to the material used or type of restoration placed (standard crown, inlay, onlay, pontic, bridge abutment, or implant crown)

**Exclusions:**

- Replacement of indirect restorations if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dental provider. If replacement is due to patient non-compliance, the patient is liable for the cost of replacement.
  - Fixed restoration procedures for complete oral rehabilitation reconstruction Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion
  - Laboratory based Crowns for the purposes of provisional splinting
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## IV. ENDODONTIC SERVICES

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### Summary

#### A. Endodontic Summary

Endodontic services most commonly include pulpotomy, root canal therapy, retreatment of previous root canal therapy, and apicoectomy. Clinical criteria apply to all covered endodontic procedures with exception of pulpotomy, therefore prior authorization for these services is recommended. Noted patterns of endodontic treatment failure will result in peer review and may necessitate removal of the dentist from the network and/or further disciplinary action.

When endodontic therapy is indicated in an urgent situation, it is expected that appropriate palliative measures shall be initiated. Please contact Healthplex with any questions related to coverage and/or to request an expedited prior authorization.

If endodontic therapy is rendered in the absence of a prior authorization, please submit your claim with recent pre-operative and post-operative radiographs for retrospective review.

Endodontic therapy is indicated for the following:

- A restorable, mature, completely developed permanent or primary tooth with irreversible pulpitis, necrotic pulp, or frank vital pulpal exposure
- Teeth with radiographic periapical pathology
- Primary teeth without a permanent successor
- When needed for prosthetic rehabilitation

Endodontic therapy is not indicated for the following:

- Teeth with a poor long-term prognosis
  - Teeth with inadequate bone support or advanced or untreated periodontal disease
  - Teeth with incompletely formed root apices
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### Pulpotomy

#### B. Pulpotomy

The aim of pulpotomy is to maintain the vitality of the remaining portion by means of an adequate dressing. It is not to be construed as the first stage of root canal therapy. Therefore, if root canal is performed by the same provider, any allowance paid shall be deducted from the fee for root canal therapy.

Reimbursement for a pulpotomy is available once per tooth. Refer to the benefit brochure for applicable age limitations.

Therapeutic Pulpotomy is indicated for the following:

- Exposed vital pulps or irreversible pulpitis of primary teeth where there is a reasonable period of retention expected (approximately one year)

- As an emergency procedure in permanent teeth until root canal treatment can be accomplished
- As an interim procedure for permanent teeth with immature root formation to allow continued root development

Therapeutic Pulpotomy is not indicated for the following:

- Primary teeth with insufficient root structure, internal resorption, furcal Perforation or periradicular pathosis that may jeopardize the permanent successor
- Removal of pulp apical to the dentinocemental junction

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## **Pulpal Therapy**

### **C. Pulpal Therapy**

Pulpal therapy shall include pulpectomy, cleaning, and filling of canals with resorbable material.

A post-operative radiograph is requested upon completion. If canals are not sufficiently filled to the apex, benefit for pulpotomy will be allowed.

Reimbursement for a pulpal therapy is available once per tooth. Refer to the benefit brochure for applicable age limitations.

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## **Root Canal Therapy**

### **D. Root Canal Therapy**

Reimbursement for root canal therapy shall include pulpal extirpation, endodontic treatment to include complete filling of the canal(s) with permanent material, all necessary radiographs during treatment, a radiograph demonstrating proper completion, and follow-up care.

The acceptable standard employed for endodontic procedures dictates that the canal(s) be completely filled apically and laterally. In cases where the root canal filling does not meet acceptable standards, Healthplex reserves the right to require that the procedure be redone at no additional cost. Refund may be requested for any reimbursement made for an inadequate service.

Requests for endodontic therapy or retreatment require clinical review of pre-operative radiographs and a full mouth treatment plan. The determination of coverage will be based on the status of the individual tooth as well as the condition of the remaining teeth and supporting tissue. Factors considered include but are not limited to:

- ◆ Medical necessity
- ◆ Periodontal condition
- ◆ Restorative prognosis
- ◆ Missing teeth
- ◆ Presence of root resorption

- ◆ Integrity of the opposing dentition
- ◆ Existing or proposed prosthesis in the same or opposing arch

Reimbursement for root canal therapy and/or retreatment is once per tooth.

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## **Apicoectomy**

### **E. Apicoectomy**

Please refer to clinical criteria for endodontic therapy listed in the root canal section above.

Apicoectomy will be considered only if one or more of the following conditions exist:

- Overfilled canal (previously treated tooth) or displaced root canal filling irritating periapical tissues
- Canal cannot be filled properly due to excessive root curvature or calcification, fractured root tip, broken instrument in canal, or perforation of the apical third of canal
- Periapical pathology not resolved by previous endodontic therapy
- A post which cannot be removed.

Reimbursement for apicoectomy is once per tooth

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## **Apexification**

### **F. Apexification**

Requests for reimbursement for apexification require clinical review of pre-operative radiographs to substantiate medical necessity. Factors such as restorative prognosis and presence of open apices are considered for determination of coverage.

Apexification/Recalcification is indicated for the following:

- Incomplete apical closure in a permanent tooth root
- External root resorption or when the possibility of external root resorption exists
- Necrotic pulp, irreversible pulpitis, or periapical lesion
- For prevention or arrest of resorption
- Perforations or root fractures that do not communicate with oral cavity

Apexification/Recalcification is not indicated for the following:

- Tooth with a completely closed apex

Reimbursement for apexification is once per tooth.

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## V. PERIODONTIC SERVICES

### Summary

#### A. Periodontic Summary

Clinical criteria apply to all covered periodontic procedures, therefore prior authorization for these services is recommended.

When periodontal services are indicated, the provider must keep on file documentation of the need for treatment, including a copy of the pre-treatment evaluation of the periodontium, a general description of the tissues (i.e. color, shape, and consistency), the location and measurement of periodontal pockets, the description of the type and amount of bone loss, the periodontal diagnosis, the amount and location of subgingival calculus deposits, and tooth mobility.

Exclusions:

- Any Dental Procedure performed solely for cosmetic/aesthetic reasons
- Any Dental Procedure not directly associated with dental disease
- Procedures that are considered to be Experimental, Investigational or Unproven
- Dental Services that are not Necessary
- Periodontal procedures related to implant treatment will not be covered if the corresponding implant is not covered

### Periodontal scaling & root planning (SRP)

#### B. SRP

Periodontal scaling & root planing is indicated for patients with moderate to severe periodontal disease and is therapeutic not prophylactic in nature. It involves instrumentation of the crown and root surfaces to remove plaque and calculus.

Current periodontal charting in conjunction with appropriate radiographs should be submitted for review. Factors such as pocket depth and bone loss shall be considered. For approval of the requested quadrant, there must be a minimum of one pocket of at least 5mm or one pocket of at least 4mm with evidence of bone loss of more than 2mm from the CEJ (cemento/enamel junction).

If less than 4 teeth are present in the quadrant, the allowance shall be prorated.

Please note that your periodontal charting must be an accurate representation of the patient's current condition. Noted patterns of inconsistency between periodontal charting and radiographs and/or dental history will result in peer review and may necessitate removal of the dentist from the network and/or further disciplinary action.

Reimbursement for each quadrant is available once every 24 months.



**Periodontal  
Surgery****C. Periodontal Surgery**

Covered periodontal surgery most commonly includes gingivectomy/gingivoplasty and osseous surgery.

Current periodontal charting and/or photos in conjunction with appropriate radiographs and a narrative substantiating the causative factor(s) should be submitted for clinical review for prior authorization. Factors such as pocket depth, bone loss, hygiene status and likelihood of maintaining dental health shall be considered. For approval of the requested quadrant, there must be a minimum of one pocket of at least 5mm or one pocket of at least 4mm with evidence of bone loss of more than 2mm from the CEJ (cemento/enamel junction) or moderate to severe bone loss radiographically. The teeth in the applicable area must be restorable.

If less than 4 teeth are present in the quadrant, the allowance shall be prorated.

In the event that periodontal surgery is approved, reimbursement for necessary covered ancillary procedures like soft and hard tissue grafts will be allowed as indicated.

**D. Gingivectomy/Gingivoplasty**

Gingivectomy/Gingivoplasty is indicated for the following:

- Elimination of suprabony pockets, exceeding 3mm, if the pocket wall is fibrous and firm and there is an adequate zone of keratinized tissue
- Elimination of gingival enlargements/overgrowth
- Elimination of suprabony periodontal abscesses
- Exposure of soft tissue impacted teeth to aid in eruption
- To reestablish gingival contour following an episode of acute necrotizing ulcerative gingivitis
- To allow restorative access, including root surface caries

Gingivectomy/Gingivoplasty is not indicated for the following:

- When bone surgery is required for infrabony defects, or for the purpose of examining bone shape and morphology
- Situations in which the bottom of the pocket is apical to the mucogingival junction

Reimbursement for each quadrant of Gingivectomy/Gingivoplasty is available once every 12 months.

**E. Osseous Surgery**

Osseous Surgery is indicated for the following:

- Patients with a diagnosis of moderate to advanced or Refractory periodontal disease
- When less invasive therapy (i.e., non-surgical periodontal therapy, Flap procedures) has failed to eliminate disease

Reimbursement for each quadrant of Osseous Surgery is generally available once every 60 months.

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## **Crown Lengthening**

### **F. Crown Lengthening**

Current appropriate radiographs should be submitted for review. The tooth must be restorable and must present with insufficient structure for retaining a crown.

Clinical crown lengthening – hard tissue is indicated for the following:

- In an otherwise periodontally healthy area to allow a restorative procedure on a tooth with little to no crown exposure
  - To allow preservation of the biological width for restorative procedures
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## VI. PROSTHETIC SERVICES

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### Summary

#### A. Prosthetic Summary

Prosthetic services most commonly include removable dentures. Clinical criteria apply to all covered prosthetics without regard to material, therefore prior authorization for these services is recommended. Full and/or partial dentures are covered when they are required to alleviate a serious health condition or one that affects employability.

Fixed partial dentures are not generally considered within the scope of services covered by the program if a lower cost, reasonably functional alternative is feasible. If extenuating circumstances exist, please submit a prior authorization request with a narrative for consideration.

When included with the benefit package, implants shall be considered when medically necessary.

In situations where it is impractical to obtain pre-operative radiographs on a patient in a nursing home or long term care facility, a written narrative by the dentist stating that the patient is in a physical and mental state sufficient to function with dentures is required for authorization.

Claims are not to be submitted until the prosthetics are completed and delivered to the member.

Prosthetic services like dentures are generally covered once arch per 60 consecutive months. Refer to your benefit brochure for exceptions and limitations for prosthetic replacements. Consideration of replacement outside of this expectation shall be based on documented medical necessity and individual circumstances.

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### Removable Prosthetic Services

#### B. Removable Prosthetics

Dentures, both partial and complete, shall be considered when masticatory function is likely to impair the general health of the patient or when the existing prosthesis is unserviceable or if recent extensive physiological change (i.e. recent extraction of 4 or more teeth, marked weight loss, trauma, etc.) has occurred. Exceptions based on medical necessity for individual factors shall be considered on a case by case basis.

Requests for replacement dentures whether unserviceable, lost, stolen, or broken prior to the applicable frequency limitation must include a letter explaining the circumstances and what was or will be done to ensure longevity of the new denture if approved.

#### C. Complete dentures

- ◆ If initial placement for a non-edentulous arch, a full mouth treatment plan and preoperative radiographs are required to substantiate medical necessity.

- ◆ If initial placement for an edentulous arch, the request shall be automatically approved.
- ◆ For replacement of an existing complete denture, prior insertion date and reason for replacement are needed for a determination of coverage.

#### **D. Partial dentures**

- ◆ If initial placement, a full mouth treatment plan and preoperative radiographs are required to substantiate medical necessity.
- ◆ For replacement of an existing partial denture, a full mouth treatment plan, preoperative radiographs, prior insertion date and reason for replacement are needed for a determination of coverage.
- ◆ Please note that all necessary restorative work must be completed before fabrication of a partial denture.

The determination of coverage will be based on:

- ◆ Radiographic evaluation of the status of the dentition as well as appropriateness of the proposed treatment plan (i.e. planned extractions, prognosis of remaining teeth, etc.).
- ◆ Partial dentures will be allowed if there is at least one missing tooth.
- ◆ Abutments for a partial denture must be free of active periodontal disease and have adequate bone support.

Partial dentures can be considered for patients age 15 and above. An interim prosthesis (codes D5820/D5821) can be considered for patients between ages 5 to 15.

#### **E. Immediate Dentures**

Immediate prosthetic appliances are not routinely covered. It is expected that tissues will be allowed to heal for a minimum for 4-6 weeks prior to taking the final impression(s).

#### **F. Implant Supported Dentures**

An implant supported prosthetic shall be considered using the medical necessity criteria related to the implants. Please refer to the Implant section below.

### **Denture Repairs, Relines, and Adjustments**

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#### **G. Repair/Reline/Adjust**

Payment for a new prosthesis includes any adjustments necessary during the 6 month period following delivery.

If the reimbursement for any combination of repairs, relines, and/or adjustments shall exceed 50% of the cost of a new denture, please submit a prior authorization request for consideration of a new denture.

Reimbursement for repairs, relines and adjustments are generally available once every 12 months. Rebase is generally allowed once every 36 months.

## H. Rebase and Reline Procedures

Denture Rebasing is indicated for the following:

- When changes to the residual ridge result in loss of denture stability, retention, or occlusal disharmony
- When the base has fractured or cracked

Denture Rebasing is not indicated for the following:

- When the prosthesis is broken or worn to the extent that replacement is warranted
- When the occlusion or structural integrity of the denture teeth are no longer functional
- When a Reline is sufficient

Denture Relining is indicated for the following:

- When changes to the residual ridge result in loss of denture stability, retention, or occlusal disharmony

Denture Rebasing and Relining are not indicated for the following:

- When the prosthesis is broken or worn to the extent that it is no longer functional and replacing the appliance is warranted
- Unresolved soft tissue hyperplasia or stomatitis

Coverage Limitations

- Limited to Relining/Rebasing performed more than 6 months after the initial insertion

## Implant Services

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### I. Implants

Prior approval requests for implants must include current diagnostic x-rays allowing evaluation of the entire dentition and a complete treatment plan.

In the event that an implant is approved, other necessary services required for the dental implant surgery like bone grafting will be considered on a case by case basis.

If bone grafting is necessary, there should be a 3-6 month healing period before the implant can be placed.

Treatment on an existing implant will be evaluated on a case by case basis.

**If your dental plan does not include coverage for implants, any dental service related to the out of scope implant treatment will not be covered.**

## Fixed Bridgework

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### J. Bridgework

Prior approval requests for fixed bridgework must include current diagnostic x-rays allowing evaluation of the entire dentition and a complete treatment plan.

Fixed partial dentures are not generally considered within the scope of services covered by the program if a lower cost, reasonably functional alternative is feasible. If extenuating circumstances exist, please submit a prior authorization request with a narrative for consideration.

Fixed partial dentures may be indicated for the following:

- Replacement of missing permanent teeth in which the Retainer/Abutment teeth have a favorable long-term prognosis
- Resin Bonded appliances (e.g., Maryland Bridge) are indicated for the replacement of one missing tooth and unrestored/undamaged Retainer/Abutment teeth

Fixed partial dentures are not indicated for the following:

- Members with rampant caries and/or poor oral hygiene
- When Retainer/Abutment teeth have untreated endodontic pathology or periodontal disease or an unfavorable crown: root ratio
- When teeth intended as Retainers/Abutments have inadequate remaining tooth structure
- When a tooth to be used as a Retainer/Abutment has tipped or drifted into edentulous space
- Cantilever and Resin Bonded fixed partial dentures (Maryland Bridge) are not indicated for the following:
  - In an area with malocclusion, heavy occlusion or parafunctional habits (e.g., nail biting, bruxism, clenching)
  - A Pontic width discrepancy
  - Additionally, Resin Bonded appliances are not indicated in the following situations:
    - Compromised enamel
    - Deep vertical overlap

#### **Coverage Limitations:**

- Clinical situations that can be effectively treated by a less costly, dental appropriate alternative procedure will be assigned a benefit based on the least costly procedure
  - Limited to 1 restoration per natural or prosthetic tooth per consecutive 60 months without regard to the material used or type of restoration placed (standard crown, inlay, onlay, pontic, bridge abutment, or implant crown)
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## VII. ORAL AND MAXILLOFACIAL SURGICAL SERVICES

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### Summary

#### A. Oral Surgery Summary

Oral Surgery procedures most commonly include extractions, alveoloplasty, and biopsies.

Reimbursement requests for all oral surgery procedures with exception of non-surgical extractions require clinical review of applicable diagnostics (i.e. pre-operative radiographs, biopsy report, and/or narrative) to substantiate medical necessity.

Oral surgical services (i.e. extractions or exposures) for orthodontic purposes are covered only if the corresponding orthodontic treatment has been approved by Healthplex.

Oral surgical services for implant purposes are covered only if the corresponding implant treatment has been approved by Healthplex.

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### Extractions

#### B. Extractions

Removal of tooth, soft tissue associated with the root, curettage of the socket, local anesthesia, required suturing, and routine post-operative care are included in the fees for extractions and will not be reimbursed separately. Excision of tissue, particularly cyst removal, requires supporting documentation when billed as an adjunct to tooth extraction.

Extraction of impacted teeth should only be undertaken when conditions arising from such impactions warrant their removal. Extraction of asymptomatic teeth or those where medical/dental necessity cannot be demonstrated shall be disallowed.

Coverage is based on medical necessity and the anatomical position of the tooth.

Surgical extraction of an erupted tooth is indicated for any of the following:

- No clinical tooth is visible in the mouth
  - The fracture of tooth or roots during a non-surgical extraction procedure
  - Erupted teeth with unusual root morphology (dilacerations, cementosis)
  - Erupted teeth with developmental abnormalities that would make non-surgical extraction unsafe or cause harm
  - When fused to adjacent tooth
  - In the presence of periapical lesions
  - For maxillary posterior teeth whose roots extend into the maxillary sinus
  - When tooth has been crowned or treated endodontically
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**Excision and Biopsy****C. Excision**

Excision of tissue, particularly cyst removal, requires supporting documentation when billed as an adjunct to tooth extraction.

Excision and biopsy submitted on the same day is considered a duplicate service. Benefit only for the excision shall be considered.

**D. Biopsy**

Removal or biopsy of a periapical granuloma, dentigerous or odontogenic cyst is generally considered an integral part of the extraction and is not separately billable. Any claim for a biopsy must be accompanied with a biopsy report.

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**Incision and Drainage****E. Incision and Drainage**

Incision and drainage procedures include the insertion and removal of drain(s). When submitted on the same day as another definitive service in the same quadrant, supporting documentation (i.e. radiographs or treatment record) is required for consideration for separate reimbursement.

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**Alveoloplasty****F. Alveoloplasty**

When submitted in conjunction with surgical extractions in the same quadrant, alveoloplasty is considered included in the allowance for the surgical service and not reimbursable as a separate procedure.

If submitted without extractions in the same quadrant, a narrative substantiating medical necessity is required.

If alveoloplasty is performed for less than 4 teeth or tooth spaces in the quadrant, a partial quadrant will be allowed.

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**Other Surgical Services****G. Other**

For all other covered oral surgical services, please submit pre-operative radiographs with a narrative substantiating medical necessity for consideration.

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## VIII. ORTHODONTIC SERVICES

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### Summary

#### A. Orthodontic Summary

Limited, Interceptive and Comprehensive orthodontic services must be prior authorized. Limited or Interceptive orthodontic services will be considered for the treatment of the primary or transitional dentition. Limited or Comprehensive orthodontic services will be considered for treatment of the transitional, adolescent or permanent dentition.

For comprehensive orthodontic treatment, please refer to the benefit brochure for scope of coverage. The coverage categories are:

- Class I Malocclusion with overbite, overjet, or open bite
- Class I Malocclusion with blocked cuspids
- Class I Malocclusion with severe crowding
- Class II Handicapping Malocclusion
- Class III Handicapping Malocclusion

The pre-orthodontic treatment visit does not require prior authorization. Reimbursement is available once per 12 months prior to initiation of orthodontic treatment and includes the consultation; therefore, consultation will not be reimbursed separately.

### Limited Orthodontic Treatment

#### B. Limited

If within the scope of coverage, consideration is given for treatment with a limited objective, not involving the entire dentition. It may be directed at the only existing problem or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

For prior authorization the following shall be submitted:

- ◆ Narrative of clinical findings and treatment plan;
- ◆ Diagnostic photographs;
- ◆ Diagnostic radiographs of the entire dentition;

Reimbursement is limited to once per lifetime for an approved course of orthodontic treatment.

### Interceptive Orthodontic Treatment

#### C. Interceptive

If within the scope of coverage, consideration is given when interceptive orthodontic treatment may eliminate the need for or reduce the severity or duration of comprehensive orthodontic treatment. Approval for the interceptive treatment when not part of the comprehensive case will include all appliances, insertion, treatment visits, repairs, removal and retention. As a result, the provider shall

complete the case even if eligibility is terminated.

For prior authorization requests the following shall be submitted:

- ◆ Narrative of clinical findings for dysfunction or deformity and dental diagnosis;
- ◆ Orthodontic treatment plan to include description of appliance(s);
- ◆ Diagnostic photographs;
- ◆ Diagnostic panoramic radiographs and cephalometric films with tracing (when applicable); and,

Reimbursement is limited to once per lifetime for an approved course of orthodontic treatment.

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**Comprehensive  
Orthodontic  
Treatment****D. Comprehensive**

Comprehensive orthodontic treatment will only be considered for the adolescent or permanent dentition.

For prior authorization requests the following shall be submitted:

- ◆ Narrative of clinical findings for dysfunction or deformity and dental diagnosis;
- ◆ The comprehensive orthodontic treatment plan;
- ◆ Diagnostic cast or digital study models;
- ◆ Diagnostic photographs;
- ◆ Diagnostic panoramic radiographs and cephalometric films with tracing (when applicable);
- ◆ For orthognathic surgical cases: the surgical consult, complete treatment plan and approval for surgical treatment with a statement signed by the parent/guardian and recipient that they understand and accept the proposed treatment is necessary; and,
- ◆ Medical diagnosis (when applicable).

Please note: All needed dental treatment (preventive and restorative) should be completed prior to initiating orthodontic treatment.

In addition to submission requirements already noted, the following must be met:

- ◆ The prior authorization request to start a case must include treatment visits. Treatment visits will be considered for quarterly intervals. The maximum number of treatment visits to be considered on any one prior authorization is 4;
- ◆ After the initial 4 quarterly treatment visits, recertification for the remainder of the treatment is necessary. Please submit current progress photographs with a copy of the treatment record for review.
- ◆ The case start date is considered to be the banding date which must occur within six (6) months of approval;

- ◆ The case fee includes active and retention phase of treatment and is based on eligibility and age limitations.

#### **Documentation for Completion of Comprehensive Cases – Final Records**

Attestation of case completion must be submitted on the provider's letterhead to document that active treatment had a favorable outcome and that the case is ready for retention. Procedure code D8680, orthodontic retention shall be submitted on the visit to remove the bands and place the case in retention.

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## IX. ADJUNCTIVE GENERAL SERVICES

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### Summary

#### A. Summary

Adjunctive general services most commonly include general anesthesia, intravenous sedation, consultations and palliative services provided for relief of dental pain.

Refer to the benefit brochure for scope of coverage regarding anesthesia and sedation.

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### Palliative Treatment

#### B. Palliative

Reimbursement is per visit and is generally limited to once every 6 months and is not separately payable if rendered on the same day as another payable procedure other than diagnostic services.

Please include tooth number or area and a description of the procedure rendered.

Please note: Follow-up visits related to previous treatment are not billable and therefore shall not be considered for separate reimbursement.

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### Intravenous Conscious Sedation and General Anesthesia

#### C. Sedation

Intravenous conscious sedation and general anesthesia are payable only if the provider holds a current certification and licensure to administer such anesthesia per state and federal guidelines.

For cases requiring intravenous sedation or general anesthesia, providers must retain the anesthesia record which documents time and amounts of drugs administered, pulse rate, blood pressure, respiration, etc. in the patient's treatment record.

Healthplex recommends that providers exercise professional judgment when diagnosing the necessity for administration of intravenous sedation or general anesthesia. Apprehension alone is not typically considered a medical necessity.

Anesthesia/sedation procedures within the scope of coverage will be allowed only if the corresponding dental treatment has been approved by Healthplex.

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### Consultation (D9310)

#### D. Consultation

A consultation includes an oral evaluation and will only be reimbursed to a specialist.

If a consultation is considered an exam, one exam (regardless of the code or type of exam) in a 6 month period is allowed. If a consultation is considered independent of the exam limitation, reimbursement for the consultation is generally limited to once per 3 months (per treatment plan). Refer to your benefit brochure.

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**APPENDIX A**
**Dental Exclusions and Limitations**
**Applicable ONLY to EmblemHealth Medicare Plans in NY**

1.	Experimental or Investigational procedures, techniques, and services as determined by the Plan are not covered.
2.	Procedures to alter vertical dimension (bite height based on the resting jaw position) including but not limited to, occlusal (bite) guards and periodontal splinting appliances (appliances used to splint or adhere multiple teeth together), and restorations (fillings, crowns, bridges, etc.) are not covered.
3.	Services or supplies in connection with any duplicate or replacement prosthesis or appliance are not covered.
4.	Restorations which are primarily cosmetic in nature, including, but not limited to laminate veneers are not covered.
5.	Teeth whitening is not covered.
6.	Bone grafts are not covered.
7.	Personalized or precision attachment dentures or bridges, or specialized techniques, including the use of fixed bridgework, where a conventional clasp designed removable partial denture would restore the denture are not covered.
8.	Anesthesia other than deep sedation, nitrous oxide or conscious sedation are not covered.
9.	Duplicate charges are not covered.
10.	Services incurred prior to the effective date of coverage are not covered.
11.	Services incurred after cancellation or termination of coverage are not covered.
12.	Services or supplies that are not Dentally Necessary according to accepted standards of dental practice are not covered.
13.	Services that are incomplete are not covered.
14.	Services such as trauma which are customarily provided under medical-surgical coverage or services necessary as a result of a motor vehicle accident or property liability accident are not covered.
15.	Services where a less expensive and clinically equivalent procedure exists are not covered. However, the benefits payable hereunder will be made only for the applicable percentage of the least costly, commonly performed course of treatment, with the balance of the treatment cost remaining the responsibility of the member.
16.	More than one oral examination (exam) every 6 months is not covered.
17.	More than one prophylaxis (cleaning) every 6 months is not covered.
18.	More than one full mouth x-ray series every 36 months (three years) is not covered.
19.	More than one set of bitewing x-rays every 6 months is not covered.
20.	Adjustments or repairs to dentures performed within six months of the installation of the denture are not covered.
21.	Services or supplies in connection with periodontal splinting (adhering multiple teeth together) are not covered.
22.	Expenses for the replacement of an existing denture which can be repaired or adjusted are not covered.
23.	Additional expenses for a temporary denture are not covered.
24.	Expenses for the replacement of a denture, implant crown, or bridge within five years from the date the original benefit are not covered.
25.	Dental implants, implant crowns and all associated services are not covered.
26.	Training in plaque control or oral hygiene, or for dietary instruction are not covered.
27.	Expenses for completion of claim forms are not covered.
28.	Charges for missed appointments are not covered.
29.	Charges for services or supplies which are not necessary for treatment, or are not recommended and approved by the attending Dentist, are not covered. The Plan will determine medical necessity based on the attending Dentist's recommendation.
30.	Scaling and root planing (cleaning of the surface below the gum line) which is not followed, where indicated, by definitive pocket elimination procedures are not covered. In the absence of continuing periodontal therapy, scaling and root planing the service will be considered a prophylaxis (cleaning).
31.	Periodontal surgery procedures more than once per quadrant every 36 months are not covered.
32.	More than one periodontal scaling and root planing (cleaning of the surface below the gum line) per quadrant every 36 months is not covered.

33.	Periodontal maintenance procedures are covered in conjunction with or instead of prophylaxes (cleanings). More than two cleanings, or two periodontal maintenance procedures, or one cleaning and one periodontal maintenance procedure every 12 months is not covered. In the absence of benefited comprehensive periodontal therapy, periodontal maintenance procedures are not covered.
34.	Services for any condition covered by worker's compensation law or by any other similar legislation are
35.	Claims submitted more than 365 days following the date of service are not covered.
36.	Services to correct or in conjunction with treatment of congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dental dysplasia, etc.), developmental malformation of teeth, or the restoration of teeth missing prior to the effective date of coverage are not covered.
37.	Any service or supply furnished along with, in preparation for, or as a result of a noncovered service is
38.	Any service to treat disorders of the joints of the jaw (Temporomandibular joints) is not covered.
39.	Orthodontic services are not covered.



Code ( <sup>1</sup> )	Description of Service	Administrative Guidelines ( <sup>2, 3, 4, 5, 6</sup> )	Covered Under Preventive Plans	Coverage Under Comprehensive Plans	Tooth/Quad/Arch Requirements	Documentation Required
	<b>Diagnostic (Exams or Preventive Oral Exams)</b>					
D0120	Periodic oral evaluation	One (D0120, D0140, D0150, D0160, D0170, or D0180) every 6 months	Yes	Yes	None	Not Applicable
D0140	Limited oral evaluation	One (D0120, D0140, D0150, D0160, D0170, or D0180) every 6 months	Yes	Yes	None	Not Applicable
D0150	Comprehensive oral exam	One (D0120, D0140, D0150, D0160, D0170, or D0180) every 6 months	Yes	Yes	None	Not Applicable
D0160	Extensive oral exam	One (D0120, D0140, D0150, D0160, D0170, or D0180) every 6 months	Yes	Yes	None	Not Applicable
D0170	Re-evaluation - limited problem focused	One (D0120, D0140, D0150, D0160, D0170, or D0180) every 6 months	Yes	Yes	None	Not Applicable
D0180	Comprehensive periodontal evaluation	One (D0120, D0140, D0150, D0160, D0170, or D0180) every 6 months	Yes	Yes	None	Not Applicable
	<b>Radiographs (Dental X-rays)</b>					
D0210	Intraoral - comprehensive series of radiographic images	One (D0210, D0330, or D0277) every 36 months	Yes	Yes	None	Not Applicable
D0220	Intraoral periapical - 1st radiographic image		Yes	Yes	None	Not Applicable
D0230	Intraoral periapical - each additional radiographic image		Yes	Yes	None	Not Applicable
D0240	Intraoral - occlusal radiographic image	One every six months, per arch	Yes	Yes	Arch - U/L	Not Applicable
D0270	Bitewing - single radiographic image	One (D0270, D0272, D0273, or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0272	Bitewings - two radiographic images	One (D0270, D0272, D0273, or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0273	Bitewings - three radiographic images	One (D0270, D0272, D0273, or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0274	Bitewings - four radiographic images	One (D0270, D0272, D0273, or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0277	Vertical bitewings - 7 to 8 radiographic images	One (D0210, D0330, or D0277) every 36 months	Yes	Yes	None	Not Applicable
D0330	Panoramic radiographic image	One (D0210, D0330, or D0277) every 36 months	Yes	Yes	None	Not Applicable
D0425	Caries Susceptibility Tests	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	None	Not Applicable
D0460	Pulp Vitality Test	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	Tooth - 1-32, A-T	Not Applicable
D0470	Diagnostic casts	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	None	Not Applicable
D0601	Caries Risk Assessment And Documentation, With a Finding of Low Risk	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	None	Not Applicable
D0602	Caries Risk Assessment And Documentation, With a Finding of Moderate Risk	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	None	Not Applicable
D0603	Caries Risk Assessment And Documentation, With a Finding of High Risk	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	None	Not Applicable
	<b>Preventive (Cleanings)</b>					
D1110	Prophylaxis adult	One every 6 months	Yes	Yes	None	Not Applicable
	<b>Fluoride</b>					
D1206	Topical application of fluoride varnish	One (D1206 or D1208) every 6 months up to age 19	Yes	Yes	None	Not Applicable
D1208	Topical application of fluoride	One (D1206 or D1208) every 6 months up to age 19	Yes	Yes	None	Not Applicable
D1330	Oral Hygiene Instruction	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	None	Not Applicable
D1999	Unspecified preventive procedures, by report	By Report	By Report	By Report	None	Not Applicable
	<b>Basic Restorative (Silver Fillings)</b>					
D2140	Amalgam - one surface, primary or permanent	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable
D2150	Amalgam - two surfaces, primary or permanent	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable
D2160	Amalgam - three surfaces, primary or permanent teeth	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable

D2161	<b>Amalgam - four or more surfaces, primary or permanent</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable
<b>Resin Restorative (White Fillings)</b>						
D2330	<b>Resin based composite - 1 surface, anterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2331	<b>Resin based composite - 2 surfaces, anterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2332	<b>Resin based composite - 3 surfaces, anterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2335	<b>Resin based composite - 4+ surfaces or involving incisal angle</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2390	<b>Resin based composite crown, anterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2391	<b>Resin based composite - 1 surface, posterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable
D2392	<b>Resin based composite - 2 surfaces, posterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable
D2393	<b>Resin based composite - 3 surfaces, posterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable
D2394	<b>Resin based composite - 4+ surfaces, posterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, or D2394) per tooth, per surface in 24 months	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable
<b>Inlay/Onlay Restorations</b>						
D2510	<b>Inlay - metallic - one surface</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	Not Applicable
D2520	<b>Inlay - metallic - two surfaces</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	Not Applicable
D2530	<b>Inlay - metallic - three or more surfaces</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph





D2642	Onlay - porcelain/ceramic - two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2643	Onlay - porcelain/ceramic - three surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2644	Onlay - porcelain/ceramic - four or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2650	Inlay - composite/resin - one surface	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2651	Inlay - composite/resin - two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2652	Inlay - composite/resin - three or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph

D2662	Onlay - composite/resin - two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2663	Onlay - composite/resin - three surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2664	Onlay - composite/resin - four or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
	<b>Crowns - Single Restoration only (Crowns means Prosthodontics )</b>					
D2710	Crown - resin (indirect)	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2712	Crown - 3/4 resin based composite (indirect)	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph

D2720	Crown - resin with high noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2721	Crown - resin with predominantly base metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2722	Crown - resin with noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2740	Crown - porcelain/ceramic substrate	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2750	Crown - porcelain fused to high noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2751	Crown - porcelain fused to predominantly base metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph

D2752	Crown - porcelain fused to noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2780	Crown - 3/4 cast high noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2781	Crown - 3/4 cast predominately base metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2782	Crown - 3/4 cast noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2783	Crown - 3/4 porcelain/ceramic	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2790	Crown - full cast high noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph

D2791	Crown - full cast predominantly base metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2792	Crown - full cast noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2794	Crown - titanium	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
	<b>Major Restoratives (Crowns means Prosthodontics)</b>					
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	Two (2) occurrences per year per tooth (after 6 months from delivery)	No	Yes	Tooth - 1-32	Not Applicable
D2915	Recement or re-bond indirectly fabricated and post and core	Two (2) occurrences per year per tooth (after 6 months from delivery)	No	Yes	Tooth - 1-32	Not Applicable
D2920	Recement or re-bond crown	Two (2) occurrences per year per tooth (after 6 months from delivery)	No	Yes	Tooth - 1-32, A-T	Not Applicable
D2931	Prefabricated stainless steel crown-permanent tooth	Once per tooth per lifetime. Not to be used as a temporary restoration	No	Yes	Tooth	Not Applicable
D2940	Protective restoration-direct placement of a restorative material to protect the tooth and/or tissue form. This procedure may also be used to relieve pain, promote healing or prevent further deterioration.	By Report. Not to be used as an endodontic access closure or as a base or liner under a restoration	By Report	By Report	Tooth - 1-32, A-T	Not Applicable
D2950	Core build-up, including any pins when required.	One (D2950, D2952, or D2954) per tooth per 60 months	No	Yes	Tooth - 1-32	Not Applicable
D2951	Pin retention-per tooth, in addition to restoration	Once per lifetime per tooth	No	Yes	Tooth - 1-32	Not Applicable
D2952	Post and core in addition to crown, indirectly fabricated	One (D2950, D2952, or D2954) per tooth per 60 months	No	Yes	Tooth - 1-32	Not Applicable
D2953	Each additional post, same tooth, indirectly fabricated	Only allowed in conjunction with D2952 on the same day of service	No	Yes	Tooth - 1-32	Not Applicable
D2954	prefabricated post and core in addition to crown	One (D2950, D2952, or D2954) per tooth per 60 months	No	Yes	Tooth - 1-32	Not Applicable
D2980	Crown repair necessitated by restorative material failure, by report	By Report	By Report	By Report	Tooth - 1-32	Not Applicable
D2990	Resin infiltration of incipient smooth surface lesions		No	No		Not Applicable
D2999	Unspecified restorative procedure, by report	By Report	By Report	By Report	Tooth - 1-32, A-T	narrative of medical necessity and description of service
	<b>Pulpotomy</b>					
D3220	Therapeutic pulpotomy primary and permanent teeth (excluding final restoration)	One (D3220 or D3221) per tooth, per lifetime	No	Yes	Tooth - 1-32, A-T	Not Applicable

D3221	Gross pulpal debridement primary and permanent teeth (excluding final restoration)	One (D3220 or D3221) per tooth, per lifetime	No	Yes	Tooth - 1-32, A-T	Not Applicable
<b>Root Canal Therapy</b>						
D3310	Endodontic therapy (root canal), anterior	Once per permanent tooth per lifetime	No	Yes	Tooth - 6-11, 22-27	Not Applicable
D3320	Endodontic therapy (root canal), bicuspid	Once per permanent tooth per lifetime	No	Yes	Tooth - 4, 5, 12, 13, 20, 21, 28, 29	Not Applicable
D3330	Endodontic therapy (root canal), molar	Once per permanent tooth per lifetime	No	Yes	Tooth - 1-3, 14-19, 30-32	Not Applicable
D3331	Treatment of root canal obstruction; non-surgical access	Not payable as a separate procedure. Inclusive in coverage for all endodontic procedures. Patient may not be charged	No	Inclusive	Tooth - 1-32	Not Applicable
D3346	Retreatment of previous root canal therapy, anterior	Once per tooth after 24 months of original root canal therapy. Not allowed by original treating provider	No	Yes	Tooth - 6-11, 22-27	Not Applicable
D3347	Retreatment of previous root canal therapy, bicuspid	Once per tooth after 24 months of original root canal therapy. Not allowed by original treating provider	No	Yes	Tooth - 4, 5, 12, 13, 20, 21, 28, 29	Not Applicable
D3348	Retreatment of previous root canal therapy, molar	Once per tooth after 24 months of original root canal therapy. Not allowed by original treating provider	No	Yes	Tooth - 1-3, 14-19, 30-32	Not Applicable
<b>Apicoectomy/Periradicular Services</b>						
D3410	Apicoectomy/periradicular surgery, anterior	Once per permanent tooth	No	Yes	Tooth - 6-11, 22-27	Not Applicable
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	Once per permanent tooth	No	Yes	Tooth - 4, 5, 12, 13, 20, 21, 28, 29	Not Applicable
D3425	Apicoectomy/periradicular surgery, molar (first root)	Once per permanent tooth	No	Yes	Tooth - 1-3, 14-19, 30-32	Not Applicable
D3426	Apicoectomy/periradicular surgery (each additional root)	One per bicuspid and two per permanent molar	No	Yes	Tooth - 1-5, 12-21, 28-32	Not Applicable
D3430	Retrograde filling - per root	A maximum allowance for one retrograde filling per root	No	Yes	Tooth - 1-32	Not Applicable
D3911	Intraorifice barrier (not to be used as a final restoration)	Not payable as a separate procedure. Inclusive in coverage for all endodontic procedures. Patient may not be charged.	No	Inclusive	Tooth; Surface	Not Applicable
D3999	Unspecified endodontic procedures, by report	By Report	By Report	By Report	None	narrative of medical necessity and description of service
<b>Periodontal Surgical Services (including usual postoperative services)</b>						
D4210	Gingivectomy or gingivoplasty four or more contiguous diseased teeth or bounded teeth spaces per quadrant	One (D4210 or D4211) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs, perio charting and photographs
D4211	Gingivectomy or gingivoplasty one to three contiguous diseased teeth or tooth bounded spaces per quadrant	One (D4210 or D4211) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs, perio charting and photographs
D4240	Gingival flap procedure, including root planning four or more contiguous diseased teeth or tooth bounded spaces per quadrant	One (D4240 or D4241) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4241	Gingival flap procedure, including root planning one to three contiguous diseased teeth or tooth bounded spaces per quadrant	One (D4240 or D4241) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4249	Clinical crown lengthening - hard tissue	Once per tooth per lifetime	No	Yes	Tooth - 1-32	radiographs and perio charting
D4260	Osseous surgery (including flap entry and closure) four or more contiguous diseased teeth or tooth bounded spaces per quadrant	One (D4260 or D4261) per quadrant per 60 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4261	Osseous surgery (including flap entry and closure) one to three contiguous diseased teeth or bounded teeth spaces per quadrant	One (D4260 or D4261) per quadrant per 60 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
<b>Adjunctive Periodontal Services</b>						
D4341	Periodontal scaling and root planning four or more diseased teeth per quadrant	One (D4341 or D4342) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4342	Periodontal scaling and root planing one to three diseased teeth per quadrant	One (D4341 or D4342) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting

D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Two (D1110, D4346, D4910) every calendar year	No	Yes	None	Not Applicable
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	One every 36 months	No	Yes	None	Not Applicable
<b>Other Periodontal Services</b>						
D4910	Periodontal maintenance procedures (following active therapy)	Once per three months when a patient has completed active periodontal therapy in the past 36 months	No	Yes	None	Not Applicable
D4999	Unspecified periodontal procedure, by report	By Report	By Report	By Report	None	narrative of medical necessity and description of service
<b>Complete Dentures</b>						
D5110	Complete denture - maxillary	One (D5110 or D5130) per arch per 60 months	No	Yes	Upper Arch (implied)	narrative of medical necessity and description of service
D5120	Complete denture - mandibular	One (D5120 or D5140) per arch per 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5130	Immediate denture - maxillary	Once per lifetime	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5140	Immediate denture - mandibular	Once per lifetime	No	Yes	Lower Arch (implied)	pre-operative radiographs
<b>Partial Dentures</b>						
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5212	Mandibular partial denture - resin base	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5213	Maxillary part denture - cast metal framework with resin bases	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5214	Mandibular part denture - cast metal framework with resin bases	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5221	Immediate maxillary partial denture - resin base	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5222	Immediate mandibular partial denture - resin base	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5225	Maxillary partial denture - flexible base	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5226	Mandibular partial denture - flexible base	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	None	pre-operative radiographs
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	None	pre-operative radiographs
<b>Adjustments of Removable Prosthesis</b>						
D5410	Adjust complete denture - maxillary	Two adjustments per denture per 12 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5411	Adjust complete denture - mandibular	Two adjustments per denture per 12 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5421	Adjust partial denture - maxillary	Two adjustments per denture per 12 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5422	Adjust partial denture - mandibular	Two adjustments per denture per 12 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
<b>Repairs to Complete Dentures</b>						
D5511	Repair broken complete denture base, mandibular	Once per arch per 12 months (after 12 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5512	Repair broken complete denture base, maxillary	Once per arch per 12 months (after 12 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5520	Replace missing or broken teeth - complete denture (each tooth)	Once per tooth per 12 months (after 12 months from initial placement)	No	Yes	Tooth - 1-32	Not Applicable
D5611	Repair resin denture base, mandibular	Once per arch per 12 months	No	Yes	Lower Arch (implied)	Not Applicable
D5612	Repair resin denture base, maxillary	Once per arch per 12 months	No	Yes	Upper Arch (implied)	Not Applicable
D5621	Repair cast framework, mandibular	Once per arch per 12 months	No	Yes	Lower Arch (implied)	Not Applicable



D5622	Repair cast framework, maxillary	Once per arch per 12 months	No	Yes	Upper Arch (implied)	Not Applicable
D5630	Repair or replace broken clasp - per tooth	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
D5640	Replace broken teeth - per tooth	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
D5650	Add tooth to existing partial denture	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
D5660	Add clasp to existing partial denture - per tooth	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
<b>Denture Rebase Procedures</b>						
D5710	Rebase complete maxillary denture	One (D5710, D5725, D5730, or D5750) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5711	Rebase complete mandibular denture	One (D5711, D5725, D5731, or D5751) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5720	Rebase maxillary partial denture	One (D5720, D5725, D5740, or D5760) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5721	Rebase mandibular partial denture	One (D5721, D5725, D5741, or D5761) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5725	Rebase hybrid prosthesis	One (D5721, D5725, D5741, or D5761) per 36 months (after 6 months from initial placement)	No	Yes	None	Not Applicable
<b>Denture Reline Procedures</b>						
D5730	Reline complete maxillary denture (chairside)	One (D5710, D5725, D5730, or D5750) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5731	Reline complete mandibular denture (chairside)	One (D5711, D5725, D5731, or D5751) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5740	Reline maxillary partial denture (chairside)	One (D5720, D5725, D5740, or D5760) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5741	Reline mandibular partial denture (chairside)	One (D5721, D5741, D5761, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5750	Reline complete maxillary denture (laboratory)	One (D5710, D5730, D5750, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5751	Reline complete mandibular denture (laboratory)	One (D5711, D5731, D5751, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5760	Reline maxillary partial denture (laboratory)	One (D5720, D5740, D5760, D5765) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5761	Reline mandibular partial denture (laboratory)	One (D5721, D5741, D5761, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5765	Soft liner for complete or partial removable denture – indirect	One (D5721, D5741, D5761, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	None	Not Applicable
<b>Other Removable Prosthetic Services</b>						
D5850	Tissue conditioning maxillary	Twice per denture per 36 months after 6 months from initial insertion	No	Yes	Upper Arch (implied)	Not Applicable
D5851	Tissue conditioning mandibular	Twice per denture per 36 months after 6 months from initial insertion	No	Yes	Lower Arch (implied)	Not Applicable
D5863	Overdenture - complete maxillary	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs and
D5864	Overdenture - partial maxillary	One (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs and
D5865	Overdenture - complete mandibular	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs and
D5866	Overdenture - partial mandibular	One (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs and
D5876	Add metal substructure to acrylic full denture (per arch)	Only allowed on the same date of service as D5110, D5120, D5130, or D5140	No	Yes	Arch - U/L	pre-operative radiographs
D5899	Unspecified removable prosthodontic procedures, by report	By Report	By Report	By Report	None	narrative of medical necessity and description of service
D5999	Unspecified maxillofacial prosthesis, by report	By Report	By Report	By Report	None	narrative of medical necessity and description of service
<b>Fixed Partial Denture Pontics</b>						
D6205	Pontic - indirect resin based composite	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

<b>D6210</b>	<b>Pontic - cast high noble metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6211</b>	<b>Pontic - cast predominately base metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6212</b>	<b>Pontic - cast noble metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6214</b>	<b>Pontic - titanium</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6240</b>	<b>Pontic - porcelain fused-high noble</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6241</b>	<b>Pontic - porcelain fused metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

<b>D6242</b>	<b>Pontic - porcelain fused-noble metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6245</b>	<b>Pontic - porcelain ceramic substrate</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6250</b>	<b>Pontic - resin with high noble metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6251</b>	<b>Pontic - resin with base metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6252</b>	<b>Pontic - resin with noble metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

Fixed Partial Denture Retainers						
D6545	Retainer - cast metal for resin bonded fixed prosthesis	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6549	Resin retainer - for resin bonded fixed prosthesis	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6602	Retainer inlay - noble metal, two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6603	Retainer inlay - noble metal, three or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6604	Retainer inlay - base metal, 2 surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6605	Retainer inlay - base metal, 3 or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6606	Retainer inlay - cast noble metal, two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6607	Retainer inlay - cast noble metal, 3 or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6608	Retainer onlay - porcelain/ceramic two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6609	Retainer onlay - porcelain/ceramic three or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6610	Retainer onlay - cast high noble metal two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6611	Retainer onlay - cast high noble metal three surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6612	Retainer onlay - cast predominately base metal 2 surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6613	Retainer onlay - cast predominately base metal 3 surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6614	Retainer onlay - cast noble metal two surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6615	Retainer onlay - cast noble metal 3 or more surfaces	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6624	Retainer - inlay titanium	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6634	Retainer - onlay titanium	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6710	Retainer crown - indirect resin based composite	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>Fixed Partial Denture Retainers Crowns</b>						
D6720	Retainer crown - resin with high noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6721	Retainer crown - resin with predominantly base metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6722	Retainer crown - resin with noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

<b>D6740</b>	<b>Retainer crown - porcelain/ceramic</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6750</b>	<b>Retainer crown - porcelain fused high noble</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6751</b>	<b>Retainer crown - porcelain fused to metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6752</b>	<b>Retainer crown - porcelain fused noble metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6780</b>	<b>Retainer crown - 3/4 cast high noble</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>D6781</b>	<b>Retainer crown - 3/4 cast predominately base metal</b>	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs



D6782	Retainer crown - 3/4 cast noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6790	Retainer crown - full cast high noble	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6791	Retainer crown - full cast base metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6792	Retainer crown - full cast noble metal	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6793	Provisional retainer crown	Should be inclusive in final restoration. Patient cannot be charged.	No	Inclusive	Tooth - 1-32	pre-operative radiographs
D6794	Retainer crown - titanium	One inlay, onlay, crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, or D6794) per tooth per 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>Other Fixed Partial Denture Services</b>						
D6930	Re-cement fixed partial denture	Limited to two (2) occurrences per year per tooth (after 6 months from placement)	No	Yes	Tooth - 1-32	Not Applicable
D6980	Fixed partial denture repair, by report	By Report	By Report	By Report	Tooth - 1-32	Not Applicable
D6999	Unspecified fixed prosthodontics procedures, by report	By Report	By Report	By Report	None	narrative of medical necessity and description of service

Oral and Maxillofacial Surgery (Oral Surgery or Extractions)						
D7140	Extraction - erupted tooth or exposed root	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	Not Applicable
D7210	Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7220	Removal impacted tooth - soft tissue	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7230	Removal of impacted tooth - partially bony	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7240	Removal of impact tooth - completely bony	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7250	Surgical removal of residual roots	Once per tooth per lifetime. Not allowed by original treating provider.	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7251	Coronectomy	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
<b>Other Surgical Procedures</b>						
D7260	Oralrantral fistula closure	One (D7260 or D7261) per lifetime	No	Yes	Tooth - 1-32	Not Applicable
D7261	Primary closure of a sinus perforation	One (D7260 or D7261) per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	Not Applicable
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)		No	Yes	Tooth	Not Applicable
D7286	Incisional biopsy of oral tissue-soft		No	Yes	Tooth	Not Applicable
<b>Alveoloplasty-Surgical Preparation of Ridge for Dentures</b>						
D7310	Alveoloplasty with extractions four or more teeth or tooth spaces per quadrant	One (D7310 or D7311) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
D7311	Alveoloplasty in conjunction with extractions one to three teeth or tooth spaces per quadrant	One (D7310 or D7311) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
D7320	Alveoloplasty not in conjunction with extractions four or more teeth or tooth spaces per quadrant	One (D7320 or D7321) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
D7321	Alveoloplasty not in conjunction with extractions one to three teeth or tooth spaces per quadrant	One (D7320 or D7321) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
<b>Vestibuloplasty</b>						
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	One (D7340 or D7350) per arch per lifetime	No	Yes	Arch - U/L	Not Applicable
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	One (D7340 or D7350) per arch per lifetime	No	Yes	Arch - U/L	Not Applicable
<b>Surgical Excision of Reactive Inflammatory Lesions</b>						
D7410	Excision of benign lesion of up 1.25 cm		No	Yes	None	narrative of medical necessity and description of service
D7411	Excision of benign lesion greater than 1.25 cm		No	Yes	Tooth - 1-32	narrative of medical necessity and description of service
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	Submit pathology report to medical. Procedure is not covered within the scope of the dental plan.	No	No	None	narrative of medical necessity and description of service
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	Submit pathology report to medical. Procedure is not covered within the scope of the dental plan.	No	No	None	narrative of medical necessity and description of service
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		No	Yes	Tooth - 1-32	narrative of medical necessity and description of service
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		No	Yes	None	narrative of medical necessity and description of service
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		No	Yes	Quadrant - LL/LR/UL/UR	narrative of medical necessity and description of service

D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		No	Yes	Quadrant - LL/LR/UL/UR	narrative of medical necessity and description of service
D7471	Removal of lateral exostosis (maxilla or mandible)	Once per arch per 60 months	No	Yes	Arch - U/L	narrative of medical necessity and description of service
D7472	Removal of torus palatinus	Once per 60 months	No	Yes	None	narrative of medical necessity and description of service
D7473	Removal of torus mandibularis	Once per quadrant per 60 months	No	Yes	None	narrative of medical necessity and description of service
D7485	Surgical reduction of osseous tuberosity	2 per lifetime, regardless of provider	No	Yes	None	narrative of medical necessity and description of service
<b>Surgical Incision</b>						
D7509	Marsupialization	Once per site per lifetime per patient	No	Yes	None	narrative of medical necessity and description of service
D7510	Incision and drainage of abscess - intraoral soft tissue	Not payable on the same date of service as root canal or associated surgical procedure	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	Not Applicable
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	By Report	No	By Report	Tooth - 1-32	narrative of medical necessity and description of service
D7520	Incision and drainage of abscess - extraoral soft tissue	Not payable on the same date of service as root canal or associated surgical procedure	No	Yes	None	Not Applicable
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not payable on the same date of service as root canal or associated surgical procedure	No	Yes	None	Not Applicable
<b>Other Repair Procedures</b>						
D7963	Frenuloplasty	One (D7963 or D7960) per arch per lifetime	No	Yes	None	narrative and photographs
D7970	Excision of hyperplastic tissue - per arch	By Report	By Report	By Report	Arch - U/L	narrative, radiographs and photographs
D7971	Excision of pericoronal gingiva	By Report	By Report	By Report	Tooth - 1-32	narrative, radiographs and photographs
D7999	Unspecified oral surgery procedure, by report	By Report	By Report	By Report	None	narrative of medical necessity and description of service
<b>Adjunctive General Services ("Emergency Services")</b>						
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Limited to two (2) per provider per incident. Not allowed with any other services other than radiographs	No	Yes	None	Not Applicable
<b>Anesthesia</b>						
D9210	Local anesthesia not in conjunction with operative or surgical procedure	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D9211	Regional block anesthesia	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D9212	Trigeminal division block anesthesia	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D9215	Local anesthesia	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D9222	Deep Sedation/general anesthesia - first 15 minutes	Two (2) D9222 per 1 week(s); a benefit only when administered by a properly licensed dentist in a dental office and in conjunction with removal of impacted teeth	No	Yes	None	narrative treatment record (including anesthesia records)
D9223	Deep Sedation/general anesthesia - each subsequent 15 minute increment	Four (4) D9223 per day(s) per patient. Limit up to one (1) hour or four (4) 15-minute increments; a benefit only when administered by a properly licensed dentist in a dental office and in conjunction with removal of impacted teeth	No	Yes	None	narrative treatment record (including anesthesia records)
D9230	Inhalation of nitrous oxide/analgesia, anxiety	One per member per date of service. Not allowed with another anesthesia service (D9222, D9223, D9239, D9243, or D9248) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)
D9239	Intravenous moderate (conscious) - first 15 minutes	Two (2) D9239 per 1 week(s) per patient; a benefit only when administered by a properly licensed dentist in a dental office and in conjunction with removal of impacted teeth	No	Yes	None	narrative treatment record (including anesthesia records)
D9243	Intravenous moderate (conscious) - each subsequent 15 minute increment	Four (4) D9243 per day(s) per patient. Limit up to one (1) hour or four (4) 15-minute increments; a benefit only when administered by a properly licensed dentist in a dental office and in conjunction with removal of impacted teeth	No	Yes	None	narrative treatment record (including anesthesia records)
D9248	Non-intravenous moderate (conscious) sedation	One per member per date of service. Not allowed with (D9222, D9223, D9230, D9239, or D9243) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)

Professional Consultation						
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Once every three months and not payable within 90 days of any exam by the same provider, office or associated dentists	No	Yes	None	Not Applicable
Professional Visits						
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Once every three months	Yes	Yes	None	Not Applicable
Miscellaneous Services						
D9951	Occlusal adjustment - limited	Not payable on same date of service as related services. Procedure considered "inclusive" in other related services. When this occurs, patient cannot be billed for service. If payable, one per 60 months, per patient	No	Yes	Tooth - 1-32	narrative of medical necessity and description of service
D9952	Occlusal adjustment - complete	One per 60 months, per patient. By Report. Not payable on same date of service as related services	By Report	By Report	None	narrative of medical necessity and description of service
D9995	Teledentistry – synchronous; real time encounter	Considered inclusive in all procedures. Patient cannot be charged	Inclusive	Inclusive	None	Not Applicable

1 ANY PROCEDURE CODES NOT LISTED, WILL NOT BE COVERED UNDER EITHER THE PREVENTIVE OR COMPREHENSIVE PLANS.  
2 COVERAGE DECISIONS ARE GOVERNED BY ADMINISTRATIVE GUIDELINES.  
3 ALL COVERAGE GUIDELINES ARE SUBJECT TO PROFESSIONAL (MEDICAL/DENTAL) REVIEW.  
4 SEE YOUR PLANS "DENTAL EXCLUSIONS AND LIMITATIONS"  
5 ALL PROCEDURES INDICATED AS "BY REPORT" WILL BE INDIVIDUALLY EVALUATED BASED ON SUBMISSION OF NECESSARY SUPPORTING DOCUMENTATION (e.g. narrative of medical necessity, pre-op x-ray(s), etc.). COVERAGE IS NOT GUARANTEED.  
6 PRE-AUTHORIZATION IS RECOMMENDED FOR SERVICES. FREQUENCIES AND OTHER LIMITATIONS MAY APPLY.



**APPENDIX B**
**Dental Exclusions and Limitations**
**Applicable ONLY to ConnectiCare Medicare PPO Plans (NOT Indemnity Plans)**

1.	Experimental or Investigational procedures, techniques, and services as determined by the Plan are not
2.	Procedures to alter vertical dimension (bite height based on the resting jaw position) including but not limited to, occlusal (bite) guards and periodontal splinting appliances (appliances used to splint or adhere multiple teeth together), and restorations (filings, crowns, bridges, etc.,) are not covered.
3.	Services or supplies in connection with any duplicate or replacement prosthesis or appliance are not
4.	Restorations which are primarily cosmetic in nature, including, but not limited to laminate veneers are
5.	Teeth whitening is not covered.
6.	Bone grafts are not covered.
7.	Personalized or precision attachment dentures or bridges, or specialized techniques, including the use of fixed bridgework, where a conventional clasp designed removable partial denture would restore the
8.	Anesthesia other than deep sedation, nitrous oxide or conscious sedation are not covered.
9.	Duplicate charges are not covered.
10.	Services incurred prior to the effective date of coverage are not covered.
11.	Services incurred after cancellation or termination of coverage are not covered.
12.	Services or supplies that are not Dentally Necessary according to accepted standards of dental practice
13.	Services that are incomplete are not covered.
14.	Services such as trauma which are customarily provided under medical-surgical coverage or services necessary as a result of a motor vehicle accident or property liability accident are not covered.
15.	Services where a less expensive and clinically equivalent procedure exists are not covered. However, the benefits payable hereunder will be made only for the applicable percentage of the least costly, commonly performed course of treatment, with the balance of the treatment cost remaining the
16.	More than one oral examination every 6 months is not covered.
17.	More than one prophylaxis (cleaning) every 6 months is not covered.
18.	More than one full mouth x-ray series every three years is not covered.
19.	More than one set of bitewing x-rays every 6 months is not covered.
20.	Adjustments or repairs to dentures performed within six months of the installation of the denture are not
21.	Services or supplies in connection with periodontal splinting (adhering multiple teeth together) are not
22.	Expenses for the replacement of an existing denture which can be repaired or adjusted are not covered.
23.	Additional expenses for a temporary denture are not covered.
24.	Expenses for the replacement of a denture, implant crown, or bridge within five years from the date the original benefit are not covered.
25.	Training in plaque control or oral hygiene, or for dietary instruction are not covered.
26.	Services incurred in excess of the Benefit Year maximum are not covered.
27.	Expenses for completion of claim forms are not covered.
28.	Charges for missed appointments are not covered.
29.	Charges for services or supplies which are not necessary for treatment, or are not recommended and approved by the attending Dentist, are not covered. The Plan will determine medical necessity based on documentation submitted by the attending Dentist.
30.	Scaling and root planing (cleaning of the surface below the gum line) which is not followed, where indicated, by definitive pocket elimination procedures are not covered. In the absence of continuing periodontal therapy, scaling and root planing the service will be considered a prophylaxis (cleaning) and
31.	Periodontal surgery procedures more than once per quadrant every 36 months are not covered.

32.	More than one periodontal scaling and root planing (cleaning of the surface below the gum line) per quadrant every 36 months is not covered.
33.	Periodontal maintenance procedures are covered in conjunction with or instead of prophylaxes (cleanings). More than two cleanings, or two periodontal maintenance procedures, or one cleaning and one periodontal maintenance procedure every 12 months is not covered. In the absence of benefited comprehensive periodontal therapy, periodontal maintenance procedures are not covered.
34.	Services for any condition covered by worker's compensation law or by any other similar legislation are
35.	Claims submitted more than 365 days following the date of service are not covered.
36.	Services to correct or in conjunction with treatment of congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dental dysplasia, etc.), developmental malformation of teeth, or the restoration of teeth missing prior to the effective date of coverage are not covered.
37.	Any service or supply furnished along with, in preparation for, or as a result of a noncovered service, is
38.	Any service to treat disorders of the joints of the jaw (Temporomandibular joints) is not covered.
39.	Orthodontic services are not covered.



**Applicable ONLY to ConnectiCare Medicare PPO Plans (NOT Indemnity Plans)**

Code ( <sup>1</sup> )	Description of Service	Administrative Guidelines ( <sup>2, 3, 4, 5, 6</sup> )	Covered Under Preventive Plans	Coverage Under Comprehensive Plans	Tooth/Quad/Arch Requirements	Documentation Required
	<b>Diagnostic (Exams or Preventive Oral Exams)</b>					
D0120	Periodic oral evaluation - established patient	One (D0120, D0160 or D0170) every 6 months	Yes	Yes	None	Not Applicable
D0140	Limited oral evaluation - problem focused	3 every 12 months. Not allowed with routine services	Yes	Yes	None	Not Applicable
D0150	Comprehensive oral evaluation - new or established patient	One (D0150 or D0180) every 36 months, per provider or location; Two (D0120, D0150, D0180) every 12 months per provider or location	Yes	Yes	None	Not Applicable
D0160	Detailed and extensive oral evaluation - problem focused, by report	Two (D0120, D0160, D0170) every 12 months	Yes	Yes	None	Not Applicable
D0170	Re-evaluation, limited problem focused	Two (D0120, D0160, D0170) every 12 months	Yes	Yes	None	Not Applicable
D0180	Comprehensive periodontal evaluation - new or established patient	One (D0150 or D0180) every 36 months, per provider or location; Two (D0120, D0150, D0180) every 12 months per provider or location	Yes	Yes	None	Not Applicable
	<b>Radiographs (Dental-X-rays)</b>					
D0210	Intraoral - comprehensive series of radiographic images	One (D0210, D0330 or D0277) every 36 months	Yes	Yes	None	Not Applicable
D0220	Intraoral - periapical first radiographic image		Yes	Yes	None	Not Applicable
D0230	Intraoral - periapical each additional radiographic image		Yes	Yes	None	Not Applicable
D0240	Intraoral - occlusal radiographic image	One every six months, per arch	Yes	Yes	Arch - U/L	Not Applicable
D0270	Bitewing - single radiographic image	One (D0270, D0272, D0273 or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0272	Bitewings - two radiographic images	One (D0270, D0272, D0273 or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0273	Bitewings - three radiographic images	One (D0270, D0272, D0273 or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0274	Bitewings - four radiographic images	One (D0270, D0272, D0273 or D0274) every 6 months	Yes	Yes	None	Not Applicable
D0277	Vertical bitewings - 7 to 8 films	One (D0210, D0330 or D0277) every 36 months	Yes	Yes	None	Not Applicable
D0330	Panoramic radiographic image	One (D0210, D0330 or D0277) every 36 months	Yes	Yes	None	Not Applicable
D0425	Caries Susceptibility Tests	Considered inclusive in all procedures. Patient cannot be charged	Inclusive	Inclusive	None	Not Applicable
D0460	Pulp Vitality Test	Considered inclusive in all procedures. Patient cannot be charged	Inclusive	Inclusive	Tooth - 1-32	Not Applicable
D0470	Diagnostic casts	Considered inclusive in all procedures. Patient cannot be charged	Inclusive	Inclusive	None	Not Applicable
D0601	Caries Risk Assessment And Documentation, With a Finding of Low Risk	Considered inclusive in all procedures. Patient cannot be charged	Inclusive	Inclusive	None	Not Applicable
D0602	Caries Risk Assessment And Documentation, With a Finding of Moderate Risk	Considered inclusive in all procedures. Patient cannot be charged	Inclusive	Inclusive	None	Not Applicable
D0603	Caries Risk Assessment And Documentation, With a Finding of High Risk	Considered inclusive in all procedures. Patient cannot be charged	Inclusive	Inclusive	None	Not Applicable
	<b>Preventive (Cleanings)</b>					
D1110	Prophylaxis - adult	One (D1110, D4346 or D4910) every six months	Yes	Yes	None	Not Applicable
	<b>Fluoride</b>					
D1206	Topical application of fluoride varnish	One (D1206 or D1208) every 6 months up to age 19	Yes	Yes	None	Not Applicable
D1208	Topical application of fluoride	One (D1206 or D1208) every 6 months up to age 19	Yes	Yes	None	Not Applicable
D1330	Oral Hygiene Instruction	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D1999	Unspecified preventive procedures, by report	By Report	No	By Report	None	Not Applicable
	<b>Basic Restorative (Silver Fillings)</b>					
D2140	Amalgam - one surface, primary or permanent	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable



D2150	Amalgam - two surfaces, primary or permanent	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable
D2160	Amalgam - three surfaces, primary or permanent	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable
D2161	Amalgam - four or more surfaces, primary or permanent	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-32, A-T; Surface(s)	Not Applicable
<b>Resin Restorative (White Fillings)</b>						
D2330	Resin-based composite - one surface, anterior	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2331	Resin-based composite - two surfaces, anterior	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2332	Resin-based composite - three surfaces, anterior	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2390	Resin-based composite crown, anterior	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 6-11, 22-27, C-H, M-R; Surface(s)	Not Applicable
D2391	Resin-based composite - one surface, posterior	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable
D2392	Resin-based composite - two surfaces, posterior	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable
D2393	Resin-based composite - three surfaces, posterior	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable



<b>D2394</b>	<b>Resin-based composite - four or more surfaces, posterior</b>	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months. Codes D2140, D2150, D2160, D2161, D2330, D2331, D2332 and D2335 are not allowed once D2390 or other crown service paid	No	Yes	Tooth - 1-5, 12-21, 28-32, A, B, I-L, S, T; Surface(s)	Not Applicable
<b>Inlay/Onlay Restorations</b>						
<b>D2510</b>	<b>Inlay - metallic - 1 surface</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	Not Applicable
<b>D2520</b>	<b>Inlay - metallic - 2 surfaces</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	Not Applicable
<b>D2530</b>	<b>Inlay - metallic - 3+ surfaces</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph

<b>D2542</b>	<b>Onlay - metallic - two surfaces</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
<b>D2543</b>	<b>Onlay - metallic - 3 surfaces</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
<b>D2544</b>	<b>Onlay - metallic - 4+ surfaces</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
<b>D2610</b>	<b>Inlay - porcelain/ceramic - 1 surface</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph

D2620	Inlay - porcelain/ceramic - 2 surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2630	Inlay - porcelain/ceramic - 3+ surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2642	Onlay - porcelain/ceramic - 2 surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2643	Onlay - porcelain/ceramic - 3 surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph

D2644	Onlay - porcelain/ceramic - 4+ surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2650	Inlay - composite/resin - 1 surface	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2651	Inlay - composite/resin - 2 surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2652	Inlay - composite/resin - 3+ surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph

D2662	Onlay - composite/resin - 2 surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2663	Onlay - composite/resin - 3 surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
D2664	Onlay - composite/resin - 4+ surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32; Surface(s)	pre-operative periapical radiograph
<b>Crowns - Single Restoration Only (Crowns means Prosthodontics )</b>						
D2710	Crown - resin-based composite (indirect)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph

D2712	Crown - 3/4 resin-based composite (indirect)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2720	Crown-resin with high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2721	Crown - resin with predominantly base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2722	Crown - resin with noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph

D2740	Crown - porcelain/ceramic	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2750	Crown - porcelain fused to high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2751	Crown - porcelain fused to predominantly base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2752	Crown - porcelain fused to noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph

D2780	Crown - ¾ cast high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2781	Crown - ¾ cast predominantly base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2782	Crown - ¾ cast noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2783	Crown - ¾ porcelain/ceramic	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph



D2790	Crown - full cast high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2791	Crown - full cast predominantly base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2792	Crown - full cast noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
D2794	Crown - titanium	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative periapical radiograph
<b>Major Restoratives (Crowns means Prosthodontics)</b>						
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Once per tooth per 6 months only after 6 months from initial placement	No	Yes	Tooth - 1-32	Not Applicable

D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Once per tooth per 6 months only after 6 months from initial placement	No	Yes	Tooth - 1-32	Not Applicable
D2920	Re-cement or re-bond crown	Once per tooth per 6 months only after 6 months from initial placement	No	Yes	Tooth - 1-32, A-T	Not Applicable
D2931	Prefabricated stainless steel crown permanent tooth	Once per tooth per lifetime. Not to be used as a temporary restoration	No	Yes	Tooth	Not Applicable
D2940	Protective restoration	Once per tooth per lifetime	No	Yes	Tooth - 1-32, A-T	Not Applicable
D2950	Core buildup, including any pins when required	One (D2950, D2952 or D2954) per tooth every 60 months. Not covered when billed with resin or amalgam restoration	No	Yes	Tooth - 1-32	Not Applicable
D2951	Pin retention - per tooth, in addition to restoration	One D2951 per tooth every 60 months when billed with resin or amalgam restoration. If billed separately, D2951 is inclusive with the allowance for D2950, D2952 or D2954.	No	Yes	Tooth - 1-32	Not Applicable
D2952	Cast post and core in addition to crown	One (D2950, D2952 or D2954) per tooth every 60 months. Not covered when billed with resin or amalgam restoration	No	Yes	Tooth - 1-32	Not Applicable
D2953	Each additional cast post - same tooth	One every 60 months per tooth when billed with D2952	No	Yes	Tooth - 1-32	Not Applicable
D2954	Prefabricated post and core in addition to crown	One (D2950, D2952 or D2954) per tooth every 60 months. Not covered when billed with resin or amalgam restoration	No	Yes	Tooth - 1-32	Not Applicable
D2980	Crown repair, by report	Once per tooth per 2 years only after 6 months from initial placement. By Report	No	By Report	Tooth - 1-32	Not Applicable
D2990	Resin infiltration of incipient smooth surface lesions	One restoration (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 or D2990) per tooth, per surface, in 12 months	No	Yes		Not Applicable
D2999	Unspecified restorative procedure, by report	By Report	No	By Report	Tooth - 1-32, A-T	narrative or medical necessity and description of service
<b>Pulpotomy</b>						
D3220	Therapeutic pulpotomy	One (D3220 or D3221) per tooth, per lifetime. Not allowed in conjunction with root canal therapy by same provider/location within 90 days	No	Yes	Tooth - 1-32, A-T	Not Applicable
D3221	Pulpal debridement, primary and permanent teeth	One (D3220 or D3221) per tooth, per lifetime. Not allowed in conjunction with root canal therapy by same provider/location within 90 days	No	Yes	Tooth - 1-32, A-T	Not Applicable
<b>Root Canal Therapy</b>						
D3310	Endodontic therapy, (root canal) anterior tooth	Once per permanent tooth per lifetime	No	Yes	Tooth - 6-11, 22-27	Not Applicable
D3320	Endodontic therapy, (root canal) bicuspid	Once per permanent tooth per lifetime	No	Yes	Tooth - 4, 5, 12, 13, 20, 21, 28, 29	Not Applicable
D3330	Endodontic therapy, (root canal), molar	Once per permanent tooth per lifetime	No	Yes	Tooth - 1-3, 14-19, 30-32	Not Applicable
D3331	Treatment of root canal obstruction; non-surgical access	Not payable as a separate procedure. Inclusive in coverage for all endodontic procedures. Patient may not be charged	No	Inclusive	Tooth - 1-32	Not Applicable
D3346	Retreatment of previous root canal therapy-anterior	Once per permanent tooth per lifetime	No	Yes	Tooth - 6-11, 22-27	Not Applicable
D3347	Retreatment of previous root canal therapy - bicuspid	Once per permanent tooth per lifetime	No	Yes	Tooth - 4, 5, 12, 13, 20, 21, 28, 29	Not Applicable
D3348	Retreatment of previous root canal therapy-molar	Once per permanent tooth per lifetime	No	Yes	Tooth - 1-3, 14-19, 30-32	Not Applicable
<b>Apicoectomy/Periradicular Services</b>						
D3410	Apicoectomy - anterior	Once per permanent tooth per lifetime	No	Yes	Tooth - 6-11, 22-27	Not Applicable
D3421	Apicoectomy - bicuspid (first root)	Once per permanent tooth per lifetime	No	Yes	Tooth - 4, 5, 12, 13, 20, 21, 28, 29	Not Applicable
D3425	Apicoectomy - molar (first root)	Once per permanent tooth per lifetime	No	Yes	Tooth - 1-3, 14-19, 30-32	Not Applicable
D3426	Apicoectomy (each additional root)	Once per permanent tooth per lifetime	No	Yes	Tooth - 1-5, 12-21, 28-32	Not Applicable
D3430	Retrograde filling - per root	Once per permanent tooth per lifetime	No	Yes	Tooth - 1-32	Not Applicable
D3911	Intraorifice barrier (not to be used as a final restoration)	Not payable as a separate procedure. Inclusive in coverage for all endodontic procedures. Patient may not be charged	No	Inclusive	Tooth; Surface	Not Applicable
D3999	Unspecified endodontic procedure, by report	By Report	No	By Report	None	narrative or medical necessity and description of service
<b>Periodontal Surgical Services (including usual postoperative services)</b>						

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	One (D4210 or D4211) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs, perio charting and photographs
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	One (D4210 or D4211) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs, perio charting and photographs
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	One (D4240 or D4241) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	One (D4240 or D4241) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4249	Clinical crown lengthening - hard tissue	Once per permanent tooth per lifetime	No	Yes	Tooth - 1-32	radiographs and perio charting
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	One (D4260 or D4261) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	One (D4260 or D4261) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
<b>Adjunctive Periodontal Services</b>						
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One (D4341 or D4342) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	One (D4341 or D4342) per quadrant per 36 months	No	Yes	Quadrant (LL, LR, UL, UR)	radiographs and perio charting
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Two (D1110, D4346, D4910) every calendar year	No	Yes	None	Not Applicable
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	One per 36 months	No	Yes	None	Not Applicable
<b>Other Periodontal Services</b>						
D4910	Periodontal maintenance procedures	One D4910 every 6 months; Two (D1110, D4346, D4910) every calendar year	No	Yes	None	Not Applicable
D4999	Unspecified periodontal procedure, by report	By Report	No	By Report	None	narrative of medical necessity and description of service
<b>Complete Dentures</b>						
D5110	Complete denture - maxillary	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863 or D5864) every 60 months	No	Yes	Upper Arch (implied)	narrative of medical necessity and description of service
D5120	Complete denture - mandibular	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5130	Immediate denture - maxillary	Once per lifetime	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5140	Immediate denture - mandibular	Once per lifetime	No	Yes	Lower Arch (implied)	pre-operative radiographs
<b>Partial Dentures</b>						
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863 or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5212	Mandibular partial denture - resin base	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5213	Maxillary partial denture - cast metal framework with resin denture bases	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863 or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5214	Mandibular partial denture - cast metal framework with resin denture bases	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5221	Immediate maxillary partial denture resin base	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863 or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs

D5222	Immediate mandibular partial denture - resin base	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863 or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863 or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863 or D5864) every 60 months	No	Yes	None	pre-operative radiographs
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) every 60 months	No	Yes	None	pre-operative radiographs
	<b>Adjustments of Removable Prostheses</b>					
D5410	Adjust complete denture - maxillary	One adjustment per arch per 12 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5411	Adjust complete denture - mandibular	One adjustment per arch per 12 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5421	Adjust partial denture - maxillary	One adjustment per arch per 12 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5422	Adjust partial denture - mandibular	One adjustment per arch per 12 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
	<b>Repairs to Complete Dentures</b>					
D5511	Repair broken complete denture base, mandibular	Once per arch per 12 months (after 12 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5512	Repair broken complete denture base, maxillary	Once per arch per 12 months (after 12 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5520	replace missing or broken teeth - complete denture (each tooth)	Once per tooth per 12 months (after 12 months from initial placement)	No	Yes	Tooth - 1-32	Not Applicable
D5611	Repair resin denture base, mandibular	Once per arch per 12 months	No	Yes	Lower Arch (implied)	Not Applicable
D5612	Repair resin denture base, maxillary	Once per arch per 12 months	No	Yes	Upper Arch (implied)	Not Applicable
D5621	Repair cast framework, mandibular	Once per arch per 12 months	No	Yes	Lower Arch (implied)	Not Applicable
D5622	Repair cast framework, maxillary	Once per arch per 12 months	No	Yes	Upper Arch (implied)	Not Applicable
D5630	Repair or replace broken clasp - per tooth	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
D5640	Replace broken teeth - per tooth	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
D5650	Add tooth to existing partial denture	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
D5660	Add clasp to existing partial denture - per tooth	Once per tooth per 12 months	No	Yes	Tooth - 1-32	Not Applicable
	<b>Denture Rebase Procedures</b>					
D5710	Rebase complete maxillary denture	One upper rebase or reline (D5710, D5725, D5730 or D5750) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5711	Rebase complete mandibular denture	One lower rebase or reline (D5711, D5725, D5731, or D5751) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5720	Rebase maxillary partial denture	One upper rebase or reline (D5720, D5725, D5740, or D5760) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5721	Rebase mandibular partial denture	One lower rebase or reline (D5721, D5725, D5741, or D5761) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5725	Rebase hybrid prosthesis	One rebase or reline (D5721, D5725, D5741, D5761) per 36 months (after 6 months from initial placement)	No	Yes	None	Not Applicable
	<b>Denture Reline Procedures</b>					
D5730	Reline complete maxillary denture (chairside)	One upper rebase or reline (D5710, D5730, D5750, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5731	Reline complete mandibular denture (chairside)	One lower rebase or reline (D5711, D5731, D5751, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5740	Reline maxillary partial denture (chairside)	One upper rebase or reline (D5720, D5740, D5760, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable

D5741	Reline mandibular partial denture (chairside)	One lower rebase or reline (D5721, D5741, D5761, or D5765) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5750	Reline complete maxillary denture (laboratory)	One upper rebase or reline (D5710, D5730, D5750, D5765) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5751	Reline complete mandibular denture (laboratory)	One lower rebase or reline (D5711, D5731, D5751, D5765) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5760	Reline maxillary partial denture (laboratory)	One upper rebase or reline (D5720, D5740, D5760, D5765) per 36 months (after 6 months from initial placement)	No	Yes	Upper Arch (implied)	Not Applicable
D5761	Reline mandibular partial denture (laboratory)	One lower rebase or reline (D5721, D5741, D5761, D5765) per 36 months (after 6 months from initial placement)	No	Yes	Lower Arch (implied)	Not Applicable
D5765	Soft liner for complete or partial removable denture - indirect	One rebase or reline (D5721, D5741, D5761, D5765) per 36 months (after 6 months from initial placement)	No	Yes	None	Not Applicable
<b>Other Removable Prosthetic Services</b>						
D5850	Tissue conditioning, maxillary	Only allowed in conjunction with fabrication of new denture. Not allowed for 5 years from delivery of a new denture	No	Yes	Upper Arch (implied)	Not Applicable
D5851	Tissue conditioning, mandibular	Only allowed in conjunction with fabrication of new denture. Not allowed for 5 years from delivery of a new denture	No	Yes	Lower Arch (implied)	Not Applicable
D5863	Overdenture - complete maxillary	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs and narrative
D5864	Overdenture - partial maxillary	One upper denture (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, or D5864) every 60 months	No	Yes	Upper Arch (implied)	pre-operative radiographs and narrative
D5865	Overdenture - complete mandibular	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs and narrative
D5866	Overdenture - partial mandibular	One lower denture (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, or D5866) every 60 months	No	Yes	Lower Arch (implied)	pre-operative radiographs and narrative
D5876	Add metal substructure to acrylic full denture (per arch)	Only allowed on the same date of service as D5110, D5120, D5130, or D5140	No	Yes	Arch - U/L	pre-operative radiographs
D5899	Unspecified removable prosthodontic procedure, by report	By Report	No	By Report	None	narrative of medical necessity and description of service
D5999	Unspecified maxillofacial prosthesis, by report	By Report	No	By Report	None	narrative of medical necessity and description of service
<b>Dental Implant Services</b>						
D6010	Surgical placement of implant body: endosteal implant	One implant (D6010 or D6013) every 60 months per tooth	No	Yes	Tooth - 1-32	full mouth x-rays
D6013	Surgical placement of mini implant	One implant (D6010 or D6013) every 60 months per tooth	No	Yes	Tooth - 1-32	full mouth x-rays
D6058	Abutment supported porcelain/ceramic crown	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays

D6059	Abutment supported porcelain fused to metal crown (high noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6061	Abutment supported porcelain fused to metal crown (noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6062	Abutment supported cast metal crown (high noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays



D6063	Abutment supported cast metal crown (base metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6064	Abutment supported cast metal crown (noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6065	Implant supported porcelain/ceramic crown	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays

D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture (FPD)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (FPD) (high noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (FPD) (predominantly base metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays



D6071	<b>Abutment supported retainer for porcelain fused to metal fixed partial denture (FPD) (noble metal)</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6072	<b>Abutment supported retainer for cast metal fixed partial denture (FPD) (high noble metal)</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6073	<b>Abutment supported retainer for cast metal fixed partial denture (FPD) (predominantly base metal)</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6074	<b>Abutment supported retainer for cast metal fixed partial denture (FPD) (noble metal)</b>	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays

D6075	Implant supported retainer for ceramic fixed partial denture (FPD)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (FPD) (titanium, titanium alloy, or high noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6077	Implant supported retainer for cast metal fixed partial denture (FPD) (titanium, titanium alloy, or high noble metal)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
D6090	Repair implant prosthesis	Once per tooth per 24 months only after 6 months from initial placement	No	Yes	Tooth - 1-32	Not Applicable
D6092	Re-cement or re-bond implant/abutment supported crown	Once per tooth per 6 months only after 6 months from initial placement	No	Yes	Tooth - 1-32	Not Applicable
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Once per tooth per 6 months only after 6 months from initial placement	No	Yes	None	Not Applicable

D6094	Abutment supported crown - (titanium)	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	full mouth x-rays
<b>Fixed Partial Denture Pontics</b>						
D6205	Pontic - indirect resin based composite	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6210	Pontic - cast high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6211	Pontic - cast predominantly base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6212	Pontic - cast noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6214	Pontic - titanium	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6240	Pontic - porcelain fused-high noble	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6241	Pontic - porcelain fused to base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6242	Pontic - porcelain fused-noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6245	Substrate, pontic - porcelain/ceramic	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6250	Pontic - resin with high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6251	Pontic - resin with base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6252	Pontic - resin with noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>Fixed Partial Denture Retainers</b>						
D6545	Retainer - cast metal for resin bonded fixed prosthesis	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6548	Resin retainer - porcelain/ceramic for resin bonded fixed prosthesis	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6549	Resin retainer - For resin bonded fixed prosthesis	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6602	Retainer inlay - noble metal, two surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6603	Retainer inlay - noble metal, three or more surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6604	Retainer inlay - base metal, two surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6605	Retainer inlay - base metal, three or more surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6606	Retainer inlay - cast noble metal, two surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6607	Retainer inlay - cast noble metal, three or more surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6608	Retainer onlay - porcelain/ceramic, two surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs



D6610	Retainer onlay - cast high noble metal, two surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6611	Retainer onlay - cast high noble metal, three or more surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6612	Retainer onlay - cast predominantly base metal, two surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6614	Retainer onlay - cast noble metal, two surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6615	Retainer onlay - cast noble metal, three or more surfaces	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6624	Retainer inlay - titanium	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6634	Retainer onlay - titanium	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6710	Retainer crown - indirect resin based composite	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>Fixed Partial Denture Retainers Crowns</b>						
D6720	Retainer crown - resin with high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6721	Retainer crown - resin with predominatly base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6722	Retainer crown - resin with noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6740	Retainer crown – porcelain/ceramic	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6750	Retainer crown - porcelain fused high noble	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6751	Retainer crown - porcelain fused to metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6752	Retainer crown - porcelain fused noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6780	Retainer crown - ¾ cast high noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6781	Retainer crown - ¾ cast high predominantly base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6782	Retainer crown - ¾ cast noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6790	Retainer crown - full cast high noble	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs

D6791	Retainer crown - full cast base metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6792	Retainer crown - full cast noble metal	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6793	Provisional retainer crown	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
D6794	Retainer crown - titanium	One inlay, onlay, standard crown, implant crown, bridge abutment or pontic (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, or D6794) every 60 months	No	Yes	Tooth - 1-32	pre-operative radiographs
<b>Other Fixed Partial Denture Services</b>						
D6930	Re-cement or re-bond fixed partial denture	Once per 6 months per tooth (after 6 months from placement)	No	Yes	Tooth - 1-32	Not Applicable

D6980	Fixed partial denture repair	Once per 6 months per tooth (after 6 months from placement)	No	Yes	Tooth - 1-32	Not Applicable
D6999	Fixed prosthodontic procedure, by report	By Report	No	By Report	None	narrative of medical necessity and description of service
<b>Oral and Maxillofacial Surgery (Oral Surgery or Extractions)</b>						
D7140	Extraction, erupted tooth or exposed root	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	Not Applicable
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7220	Removal of impacted tooth-soft tissue	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7230	Removal of impacted tooth-partially bony	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7240	Removal of impacted tooth-completely bony	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7250	Surgical removal of residual tooth roots (cutting procedure)	Once per tooth per lifetime. Not allowed by original treating provider	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
D7251	Coronectomy	Once per tooth per lifetime	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	pre-operative radiographs
<b>Other Surgical Procedures</b>						
D7260	Oroantral fistula closure	One (D7260 or D7261) per lifetime	No	Yes	Tooth - 1-32	Not Applicable
D7261	Primary closure of a sinus perforation	One (D7260 or D7261) per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	Not Applicable
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)		No	Yes	Tooth - 1-32	Not Applicable
D7286	Incisional biopsy of oral tissue-soft		No	Yes	Tooth - 1-32	Not Applicable
<b>Alveoloplasty - Surgical Preparation of Ridge for Dentures</b>						
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One (D7310 or D7311) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One (D7310 or D7311) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One (D7320 or D7321) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One (D7320 or D7321) per quadrant per lifetime	No	Yes	Quadrant - LL/LR/UL/UR	pre-operative radiographs
<b>Vestibuloplasty</b>						
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	One (D7340 or D7350) per arch per lifetime	No	Yes	Arch - U/L	Not Applicable
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	One (D7340 or D7350) per arch per lifetime	No	Yes	Arch - U/L	Not Applicable
<b>Surgical Excision of Reactive Inflammatory Lesions</b>						
D7410	Excision of benign lesion diameter up to 1.25cm		No	Yes	None	narrative of medical necessity and description of service
D7411	Excision of benign lesion greater than 1.25 cm		No	Yes	Tooth - 1-32	narrative of medical necessity and description of service
D7440	Excision of malignant tumor - lesion diameter up to 1.25cm	Submit pathology report to medical. Procedure is not covered within the scope of the dental plan.	No	No	None	narrative of medical necessity and description of service
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	Submit pathology report to medical. Procedure is not covered within the scope of the dental plan.	No	No	None	narrative of medical necessity and description of service

D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm		No	Yes	Tooth - 1-32	narrative of medical necessity and description of service
D7451	Removal of benign odontogenic cyst or tumor - lesion greater than 1.25cm		No	Yes	None	narrative of medical necessity and description of service
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm		No	Yes	Quadrant - LL/LR/UL/UR	narrative of medical necessity and description of service
D7461	Removal of benign nonodontogenic cyst or tumor - lesion greater than 1.25cm		No	Yes	Quadrant - LL/LR/UL/UR	narrative of medical necessity and description of service
D7471	Removal of lateral exostosis - per site	2 per arch per lifetime, regardless of the provider	No	Yes	Arch - U/L	narrative of medical necessity and description of service
D7472	Removal of torus palatinus	Once per lifetime, regardless of provider	No	Yes	None	narrative of medical necessity and description of service
D7473	Removal of torus mandibularis	2 per lifetime, regardless of provider	No	Yes	None	narrative of medical necessity and description of service
D7485	Surgical reduction of osseous tuberosity	2 per lifetime, regardless of provider	No	Yes	None	narrative of medical necessity and description of service
<b>Surgical Incision</b>						
D7509	Marsupialization	Once per site per lifetime	No	Yes	None	narrative of medical necessity and description of service
D7510	Incision and drainage of abscess - intraoral soft tissue	Not payable on the same date of service as root canal or associated surgical procedure	No	Yes	Tooth - 1-32, 51-82, A-T, AS-TS	Not Applicable
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	By Report	No	By Report	Tooth - 1-32	narrative of medical necessity and description of service
D7520	Incision and drainage of abscess - extraoral soft tissue	Not payable on the same date of service as root canal or associated surgical procedure	No	Yes	None	Not Applicable
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not payable on the same date of service as root canal or associated surgical procedure	No	Yes	None	Not Applicable
<b>Other Repair Procedures</b>						
D7963	Frenuloplasty	One (D7963 or D7960) per arch per lifetime	No	Yes	None	narrative and photographs
D7970	Excision of hyperplastic tissue - per arch	Once per arch per lifetime	No	Yes	Per Arch (01, 02, LA, UA)	narrative, radiographs and photographs
D7971	Excision of pericoronal gingiva	Once per tooth per lifetime	No	Yes	Tooth - 1-32	narrative, radiographs and photographs
D7999	Unspecified oral surgery procedure, by report	By Report	No	By Report	None	narrative of medical necessity and description of service
<b>Adjunctive General Services ("Emergency Services")</b>						
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Limited to two (2) per provider per incident. Not allowed with any other services other than radiographs	No	Yes	None	Not Applicable
<b>Anesthesia</b>						
D9210	Local anesthesia not in conjunction with operative or surgical procedure	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D9211	Regional block anesthesia	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D9212	Trigeminal division block anesthesia	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable
D9215	Local anesthesia	Considered inclusive in all procedures. Patient cannot be charged	No	Inclusive	None	Not Applicable



D9222	Deep Sedation/general anesthesia - first 15 minutes	One per date of service. Not allowed with another type of anesthesia (D9239, D9243) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	3 per date of service. Not allowed with another type of anesthesia (D9239, D9243) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	One per date of service. Not allowed with another type of anesthesia (D9222, D9223, D9239, D9243, D9248) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)
D9239	Intravenous moderate (conscious)	One per date of service. Not allowed with (D9222, D9223) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)
D9243	Intravenous moderate (conscious) sedation/analgesia	3 per date of service. Not allowed with another type of anesthesia (D9222, D9223) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)
D9248	Non-intravenous moderate (conscious) sedation	One per date of service. Not allowed with another type of anesthesia (D9222, D9223, D9230, D9239, D9243) on the same day	No	Yes	None	narrative treatment record (including anesthesia records)
<b>Professional Consultation</b>						
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	One per provider or location per year. Not allowed with another exam (D0120, D0140, D0150, D0160, D0170, or D0180) by same provider or location	No	Yes	None	Not Applicable
<b>Professional Visits</b>						
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Once every three months	Yes	Yes	None	Not Applicable
<b>Miscellaneous Services</b>						
D9951	Occlusal adjustment - limited	Not payable on same date of service as related services. Procedure considered "inclusive" in other related services. When this occurs, patient cannot be billed for service. If payable, one per 60 months	No	Yes	Tooth - 1-32	narrative of medical necessity and description of service
D9952	Occlusal adjustment - complete	One of (D9950 or D9952) per 60 months. By Report. Not payable on same date of service as related services.	No	By Report	None	narrative of medical necessity and description of service
D9995	Teledentistry - synchronous; real time encounter	Considered inclusive in all procedures. Patient cannot be charged.	Inclusive	Inclusive	None	Not Applicable

<sup>1</sup> ANY PROCEDURE CODES NOT LISTED, WILL NOT BE COVERED UNDER EITHER THE PREVENTIVE OR COMPREHENSIVE PLANS.  
<sup>2</sup> COVERAGE DECISIONS ARE GOVERNED BY ADMINISTRATIVE GUIDELINES.  
<sup>3</sup> ALL COVERAGE GUIDELINES ARE SUBJECT TO PROFESSIONAL (MEDICAL/DENTAL) REVIEW.  
<sup>4</sup> SEE YOUR PLANS "DENTAL EXCLUSIONS AND LIMITATIONS"  
<sup>5</sup> ALL PROCEDURES INDICATED AS "BY REPORT" WILL BE INDIVIDUALLY EVALUATED BASED ON SUBMISSION OF NECESSARY SUPPORTING DOCUMENTATION (e.g. narrative of medical necessity, pre-op x-ray(s), etc.). COVERAGE IS NOT GUARANTEED.  
<sup>6</sup> PRE-AUTHORIZATION IS RECOMMENDED FOR SERVICES. FREQUENCIES AND OTHER LIMITATIONS MAY APPLY.