

Code	Description	Limitations	Procedure codes that code will limit against
	Diagnostic /Evals	D0100 - D0999	
	Clinical Oral Evaluations Codes		
D0120	periodic oral evaluation	2 per year	D0120,D0150
D0140	limited oral evaluation - problem focused	1 per year	D0140
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	N/C-Non-Covered Expense	1 in 36 mths--D0145, D0150, D0160, D0180
D0150	comprehensive oral evaluation - new or established patient	2 per year	Same as D0120
D0160	detailed and extensive oral evaluation - problem focused, by report	1 in 36 mths	D0160, D0180
D0170	re-evaluation - limited, problem focused (established patient; not post-operative)	N/C-Non-Covered Expense	
D0171	re-evaluation – post-operative office visit	N/C-Non-Covered Expense	
D0180	comprehensive periodontal evaluation - new or established patient	1 in 36 mths	Same as D0160
D0190	screening of a patient	N/C-Non-Covered Expense	
D0191	assessment of a patient	N/C-Non-Covered Expense	
	Radiographs/Diagnostic Imaging Codes		
D0210	intraoral – comprehensive series of radiographic images	1 per 36 mths Deny bitewings filed with same DOS	D0210 , D0330
D0220	intraoral - periapical first film		
D0230	intraoral - periapical each additional film		
D0240	intraoral - occlusal film	N/C--TMJ Related	
D0250	extraoral - first film	N/C--Unnecessary or Special Technique	

D0251	extra-oral posterior dental radiographic image	N/C-Non-Covered Expense	
D0270	bitewing - single film	1 per year limited to four films in any 12-month period; all films must be taken on the same date of service. Deny if filed with same DOS as full mouth series and/or PAN	D0270, D0272,D0273, D0274, D0277
D0272	bitewings - two films	1 per year limited to four films in any 12-month period; all films must be taken on the same date of service. Deny if filed with same DOS as full mouth series and/or PAN	Same as D0270
D0273	bitewings - three films	1 per year limited to four films in any 12-month period; all films must be taken on the same date of service. Deny if filed with same DOS as full mouth series and/or PAN	Same as D0270

D0274	bitewings - four films	1 per year limited to four films in any 12-month period; all films must be taken on the same date of service. Deny if filed with same DOS as full mouth series and/or PAN	Same as D0270
D0277	vertical bitewings - 7 to 8 films	1 per year limited to four films in any 12-month period; all films must be taken on the same date of service. Deny if filed with same DOS as full mouth series and/or PAN	Standard is up to 4 films on the same date of service. Same as D0270
D0310	sialography	N/C-Non-Covered Expense	
D0320	temporomandibular joint arthrogram, including injection	N/C-Non-Covered Expense	
D0321	other tmj films, by report	N/C-Non-Covered Expense	
D0322	tomographic survey	N/C-Non-Covered Expense	
D0330	panoramic film	1 per 36 mths	D0210 , D0330
D0340	cephalometric film	N/C-Non-Covered Expense	
D0350	oral/facial photographic images	N/C-Non-Covered Expense	
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	N/C-Non-Covered Expense	

D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	N/C-Non-Covered Expense	
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	N/C-Non-Covered Expense	
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	N/C-Non-Covered Expense	
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	N/C-Non-Covered Expense	
D0369	maxillofacial MRI capture and interpretation	N/C-Non-Covered Expense	
D0370	maxillofacial ultrasound capture and interpretation	N/C-Non-Covered Expense	
D0371	sialoendoscopy capture and interpretation	N/C-Non-Covered Expense	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	N/C-Non-Covered Expense	
D0373	intraoral tomosynthesis – bitewing radiographic image	N/C-Non-Covered Expense	
D0374	intraoral tomosynthesis – periapical radiographic image	N/C-Non-Covered Expense	
D0380	cone beam CT image capture with limited field of view – less than one whole jaw	N/C-Non-Covered Expense	
D0381	cone beam CT image capture with field of view of one full dental arch – mandible	N/C-Non-Covered Expense	

D0382	cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	N/C-Non-Covered Expense	
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	N/C-Non-Covered Expense	
D0384	cone beam CT image capture for TMJ series including two or more exposures	N/C-Non-Covered Expense	
D0385	maxillofacial MRI image capture	N/C-Non-Covered Expense	
D0386	maxillofacial ultrasound image capture	N/C-Non-Covered Expense	
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	N/C-Non-Covered Expense	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	N/C-Non-Covered Expense	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	N/C-Non-Covered Expense	
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	N/C-Non-Covered Expense	
D0393	virtual treatment simulation using 3D image volume or surface scan	N/C-Non-Covered Expense	
D0394	digital subtraction of two or more images or image volumes of the same modality	N/C-Non-Covered Expense	
D0395	fusion of two or more 3D image volumes of one or more modalities	N/C-Non-Covered Expense	
	Tests and Examinations Codes		
D0411	HbA1c in-office point of service testing	N/C-Non-Covered Expense	

D0412	blood glucose level test – in-office using a glucose meter	N/C-Non-Covered Expense	
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	N/C-Non-Covered Expense	
D0415	collection of microorganisms for culture and sensitivity	N/C-Non-Covered Expense	
D0416	viral culture	N/C-Non-Covered Expense	
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	N/C-Non-Covered Expense	
D0418	analysis of saliva sample	N/C-Non-Covered Expense	
D0419	assessment of salivary flow by measurement	N/C-Non-Covered Expense	
D0422	collection and preparation of genetic sample material for laboratory analysis and report	N/C-Non-Covered Expense	
D0423	genetic test for susceptibility to diseases – specimen analysis	N/C-Non-Covered Expense	
D0425	caries susceptibility tests	N/C-Non-Covered Expense	
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	N/C-Non-Covered Expense	
D0460	pulp vitality tests	N/C-Non-Covered Expense	
D0470	diagnostic casts	N/C-Non-Covered Expense	
Oral Pathology Laboratory Codes			
D0472	accession of tissue, gross examination	N/C-Non-Covered Expense	
D0473	accession of tissue, gross and microscopic examination	N/C-Non-Covered Expense	

D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease	N/C-Non-Covered Expense	
D0475	decalcification procedure	N/C-Non-Covered Expense	
D0476	special stains for microorganisms	N/C-Non-Covered Expense	
D0477	special stains, not for microorganisms	N/C-Non-Covered Expense	
D0478	immunohistochemical stains	N/C-Non-Covered Expense	
D0479	tissue in-situ hybridization, including interpretation	N/C-Non-Covered Expense	
D0480	processing and interpretation of exfoliative cytologic smears, including the preparation and transmission of written report	N/C-Non-Covered Expense	
D0481	electron microscopy - diagnostic	N/C-Non-Covered Expense	
D0482	direct immunofluorescence	N/C-Non-Covered Expense	
D0483	indirect immunofluorescence	N/C-Non-Covered Expense	
D0484	consultation on slides prepared elsewhere	N/C-Non-Covered Expense	
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	N/C-Non-Covered Expense	
D0486	Laboratory accession of transpithelial cytologic sample, microscopic examination, preparation and transmission of written report	N/C-Non-Covered Expense	

D0502	other oral pathology procedures, by report	N/C-Non-Covered Expense	
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	N/C-Non-Covered Expense	
D0601	caries risk assessment and documentation, with a finding of low risk	N/C-Non-Covered Expense	
D0602	caries risk assessment and documentation, with a finding of moderate risk	N/C-Non-Covered Expense	
D0603	caries risk assessment and documentation, with a finding of high risk	N/C-Non-Covered Expense	
D0701	panoramic radiographic image - image capture only	N/C-Non-Covered Expense	
D0702	2-D cephalometric radiographic image obtained intra-orally or extra-orally - image capture only	N/C-Non-Covered Expense	
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	N/C-Non-Covered Expense	
D0705	extra-oral posterior dental radiographic image – image capture only	N/C-Non-Covered Expense	
D0706	intraoral – occlusal radiographic image – image capture only	N/C-Non-Covered Expense	
D0707	intraoral – periapical radiographic image – image capture only	N/C-Non-Covered Expense	
D0708	intraoral – bitewing radiographic image – image capture only	N/C-Non-Covered Expense	
D0709	intraoral – comprehensive series of radiographic images – image capture only	N/C-Non-Covered Expense	

D0801	3D dental surface scan – direct	N/C-Non-Covered Expense	
D0802	3D dental surface scan – indirect	N/C-Non-Covered Expense	
D0803	3D facial surface scan – direct	N/C-Non-Covered Expense	
D0804	3D facial surface scan – indirect	N/C-Non-Covered Expense	
D0999	unspecified diagnostic procedure, by report	UM review if medically necessary	
	Preventive	D1000 - D1999	
D1110	prophylaxis - adult	2 per year	D1110, D1120, D4910 and D4346
D1120	prophylaxis - child	2 per year	Same as D1110
	Topical Fluoride Treatment Codes		
D1206	topical fluoride varnish; therapeutic application for moderate to high caries risk patients	N/C-Non-Covered Expense	D1206/D1208 (Deleted D1203/D1204)
D1208	topical application of fluoride	N/C-Non-Covered Expense	Same as D1206
	Other Preventive Services Codes		
D1310	nutritional counseling for control of dental disease	N/C--Sealants and/or Dietary Instructions	
D1320	tobacco counseling for the control and prevention of oral disease	N/C--Sealants and/or Dietary Instructions	
D1330	oral hygiene instructions	N/C--Sealants and/or Dietary Instructions	
D1351	sealant - per tooth	N/C-Non-Covered Expense	D1351,D1352, D2990
D1352	preventive resin restoration	N/C-Non-Covered Expense	Same as D1351
D1353	sealant repair – per tooth	N/C-Non-Covered Expense	

D1354	interim caries arresting medicament application	N/C-Non-Covered Expense	
	Space Maintenance Codes		
D1510	space maintainer - fixed - unilateral - per quadrant	N/C-Non-Covered Expense	
D1516	space maintainer – fixed – bilateral, maxillary	N/C-Non-Covered Expense	
D1517	space maintainer – fixed – bilateral, mandibular	N/C-Non-Covered Expense	
D1520	space maintainer - removable - unilateral - per quadrant	N/C-Non-Covered Expense	
D1526	space maintainer – removable – bilateral, maxillary	N/C-Non-Covered Expense	
D1527	space maintainer – removable – bilateral, mandibular	N/C-Non-Covered Expense	
D1551	re-cement or re-bond bilateral space maintainer - maxillary	N/C-Non-Covered Expense	(Deleted D1550) D1551, D1552, D1553
D1552	re-cement or re-bond bilateral space maintainer - mandibular	N/C-Non-Covered Expense	Same as D1551
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	N/C-Non-Covered Expense	Same as D1551
D1556	removal of fixed unilateral space maintainer - per quadrant	N/C-Non-Covered Expense	
D1557	removal of fixed bilateral space maintainer- maxillary	N/C-Non-Covered Expense	
D1558	removal of fixed bilateral space maintainer - mandibular	N/C-Non-Covered Expense	
D1575	distal shoe space maintainer – fixed – unilateral- per quadrant	N/C-Non-Covered Expense	
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	N/C-Non-Covered Expense	
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	N/C-Non-Covered Expense	

D1710	Moderna Covid-19 vaccine administration – third dose	N/C-Non-Covered Expense	
D1711	Moderna Covid-19 vaccine administration – booster dose	N/C-Non-Covered Expense	
D1712	Janssen Covid-19 vaccine administration - booster dose	N/C-Non-Covered Expense	
D1713	Pfizer-BIONTECH Covid-19 vaccine administration tris-sucrose pediatric – first dose	N/C-Non-Covered Expense	
D1714	Pfizer-BIONTECH Covid-19 vaccine administration tris-sucrose pediatric – second dose	N/C-Non-Covered Expense	
D1781	vaccine administration – human papillomavirus – Dose 1	N/C-Non-Covered Expense	
D1782	vaccine administration – human papillomavirus – Dose 2	N/C-Non-Covered Expense	
D1783	vaccine administration – human papillomavirus – Dose 3	N/C-Non-Covered Expense	
D1999	unspecified preventive procedure, by report	Set to Deny--Route for UM review if medically necessary	
	Restorative	D2140 - D2394	
D2140	amalgam - one surface, primary or permanent	1 per surface every year	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394
D2150	amalgam - two surfaces, primary or permanent	1 per surface every year	Same as D2140
D2160	amalgam - three surfaces, primary or permanent	1 per surface every year	Same as D2140
D2161	amalgam - four or more surfaces, primary or permanent	1 per surface every year	Same as D2140
D2330	resin-based composite - one surface, anterior	1 per surface every year	Same as D2140
D2331	resin-based composite - two surfaces, anterior	1 per surface every year	Same as D2140
D2332	resin-based composite - three surfaces, anterior	1 per surface every year	Same as D2140

D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	1 per surface every year	Same as D2140
D2390	resin-based composite crown, anterior	1 per 5 years No age limits should apply Allowed on anterior teeth only (6-11, 22-27, C-H ,M-R)	D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2791, D2792, D2794, D2960, D2961, D2971, D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6243, D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6782, D6783, D6784, D6790, D6791, D6792, D6794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6205, D6210, D6211, D6212, D6214, D6240, D6242, D6245, D6250, D6251, D6252
D2391	resin-based composite - one surface, posterior	1 per surface every year	Same as D2140
D2392	resin-based composite - two surfaces, posterior	1 per surface every year	Same as D2140
D2393	resin-based composite - three surfaces, posterior	1 per surface every year	Same as D2140
D2394	resin-based composite - four or more surfaces, posterior	1 per surface every year	Same as D2140
D2410	gold foil - one surface	N/C--Gold Foil Procedure	
D2420	gold foil - two surfaces	N/C--Gold Foil Procedure	
D2430	gold foil - three surfaces	N/C--Gold Foil Procedure	

D2510	inlay - metallic - one surface	1 per 5 years Age 12 and Above	D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2791, D2792, D2794, D2960, D2961, D2971, D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6243, D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6782, D6783, D6784, D6790, D6791, D6792, D6794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6205, D6210, D6211, D6212, D6214, D6240, D6242, D6245, D6250, D6251, D6252
D2520	inlay - metallic - two surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2530	inlay - metallic - three or more surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2542	onlay - metallic-two surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2543	onlay - metallic-three surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2544	onlay - metallic-four or more surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2610	inlay - porcelain/ceramic - one surface	1 per 5 years Age 12 and Above	Same as D2510
D2620	inlay - porcelain/ceramic - two surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2630	inlay - porcelain/ceramic - three or more surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2642	onlay - porcelain/ceramic - two surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2643	onlay - porcelain/ceramic - three surfaces	1 per 5 years Age 12 and Above	Same as D2510

D2644	onlay - porcelain/ceramic - four or more surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2650	inlay - resin-based composite - one surface	1 per 5 years Age 12 and Above	Same as D2510
D2651	inlay - resin-based composite - two surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2652	inlay - resin-based composite - three or more surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2662	onlay - resin-based composite - two surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2663	onlay - resin-based composite - three surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2664	onlay - resin-based composite - four or more surfaces	1 per 5 years Age 12 and Above	Same as D2510
D2710	crown - resin-based composite (indirect)	1 per 5 years Age 12 and Above	Same as D2510
D2712	crown - $\frac{3}{4}$ resin-based composite (indirect)	1 per 5 years Age 12 and Above	Same as D2510
D2720	crown - resin with high noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2721	crown - resin with predominantly base metal	1 per 5 years Age 12 and Above	Same as D2510
D2722	crown - resin with noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2740	crown - porcelain/ceramic substrate	1 per 5 years Age 12 and Above	Same as D2510
D2750	crown - porcelain fused to high noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2751	crown - porcelain fused to predominantly base metal	1 per 5 years Age 12 and Above	Same as D2510
D2752	crown - porcelain fused to noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2753	crown - porcelain fused to titanium and titanium alloys	1 per 5 years Age 12 and Above	Same as D2510

D2780	crown - 3/4 cast high noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2781	crown - 3/4 cast predominantly base metal	1 per 5 years Age 12 and Above	Same as D2510
D2782	crown - 3/4 cast noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2783	crown - 3/4 porcelain/ceramic	1 per 5 years Age 12 and Above	Same as D2510
D2790	crown - full cast high noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2791	crown - full cast predominantly base metal	1 per 5 years Age 12 and Above	Same as D2510
D2792	crown - full cast noble metal	1 per 5 years Age 12 and Above	Same as D2510
D2794	crown - titanium and titanium alloys	1 per 5 years Age 12 and Above	Same as D2510
D2799	provisional crown	N/C--Temporary crowns are not covered	
D2910	recement inlay, onlay, or partial coverage restoration	Cannot be performed within 12 mths of initial placement Age 12 and Above	Cannot be performed within 12 mths of D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634
D2915	recement cast or prefabricated post and core	Cannot be performed within 12 mths of initial placement Age 12 and Above	Cannot be performed within 12 mths of D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6782, D6783, D6790, D6791, D6792, D6794, D6205, D6210, D6211, D6212, D6214, D6240, D6242, D6245, D6250, D6251, D6252

D2920	recement crown	Cannot be performed within 12 mths of initial placement No age limit	Cannot be performed within 12 mths of initial placement D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2791, D2792, D2794, D2960, D2961, D2962, D2971, D2930, D2931, D2932, D2933, D2394
D2921	reattachment of tooth fragment, incisal edge or cusp	N/C-Non-Covered Expense	
D2929	prefabricated porcelain/ceramic crown – primary tooth	Covered on primary anterior teeth (C-H & M-R) 1 per 36 mths	D2929, D2930, D2931, D2932, D2933, D2934
D2930	prefabricated stainless steel crown - primary tooth	1 per 36 mths	Same as D2929
D2931	prefabricated stainless steel crown - permanent tooth	1 per 36 mths	Same as D2929
D2932	prefabricated resin crown	Covered on primary anterior teeth (C-H & M-R) and permanent anterior teeth (6-11, 22-27) 1 per 36 mths	Same as D2929
D2933	prefabricated stainless steel crown with resin window	Alternate allowance for D2930 1 per 36 mths Primary teeth only	Same as D2929
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	Alternate allowance for D2930 1 per 36 mths Primary teeth only	Same as D2929
D2940	protective resin (revision from sedative filling)	N/C-Non-Covered Expense	
D2941	interim therapeutic restoration – primary dentition	N/C-Non-Covered Expense	
D2949	restorative foundation for an indirect restoration	N/C-Non-Covered Expense	

D2950	core buildup, including any pins	1 per 5 years Age 12 and Above	D2950
D2951	pin retention - per tooth, in addition to restoration	1 per 5 years Age 12 and Above	D2951
D2952	cast post and core in addition to crown	1 per 5 years Age 12 and Above	1 in 60 months D2952, D295
D2953	each additional cast post - same tooth	1 per 5 years Age 12 and Above	D2952, D2953, D2954
D2954	prefabricated post and core in addition to crown	1 per 5 years Age 12 and Above	1 in 60 months D2952, D2954
D2955	post removal (not in conjunction with endodontic therapy)	1 per 5 years Age 12 and Above	D2955
D2957	each additional prefabricated post - same tooth	1 per 5 years Age 12 and Above	D2952, D2953, D2954
D2960	labial veneer (resin laminate) - chairside	1 per 5 years Age 12 and above Allowed on anterior teeth only (6-11, 22-27)	D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2960, D2961, D2971, D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6243, D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6782, D6783, D6784, D6790, D6791, D6792, D6794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6205, D6210, D6211, D6212, D6214, D6240, D6242, D6245, D6250, D6251, D6252
D2961	labial veneer (resin laminate) - laboratory	1 per 5 years Age 12 and above Allowed on anterior teeth only (6-11, 22-27)	Same as D2960

D2962	labial veneer (porcelain laminate) - laboratory	1 per 5 years Age 12 and above Allowed on anterior teeth only (6-11, 22-27)	Same as D2960
D2971	additional procedures to construct new crown under existing partial denture framework	1 per 5 years Age 16 and above	D2971
D2975	coping	N/C--Unnecessary or Special Technique	
D2980	crown repair, by report	Cannot be performed within 12 mths of initial placement	Not within 12 mnths of D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2791, D2792, D2794, D2960, D2961, D2962, D2971, D2930, D2931, D2932, D2933, D2394
D2981	inlay repair necessitated by restorative material failure	Cannot be performed within 12 mths of initial placement	Not within 12 mnths of D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652(INL)
D2982	onlay repair necessitated by restorative material failure	Cannot be performed within 12 mths of initial placement	Not within 12 mnths of D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664(ONL)]
D2983	veneer repair necessitated by restorative material failure	Cannot be performed within 12 mths of initial placement	Not within 12 mnths of D2960, D2961, D2962
D2990	resin infiltration of incipient smooth surface lesions	1st & 2nd molars Once per lifetime per tooth depends age 15 and under	D1351, D1352, D2990
D2999	unspecified restorative procedure, by report	Set to Deny--Route for UM review if medically necessary	
Endodontics		D3000-D3999	
D3110	pulp cap - direct (excluding final restoration)	1 per 5 years Permanent Teeth Only	D3110

D3120	pulp cap - indirect (excluding final restoration)	1 per 5 years Permanent Teeth Only	D3120
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Primary Teeth Only	
D3221	pulpal debridement, primary and permanent teeth	N/C--Unnecessary or Special Technique	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	N/C-Non-Covered Expense	
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 per 5 years	D3230
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 per 5 years	D3240
D3310	anterior (excluding final restoration)	1 per 5 years	D3310, D3320, D3330, D3346, D3347, D3348
D3320	bicuspid (excluding final restoration)	1 per 5 years	Same as D3310
D3330	molar (excluding final restoration)	1 per 5 years	Same as D3310
D3331	treatment of root canal obstruction; non-surgical access	1 per 5 years	D3310, D3320, D3330, D3346, D3347, D3348 , D3331, D3333
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	N/C-Non-Covered Expense	
D3333	internal root repair of perforation defects	1 per 5 years	Same as D3331
D3346	retreatment of previous root canal therapy - anterior	1 per 5 years	D3310, D3320, D3330, D3346, D3347, D3348
D3347	retreatment of previous root canal therapy - bicuspid	1 per 5 years	Same as D3346
D3348	retreatment of previous root canal therapy - molar	1 per 5 years	Same as D3346

D3351	apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, pulp space, disinfection, etc.)	1 per 5 years	D3310, D3320, D3330, D3346, D3347, D3348, D3351
D3352	apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space, disinfection etc.)	1 per 5 years	D3310, D3320, D3330, D3346, D3347, D3348, D3352
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	1 per 5 years	D3310, D3320, D3330, D3346, D3347, D3348, D3353
D3355	pulpal regeneration - initial visit	N/C-Non-Covered Expense	
D3356	pulpal regeneration - interim medication replacement	N/C-Non-Covered Expense	
D3357	pulpal regeneration - completion of treatment	1 per 5 years	D3310 D3320 D3330 D3346 D3347 D3348 D3357 (Deleted - D3354)
D3410	apicoectomy - anterior	1 per lifetime	
D3421	apicoectomy - bicuspid (first root)	1 per lifetime	
D3425	apicoectomy - molar (first root)	1 per lifetime	
D3426	apicoectomy (each additional root)		Cannot be on same DOS as D3410, D3421, D3425
D3427	periradicular surgery without apicoectomy	1 per lifetime	
D3428	bone graft in conjunction with periradicular surgery - per tooth, single site	1 per lifetime	
D3429	bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	1 per lifetime	
D3430	retrograde filling - per root		Must be on same DOS as D3410, D3421, D3425, D3426

D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	N/C-Non-Covered Expense	
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	N/C-Non-Covered Expense	
D3450	root amputation - per root	1 per 5 years	1 in 60 mths against D3450 Cannot be done on same DOS as D3920
D3460	endodontic endosseous implant	N/C--Implant and Splinting	
D3470	intentional reimplantation (including necessary splinting)	N/C--Implant and Splinting	
D3910	surgical procedure for isolation of tooth with rubber dam	N/C-Non-Covered Expense	
D3920	hemisection (including any root removal), not including root canal therapy	1 per 5 years	1 per 60 mths D3450 Cannot be done on same DOS as D3450
D3950	canal preparation and fitting of preformed dowel or post	N/C-Non-Covered Expense	
D3999	unspecified endodontic procedure, by report	Set to Deny--Route for UM review if medically necessary	
	Periodontics	D4000-D4999	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	1 per 36 months	D4210, D4211, D4212
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	1 per 36 months	Same as D4210
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		Same as D4210

D4230	anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant		
D4231	anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant		
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	1 per 36 months	D4240, D4241
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	1 per 36 months	Same as D4240
D4245	apically positioned flap	N/C-Non-Covered Expense	
D4249	clinical crown lengthening - hard tissue	1 per 36 months	D4249
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	1 per 36 months	D4260, D4261
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	1 per 36 months	Same as D4260
D4263	bone replacement graft - first site in quadrant	1 per 36 months	D4263, D4264
D4264	bone replacement graft - each additional site in quadrant	1 per 36 months	Same as D4263
D4265	biologic materials to aid in soft and osseous tissue regeneration	N/C-Non-Covered Expense	
D4266	guided tissue regeneration, natural teeth – resorbable barrier, per site	N/C-Non-Covered Expense	
D4267	guided tissue regeneration, natural teeth – non-resorbable barrier, per site	N/C-Non-Covered Expense	

D4268	surgical revision procedure, per tooth	N/C-Non-Covered Expense	
D4270	pedicle soft tissue graft procedure	1 per 36 months	D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285 (Deleted D4271)
D4273	subepithelial connective tissue graft procedures, per tooth	1 per 36 months	Same as D4270
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	1 per 36 months	1 per 36 mths against D4274 Cannot be done on the same DOS D4210, D4211, D4240, D4241, D4260, D4261
D4275	soft tissue allograft	1 per 36 months	Same as D4270
D4276	combined connective tissue and double pedicle graft, per tooth	1 per 36 months	Same as D4270
D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	1 per 36 months	Same as D4270
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	1 per 36 months	Same as D4270
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	1 per 36 months Used in conjunction with D4273	Same as D4270
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	1 per 36 months Used in conjunction with D4275	Same as D4270

D4286	removal of non-resorbable barrier	N/C-Non-Covered Expense	
D4320	provisional splinting - intracoronal	N/C-Non-Covered Expense	
D4321	provisional splinting - extracoronal	N/C-Non-Covered Expense	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	1 per 24 mths for any quad	D4341, D4342
D4342	periodontal scaling and root planing - one to three teeth per quadrant	1 per 24 mths for any quad	Same as D4341
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	1 per lifetime	2 per year against D1110, D1120, D4910 D4346 1 per Lifetime
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per lifetime	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	N/C Drugs and other medications	
D4910	periodontal maintenance	2 per year	2 per year against D1110, D1120, D4910 and D4346 Must have done a D4341, D4342, D4260, D4261 at least 90 days prior
D4920	unscheduled dressing change (by someone other than treating dentist)	N/C-Non-Covered Expense	
D4921	gingival irrigation with a medicinal agent – per quadrant	N/C-Non-Covered Expense	
D4999	unspecified periodontal procedure, by report	Set to Deny--Route for UM review if medically necessary	
Prosthodontics		D5000 - D5899	

D5110	complete denture - maxillary	1 in 5 years Age 16 and over	D5110, D5130,D5211, D5213, D5221, D5223, D5225, D5282 (Deleted), D5282, D5284, D5286
D5120	complete denture - mandibular	1 in 5 years Age 16 and over	D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5283, D5286, D5284, D5286
D5130	immediate denture - maxillary	1 in 5 years Age 16 and over	Same as D5110
D5140	immediate denture - mandibular	1 in 5 years Age 16 and over	Same as D5120
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1 in 5 years Age 16 and over	Same as D5110
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1 in 5 years Age 16 and over	Same as D5120
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials rests and teeth)	1 in 5 years Age 16 and over	Same as D5110
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 in 5 years Age 16 and over	Same as D5120
D5221	immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	1 in 5 years Age 16 and over	Same as D5110
D5222	immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	1 in 5 years Age 16 and over	Same as D5120
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 in 5 years Age 16 and over	Same as D5110

D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 in 5 years Age 16 and over	Same as D5120
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 in 5 years Age 16 and over	Same as D5110
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 in 5 years Age 16 and over	Same as D5120
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	1 in 5 years Age 16 and over	Same as D5110
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	1 in 5 years Age 16 and over	Same as D5120
D5284	removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	1 in 5 years Age 16 and over	Same as D5110 and D5120
D5286	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	1 in 5 years Age 16 and over	Same as D5110 and D5120
D5410	adjust complete denture - maxillary	1 per 6 mths Age 16 and above	1 Per 6 mths D5410 & D5421 Not within 6 mths of D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5282 (Deleted), D5282, D5284, D5286
D5411	adjust complete denture - mandibular	1 per 6 mths Age 16 and above	1 Per 6 mths D5410 & D5421 Not within 6 mths of D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5283, D5286, D5284, D5286
D5421	adjust partial denture - maxillary	1 per 6 mths Age 16 and above	Same as D5410
D5422	adjust partial denture - mandibular	1 per 6 mths Age 16 and above	Same as d5411
D5511	repair broken complete denture base, mandibular	1 per 24 mths Age 16 and above	D5630, D5660, D5511, D5611, D5621 (Deleted D5510, D5610, D5620)

D5512	repair broken complete denture base, maxillary	1 per 24 mths Age 16 and above	D5630, D5660, D5512, D5612, D5622
D5520	replace missing or broken teeth - complete denture (each tooth)	1 per 24 mths Age 16 and above	D5520, D5640, D5650, D5670, D5671
D5611	repair resin partial denture base, mandibular	1 per 24 mths Age 16 and above	Same as D5511
D5612	repair resin partial denture base, maxillary	1 per 24 mths Age 16 and above	Same as D5512
D5621	repair cast partial framework, mandibular	1 per 24 mths Age 16 and above	Same as D5511
D5622	repair cast partial framework, maxillary	1 per 24 mths Age 16 and above	Same as D5512
D5630	repair or replace broken retentive clasping materials – per tooth	1 per 24 mths Age 16 and above	D5630, D5660, D5511, D5512, D5611, D5612, D5621, D5622 (Deleted D5510, D5610, D5620)
D5640	replace broken teeth - per tooth	1 per 24 mths Age 16 and above	D5520, D5640, D5650, D5670, D5671
D5650	add tooth to existing partial denture	1 per 24 mths Age 16 and above	D5520, D5640, D5650, D5670, D5671
D5660	add clasp to existing partial denture	1 per 24 mths Age 16 and above	Same as D5630
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	1 per 24 mths Age 16 and above	D5520, D5640, D5650, D5670
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	1 per 24 mths Age 16 and above	D5520, D5640, D5650, D5671
D5710	rebase complete maxillary denture	1 per 36 mths Age 16 and above	D5710, D5720, D5730, D5740, D5750, D5760, D5850
D5711	rebase complete mandibular denture	1 per 36 mths Age 16 and above	D5711, D5721, D5731, D5741, D5751, D5761, D5851
D5720	rebase maxillary partial denture	1 per 36 mths Age 16 and above	Same as D5710
D5721	rebase mandibular partial denture	1 per 36 mths Age 16 and above	Same as D5711
D5730	reline complete maxillary denture (chairside)	1 per 36 mths Age 16 and above	Same as D5710

D5731	reline complete mandibular denture (chairside)	1 per 36 mths Age 16 and above	Same as D5711
D5740	reline maxillary partial denture (chairside)	1 per 36 mths Age 16 and above	Same as D5710
D5741	reline mandibular partial denture (chairside)	1 per 36 mths Age 16 and above	Same as D5711
D5750	reline complete maxillary denture (laboratory)	1 per 36 mths Age 16 and above	Same as D5710
D5751	reline complete mandibular denture (laboratory)	1 per 36 mths Age 16 and above	Same as D5711
D5760	reline maxillary partial denture (laboratory)	1 per 36 mths Age 16 and above	Same as D5710
D5761	reline mandibular partial denture (laboratory)	1 per 36 mths Age 16 and above	Same as D5711
D5810	interim complete denture (maxillary)	N/C-Non-Covered Expense	
D5811	interim complete denture (mandibular)	N/C-Non-Covered Expense	
D5820	interim partial denture (maxillary)	N/C-Non-Covered Expense	
D5821	interim partial denture (mandibular)	N/C-Non-Covered Expense	
D5850	tissue conditioning, maxillary	1 per 36 mths Age 16 and above	Same as D5710
D5851	tissue conditioning, mandibular	1 per 36 mths Age 16 and above	Same as D5711
D5862	precision attachment, by report	N/C-Non-Covered Expense	
D5863	overdenture - complete maxillary	N/C-Non-Covered Expense	
D5864	overdenture – partial maxillary	N/C-Non-Covered Expense	
D5865	overdenture - complete mandibular	N/C-Non-Covered Expense	

D5866	overdenture - partial mandibular	N/C-Non-Covered Expense	
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)	N/C-Non-Covered Expense	
D5875	modification of removable prosthesis following implant surgery	N/C-Non-Covered Expense	
D5876	add metal substructure to acrylic full denture (per arch)	N/C-Non-Covered Expense	
D5899	unspecified removable prosthodontic procedure, by report	Set to Deny--Route for UM review if medically necessary	
	Maxillofacial Prosthetics	D5900 - D5999	
D5911	facial moulage (sectional)	N/C-Non-Covered Expense	
D5912	facial moulage (complete)	N/C-Non-Covered Expense	
D5913	nasal prosthesis	N/C-Non-Covered Expense	
D5914	auricular prosthesis	N/C-Non-Covered Expense	
D5915	orbital prosthesis	N/C-Non-Covered Expense	
D5916	ocular prosthesis	N/C-Non-Covered Expense	
D5919	facial prosthesis	N/C-Non-Covered Expense	
D5922	nasal septal prosthesis	N/C-Non-Covered Expense	
D5923	ocular prosthesis, interim	N/C-Non-Covered Expense	
D5924	cranial prosthesis	N/C-Non-Covered Expense	

D5925	facial augmentation implant prosthesis	N/C-Non-Covered Expense	
D5926	nasal prosthesis, replacement	N/C-Non-Covered Expense	
D5927	auricular prosthesis, replacement	N/C-Non-Covered Expense	
D5928	orbital prosthesis, replacement	N/C-Non-Covered Expense	
D5929	facial prosthesis, replacement	N/C-Non-Covered Expense	
D5931	obturator prosthesis, surgical	N/C-Non-Covered Expense	
D5932	obturator prosthesis, definitive	N/C-Non-Covered Expense	
D5933	obturator prosthesis, modification	N/C-Non-Covered Expense	
D5934	mandibular resection prosthesis with guide flange	N/C-Non-Covered Expense	
D5935	mandibular resection prosthesis without guide flange	N/C-Non-Covered Expense	
D5936	obturator prosthesis, interim	N/C-Non-Covered Expense	
D5937	trismus appliance (not for TMD treatment)	N/C-Non-Covered Expense	
D5951	feeding aid	N/C-Non-Covered Expense	
D5952	speech aid prosthesis, pediatric	N/C-Non-Covered Expense	
D5953	speech aid prosthesis, adult	N/C-Non-Covered Expense	
D5954	palatal augmentation prosthesis	N/C-Non-Covered Expense	
D5955	palatal lift prosthesis, definitive	N/C-Non-Covered Expense	

D5958	palatal lift prosthesis, interim	N/C-Non-Covered Expense	
D5959	palatal lift prosthesis, modification	N/C-Non-Covered Expense	
D5960	speech aid prosthesis, modification	N/C-Non-Covered Expense	
D5982	surgical stent	N/C-Non-Covered Expense	
D5983	radiation carrier	N/C-Non-Covered Expense	
D5984	radiation shield	N/C-Non-Covered Expense	
D5985	radiation cone locator	N/C-Non-Covered Expense	
D5986	fluoride gel carrier	N/C-Non-Covered Expense	
D5987	commissure splint	N/C-Non-Covered Expense	
D5988	surgical splint	N/C-Non-Covered Expense	
D5991	vesiculobullous disease medicament carrier	N/C-Non-Covered Expense	
D5992	Adjust maxillofacial prosthetic appliance, by report	N/C-Non-Covered Expense	
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	N/C-Non-Covered Expense	
D5994	periodontal medicament carrier with peripheral seal – laboratory processed	N/C-Non-Covered Expense	
D5999	unspecified maxillofacial prosthesis, by report	Set to Deny--Route for UM review if medically necessary	
Implant Services		D6000 - D6199	

D6010	surgical placement of implant body: endosteal implant	1per lifetime	D6010 D6013 D6040 D6050
D6011	second stage implant surgery Surgical access to an implant body for placement of a healing cap or to enable placement of an abutment.	N/C-Non-Covered Expense	
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant		
D6013	surgical placement of mini implant	Route for UM Review 1per lifetime	Same as D6010
D6040	surgical placement: eosteal implant	1per lifetime	Same as D6010
D6050	surgical placement: transosteal implant	1per lifetime	Same as D6010
D6051	interim abutment	N/C-Non-Covered Expense	
D6052	semi-precision attachment abutment Includes placement of keeper assembly.	N/C-Non-Covered Expense	
D6055	connecting bar - implant supported or abutment supported	1 in 5 years	D6055
D6056	prefabricated abutment - includes placement	1 in 5 years	D6056,D6057
D6057	custom abutment - includes placement	1 in 5 years	Same as D6056

D6058	abutment supported porcelain/ceramic crown	1 in 5 years Age 12 and above	D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2960, D2961, D2962, D2971, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6545, D6548, D6549, D6710, D6720, D6721, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1 in 5 years Age 12 and above	Same as D6058
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1 in 5 years Age 12 and above	Same as D6058
D6061	abutment supported porcelain fused to metal crown (noble metal)	1 in 5 years Age 12 and above	Same as D6058
D6062	abutment supported cast metal crown (high noble metal)	1 in 5 years Age 12 and above	Same as D6058
D6063	abutment supported cast metal crown (predominantly base metal)	1 in 5 years Age 12 and above	Same as D6058
D6064	abutment supported cast metal crown (noble metal)	1 in 5 years Age 12 and above	Same as D6058
D6065	implant supported porcelain/ceramic crown	1 in 5 years Age 12 and above	Same as D6058

D6066	implant supported - porcelain fused to high noble alloys	1 in 5 years Age 12 and above	Same as D6058
D6067	implant supported crown high noble alloys	1 in 5 years Age 12 and above	Same as D6058
D6068	abutment supported retainer for porcelain/ceramic FPD	1 in 5 years Age 16 and above	Same as D6058
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1 in 5 years Age 16 and above	Same as D6058
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1 in 5 years Age 16 and above	Same as D6058
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	1 in 5 years Age 16 and above	Same as D6058
D6072	abutment supported retainer for cast metal FPD (high noble metal)	1 in 5 years Age 16 and above	Same as D6058
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1 in 5 years Age 16 and above	Same as D6058
D6074	abutment supported retainer for cast metal FPD (noble metal)	1 in 5 years Age 16 and above	Same as D6058
D6075	implant supported retainer for ceramic FPD	1 in 5 years Age 16 and above	Same as D6058
D6076	implant supported retainer for FPD porcelain fused to high noble alloys	1 in 5 years Age 16 and above	Same as D6058
D6077	implant supported retainer for metal FPD high noble alloys	1 in 5 years Age 16 and above	Same as D6058
D6080	implant maintenance procedures, when prostheses are removed and reinserted, including of prosthesis, and abutments	1 in 5 years Age 16 and above	

D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	1 Per Lifetime	
D6082	implant supported crown - porcelain fused to predominantly base alloys	1 in 5 years Age 12 and above	Same as D6058
D6083	implant supported crown - porcelain fused to noble alloys	1 in 5 years Age 12 and above	Same as D6058
D6084	implant supported crown - porcelain fused to titanium and titanium alloys	1 in 5 years Age 12 and above	Same as D6058
D6085	provisional implant crown	N/C-Non-Covered Expense	
D6086	implant supported crown - predominantly base alloys	1 in 5 years Age 12 and above	Same as D6058
D6087	implant supported crown - noble alloys	1 in 5 years Age 12 and above	Same as D6058
D6088	implant supported crown - titanium and titanium alloys	1 in 5 years Age 12 and above	Same as D6058
D6090	repair implant supported prosthesis, by report	1 in 5 years	
D6091	replacement of semi - precision or precision attachment (male or female component) of implant / abutment supported prosthesis, per attachment	1 in 5 years	
D6092	reacement implant / abutment supported crown	1 in 5 years Age 16 and above	
D6093	reacement implant/abutment supported fixed partial denture	1 in 5 years Age 16 and above	
D6094	abutment supported crown - titanium and titanium alloys	1 in 5 years Age 12 and above	Same as D6058
D6095	repair implant abutment, by report	1 in 5 years	
D6096	remove broken implant retaining screw	1 in 5 years	Cannot be performed with D6100/D6095

D6097	abutment supported crown - porcelain fused to titanium and titanium alloys	1 in 5 years Age 12 and above	Same as D6058
D6098	implant supported retainer - porcelain fused to predominantly base alloys	1 in 5 years Age 16 and above	
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	1 in 5 years Age 16 and above	
D6100	implant removal, by report	1 Per Lifetime	D6105
D6101	debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	1 Per Lifetime	D6101/D6102
D6102	debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	1 Per Lifetime	D6101/D6102
D6103	bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	1 Per Lifetime	D6103/D6104
D6104	bone graft at time of implant placement	1 Per Lifetime	D6103/D6104
D6105	removal of implant body not requiring bone removal or flap elevation	Once per lifetime	D6100
D6106	guided tissue regeneration – resorbable barrier, per implant	N/C-Non-Covered Expense	
D6107	guided tissue regeneration – non-resorbable barrier, per implant	N/C-Non-Covered Expense	
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	1 in 5 years Age 16 and above	D5110, D5130, D5211, D5213, D5225, D5281, D6053, D6054, D6078, D6079 D6110, D6112, D6114, D6116
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	1 in 5 years Age 16 and above	D5120, D5140, D5212, D5214, D5225, D5281, D6053, D6054, D6078, D6079, D6111, D6113, D6115, D6117

D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	1 in 5 years Age 16 and above	D5110, D5130, D5211, D5213, D5225, D5281, D6053, D6054, D6078, D6079 D6110, D6112, D6114, D6116
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	1 in 5 years Age 16 and above	D5120, D5140, D5212, D5214, D5225, D5281, D6053, D6054, D6078, D6079, D6111, D6113, D6115, D6117
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	1 in 5 years Age 16 and above	D5110, D5130, D5211, D5213, D5225, D5281, D6053, D6054, D6078, D6079 D6110, D6112, D6114, D6116
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	1 in 5 years Age 16 and above	D5120, D5140, D5212, D5214, D5225, D5281, D6053, D6054, D6078, D6079, D6111, D6113, D6115, D6117
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	1 in 5 years Age 16 and above	D5110, D5130, D5211, D5213, D5225, D5281, D6053, D6054, D6078, D6079 D6110, D6112, D6114, D6116
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	1 in 5 years Age 16 and above	D5120, D5140, D5212, D5214, D5225, D5281, D6053, D6054, D6078, D6079, D6111, D6113, D6115, D6117
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular	N/C-Non-Covered Expense	
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary	N/C-Non-Covered Expense	
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	1 in 5 years Age 16 and above	Same as D6058
D6121	implant supported retainer for metal FPD - predominantly base alloys	1 in 5 years Age 16 and above	Same as D6058
D6122	implant supported retainer for metal FPD - noble alloys	1 in 5 years Age 16 and above	Same as D6058
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	1 in 5 years Age 16 and above	Same as D6058
D6190	radiographic/surgical implant index, by report		

D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	1 in 5 years Age 16 and above	Same as D6058
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	1 in 5 years Age 16 and above	Same as D6058
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	N/C-Non-Covered Expense	
D6199	unspecified implant procedure, by report	Set to Deny--Route for UM review if medically necessary	
Prosthodontics		D6205 - D6245	
D6205	pontic - indirect resin based composite	1 in 5 years Age 16 and above	D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2791, D2792, D2794, D2960, D2961, D2971, D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6243, D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6782, D6783, D6784, D6790, D6791, D6792, D6794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6205, D6210, D6211, D6212, D6214, D6240, D6242, D6245, D6250, D6251, D6252
D6210	pontic - cast high noble metal	1 in 5 years Age 16 and above	Same as D6205
D6211	pontic - cast predominantly base metal	1 in 5 years Age 16 and above	Same as D6205
D6212	pontic - cast noble metal	1 in 5 years Age 16 and above	Same as D6205
D6214	pontic - titanium	1 in 5 years Age 16 and above	Same as D6205

D6240	pontic - porcelain fused to high noble metal	1 in 5 years Age 16 and above	Same as D6205
D6241	pontic - porcelain fused to predominantly base metal	1 in 5 years Age 16 and above	Same as D6205
D6242	pontic - porcelain fused to noble metal	1 in 5 years Age 16 and above	Same as D6205
D6243	pontic - porcelain fused to titanium and titanium alloys	1 in 5 years Age 16 and above	Same as D6205
D6245	pontic - porcelain/ceramic	1 in 5 years Age 16 and above	Same as D6205
D6250	pontic - resin with high noble metal	1 in 5 years Age 16 and above	Same as D6205
D6251	pontic - resin with predominantly base metal	1 in 5 years Age 16 and above	Same as D6205
D6252	pontic - resin with noble metal	1 in 5 years Age 16 and above	Same as D6205
D6253	provisional pontic	N/C-Non-Covered Expense	
D6545	retainer - cast metal for resin bonded fixed prosthesis	1 in 5 years Age 16 and above	Same as D6205
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	1 in 5 years Age 16 and above	Same as D6205
D6549	resin retainer – for resin bonded fixed prosthesis	1 in 5 years Age 16 and above	Same as D6205
D6600	inlay - porcelain/ceramic, two surfaces	1 in 5 years Age 16 and above	Same as D6205
D6601	inlay - porcelain/ceramic, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6602	inlay - cast high noble metal, two surfaces	1 in 5 years Age 16 and above	Same as D6205
D6603	inlay - cast high noble metal, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6604	inlay - cast predominantly base metal, two surfaces	1 in 5 years Age 16 and above	Same as D6205

D6605	inlay - cast predominantly base metal, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6606	inlay - cast noble metal, two surfaces	1 in 5 years Age 16 and above	Same as D6205
D6607	inlay - cast noble metal, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6608	onlay -porcelain/ceramic, two surfaces	1 in 5 years Age 16 and above	Same as D6205
D6609	onlay - porcelain/ceramic, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6610	onlay - cast high noble metal, two surfaces	1 in 5 years Age 16 and above	Same as D6205
D6611	onlay - cast high noble metal, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6612	onlay - cast predominantly base metal, two surfaces	1 in 5 years Age 16 and above	Same as D6205
D6613	onlay - cast predominantly base metal, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6614	onlay - cast noble metal, two surfaces	1 in 5 years Age 16 and above	Same as D6205
D6615	onlay - cast noble metal, three or more surfaces	1 in 5 years Age 16 and above	Same as D6205
D6624	inlay - titanium	1 in 5 years Age 16 and above	Same as D6205
D6634	onlay - titanium	1 in 5 years Age 16 and above	Same as D6205
D6710	crown - indirect resin based composite	1 in 5 years Age 16 and above	Same as D6205
D6720	crown - resin with high noble metal	1 in 5 years Age 16 and above	Same as D6205
D6721	crown - resin with predominantly base metal	1 in 5 years Age 16 and above	Same as D6205
D6722	crown - resin with noble metal	1 in 5 years Age 16 and above	Same as D6205

D6740	crown - porcelain/ceramic	1 in 5 years Age 16 and above	Same as D6205
D6750	crown - porcelain fused to high noble metal	1 in 5 years Age 16 and above	Same as D6205
D6751	crown - porcelain fused to predominantly base metal	1 in 5 years Age 16 and above	Same as D6205
D6752	crown - porcelain fused to noble metal	1 in 5 years Age 16 and above	Same as D6205
D6753	retainer crown - porcelain fused to titanium and titanium alloys		Same as D6205
D6780	crown - 3/4 cast high noble metal	1 in 5 years Age 16 and above	Same as D6205
D6781	crown - 3/4 cast predominantly base metal	1 in 5 years Age 16 and above	Same as D6205
D6782	crown - 3/4 cast noble metal	1 in 5 years Age 16 and above	Same as D6205
D6783	crown - 3/4 porcelain/ceramic	1 in 5 years Age 16 and above	Same as D6205
D6784	retainer crown 3/4 - titanium and titanium alloys		Same as D6205
D6790	crown - full cast high noble metal	1 in 5 years Age 16 and above	Same as D6205
D6791	crown - full cast predominantly base metal	1 in 5 years Age 16 and above	Same as D6205
D6792	crown - full cast noble metal	1 in 5 years Age 16 and above	Same as D6205
D6793	provisional retainer crown	N/C-Non-Covered Expense	
D6794	crown - titanium	1 in 5 years Age 16 and above	Same as D6205
D6920	connector bar	N/C-Non-Covered Expense	

D6930	reacement fixed partial denture	1 per 24 mths Age 16 and above Cannot be performed within 12 mths of initial placement	1 in 24 mths against D6930. Cannot be done within 12 mths of D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6782, D6783,D6790, D6791, D6792, D6794, D6205, D6210, D6211, D6212, D6214, D6240, D6242, D6245, D6250, D6251, D6252
D6940	stress breaker	N/C--Unnecessary or Special Technique	
D6950	precision attachment	N/C--Unnecessary or Special Technique	
D6980	fixed partial denture repair, by report	1 in 5 years Age 16 and above	1 in 60 mths against D6980 Cannot be done within 12 mths of D6243, D6545, D6548, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780,D6781, D6782, D6783,D6784D6790, D6791, D6792, D6794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252
D6985	pediatric partial denture, fixed	N/C-Non-Covered Expense	
D6999	unspecified fixed prosthodontic procedure, by report	Set to Deny--Route for UM review if medically necessary	
Oral & Maxillofacial Surgery		D7111 - D7241	
D7111	extraction, coronal remnants - deciduous tooth	1 per lifetime	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	1 per lifetime	

D7220	removal of impacted tooth - soft tissue	1 per lifetime	
D7230	removal of impacted tooth - partially bony	1 per lifetime	
D7240	removal of impacted tooth - completely bony	1 per lifetime	
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	1 per lifetime	
D7250	surgical removal of residual tooth roots (cutting procedure)	1 per lifetime	
D7251	coronectomy – intentional partial tooth removal, impacted teeth only	1 per lifetime	
D7260	oroantral fistula closure		
D7261	primary closure of a sinus perforation		
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	N/C-Non-Covered Expense	
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	N/C-Non-Covered Expense	
D7280	surgical access of an unerupted tooth		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	N/C-Non-Covered Expense	
D7283	placement of device to facilitate eruption of impacted tooth	N/C-Non-Covered Expense	
D7285	biopsy of oral tissue - hard (bone, tooth)		
D7286	biopsy of oral tissue - soft		
D7287	exfoliative cytological sample collection		
D7288	brush biopsy - transepithelial sample collection	N/C-Non-Covered Expense	
D7290	surgical repositioning of teeth	N/C--Implants and Splinting Full Mouth	

D7291	transseptal fibrotomy/supra crestal fibrotomy, by report	N/C-Non-Covered Expense	
D7292	surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap	N/C-Non-Covered Expense	
D7293	surgical placement: temporary anchorage device requiring surgical flap	N/C-Non-Covered Expense	
D7294	surgical placement: temporary anchorage device without surgical flap	N/C-Non-Covered Expense	
D7295	harvest of bone for use in autogenous grafting procedures	N/C-Non-Covered Expense	
D7296	corticotomy - one to three teeth or tooth spaces, per quadrant	N/C-Non-Covered Expense	
D7297	corticotomy – four or more teeth or tooth spaces, per quadrant	N/C-Non-Covered Expense	
D7310	alveoloplasty in conjunction with extractions - per quadrant		
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	alveoloplasty not in conjunction with extractions - per quadrant		
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7410	excision of benign lesion up to 1.25 cm		

D7411	excision of benign lesion greater than 1.25 cm		
D7412	excision of benign lesion, complicated		
D7413	excision of malignant lesion up to 1.25 cm	N/C-Non-Covered Expense	
D7414	excision of malignant lesion greater than 1.25 cm	N/C-Non-Covered Expense	
D7415	excision of malignant lesion, complicated	N/C-Non-Covered Expense	
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	N/C-Non-Covered Expense	
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	N/C-Non-Covered Expense	
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		
D7465	destruction of lesion(s) by physical or chemical method, by report	N/C-Non-Covered Expense	
D7471	removal of lateral exostosis (maxilla or mandible)		
D7472	removal of torus palatinus		
D7473	removal of torus mandibularis		
D7485	surgical reduction of osseous tuberosity		
D7490	radical resection of maxilla or mandible	N/C-Non-Covered Expense	
D7509	marsupialization of odontogenic cyst		

D7510	incision and drainage of abscess - intraoral soft tissue		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		
D7520	incision and drainage of abscess - extraoral soft tissue	N/C-Non-Covered Expense	
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	N/C-Non-Covered Expense	
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	N/C-Non-Covered Expense	
D7540	removal of reaction producing foreign bodies, musculoskeletal system	N/C-Non-Covered Expense	
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body		
D7610	maxilla - open reduction (teeth immobilized, if present)		
D7620	maxilla - closed reduction (teeth immobilized, if present)		
D7630	mandible - open reduction (teeth immobilized, if present)		
D7640	mandible - closed reduction (teeth immobilized, if present)		
D7650	malar and/or zygomatic arch - open reduction	N/C-Non-Covered Expense	
D7660	malar and/or zygomatic arch - closed reduction	N/C-Non-Covered Expense	
D7670	alveolus closed reduction may include stabilization of teeth	N/C-Non-Covered Expense	

D7671	alveolus, open reduction may include stabilization of teeth	N/C-Non-Covered Expense	
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	N/C-Non-Covered Expense	
D7710	maxilla open reduction		
D7720	maxilla - closed reduction		
D7730	mandible - open reduction		
D7740	mandible - closed reduction		
D7750	malar and/or zygomatic arch - open reduction		
D7760	malar and/or zygomatic arch - closed reduction	N/C-Non-Covered Expense	
D7770	alveolus - open reduction stabilization of teeth	N/C-Non-Covered Expense	
D7771	alveolus, closed reduction stabilization of teeth	N/C-Non-Covered Expense	
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches		
D7810	open reduction of dislocation	N/C-Non-Covered Expense	
D7820	closed reduction of dislocation	N/C-Non-Covered Expense	
D7830	manipulation under anesthesia	N/C-Non-Covered Expense	
D7840	condylectomy	N/C-Non-Covered Expense	
D7850	surgical discectomy, with/without implant	N/C-Non-Covered Expense	
D7852	disc repair	N/C-Non-Covered Expense	
D7854	synovectomy	N/C-Non-Covered Expense	

D7856	myotomy	N/C-Non-Covered Expense	
D7858	joint reconstruction	N/C-Non-Covered Expense	
D7860	arthrotomy	N/C-Non-Covered Expense	
D7865	arthroplasty	N/C-Non-Covered Expense	
D7870	arthrocentesis	N/C-Non-Covered Expense	
D7871	non-arthroscopic lysis and lavage	N/C-Non-Covered Expense	
D7872	arthroscopy - diagnosis, with or without biopsy	N/C-Non-Covered Expense	
D7873	arthroscopy - surgical: lavage and lysis of adhesions	N/C-Non-Covered Expense	
D7874	arthroscopy - surgical: disc repositioning and stabilization	N/C-Non-Covered Expense	
D7875	arthroscopy - surgical: synovectomy	N/C-Non-Covered Expense	
D7876	arthroscopy - surgical: discectomy	N/C-Non-Covered Expense	
D7877	arthroscopy - surgical: debridement	N/C-Non-Covered Expense	
D7880	occlusal orthotic device, by report	N/C-Non-Covered Expense	
D7881	occlusal orthotic device adjustment	N/C-Non-Covered Expense	
D7899	unspecified TMD therapy, by report	N/C-Non-Covered Expense	
D7910	suture of recent small wounds up to 5 cm		
D7911	complicated suture - up to 5 cm		
D7912	complicated suture - greater than 5 cm		

D7920	skin graft (identify defect covered, location and type of graft)	N/C-Non-Covered Expense	
D7921	collection and application of autologous blood concentrate product	N/C-Non-Covered Expense	
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	N/C-Non-Covered Expense	
D7940	osteoplasty - for orthognathic deformities	N/C-Non-Covered Expense	
D7941	osteotomy - mandibular rami	N/C-Non-Covered Expense	
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	N/C-Non-Covered Expense	
D7944	osteotomy - segmented or subapical - per sextant or quadrant	N/C-Non-Covered Expense	
D7945	osteotomy - body of mandible	N/C-Non-Covered Expense	
D7946	LeFort I (maxilla - total)	N/C-Non-Covered Expense	
D7947	LeFort I (maxilla - segmented)	N/C-Non-Covered Expense	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	N/C-Non-Covered Expense	
D7949	LeFort II or LeFort III - with bone graft	N/C-Non-Covered Expense	
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	N/C-Non-Covered Expense	
D7951	sinus augmentation with bone or bone substitutes	N/C-Non-Covered Expense	
D7952	sinus augmentation via a vertical approach	N/C-Non-Covered Expense	

D7953	bone replacement graft for ridge preservation - per site		
D7955	repair of maxillofacial soft and/or hard tissue defect	N/C--Non--Covered Dental Expense	
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	N/C-Non-Covered Expense	
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	N/C-Non-Covered Expense	
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure		
D7963	frenuloplasty		
D7970	excision of hyperplastic tissue - per arch		
D7971	excision of pericoronal gingiva		
D7972	surgical reduction of fibrous tuberosity		
D7979	non-surgical sialolithotomy		
D7980	surgical sialolithotomy		
D7981	excision of salivary gland, by report	N/C-Non-Covered Expense	
D7982	sialodochoplasty	N/C-Non-Covered Expense	
D7983	closure of salivary fistula	N/C-Non-Covered Expense	
D7990	emergency tracheotomy	N/C-Non-Covered Expense	
D7991	coronoidectomy	N/C-Non-Covered Expense	
D7995	synthetic graft - mandible or facial bones, by report	N/C-Non-Covered Expense	
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	N/C-Non-Covered Expense	

D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	N/C-Non-Covered Expense	
D7998	intraoral placement of a fixation device not in conjunction with a fracture	N/C-Non-Covered Expense	
D7999	unspecified oral surgery procedure, by report	Set to Deny--Route for UM review if medically necessary	
Orthodontics		D8000 - D8999	
D8010	limited orthodontic treatment of the primary dentition	N/C-Non-Covered Expense	
D8020	limited orthodontic treatment of the transitional dentition	N/C-Non-Covered Expense	
D8030	limited orthodontic treatment of the adolescent dentition	N/C-Non-Covered Expense	
D8040	limited orthodontic treatment of the adult dentition	N/C-Non-Covered Expense	
D8050	interceptive orthodontic treatment of the primary dentition	N/C-Non-Covered Expense	
D8060	interceptive orthodontic treatment of the transitional dentition	N/C-Non-Covered Expense	
D8070	comprehensive orthodontic treatment of the transitional dentition	N/C-Non-Covered Expense	
D8080	comprehensive orthodontic treatment of the adolescent dentition	N/C-Non-Covered Expense	
D8090	comprehensive orthodontic treatment of the adult dentition	N/C-Non-Covered Expense	
D8210	removable appliance therapy	N/C-Non-Covered Expense	
D8220	fixed appliance therapy	N/C-Non-Covered Expense	
D8660	pre-orthodontic treatment visit	N/C-Non-Covered Expense	

D8670	periodic orthodontic treatment visit (as part of contract)	N/C-Non-Covered Expense	
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	N/C-Non-Covered Expense	
D8681	removable orthodontic retainer adjustment	N/C-Non-Covered Expense	
D8690	orthodontic treatment (alternative billing to a contract fee)	N/C-Non-Covered Expense	
D8696	repair of orthodontic appliance - maxillary	N/C-Non-Covered Expense	
D8697	repair of orthodontic appliance - mandibular	N/C-Non-Covered Expense	
D8698	re-cement or re-bond fixed retainer - maxillary	N/C-Non-Covered Expense	
D8699	re-cement or re-bond fixed retainer - mandibular	N/C-Non-Covered Expense	
D8701	repair of fixed retainer, includes reattachment - maxillary	N/C-Non-Covered Expense	
D8702	repair of fixed retainer, includes reattachment - mandibular	N/C-Non-Covered Expense	
D8703	replacement of lost or broken retainer - maxillary	N/C-Non-Covered Expense	
D8704	replacement of lost or broken retainer - mandibular	N/C-Non-Covered Expense	
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	N/C-Non-Covered Expense	
D8999	unspecified orthodontic procedure, by report	Set to Deny--Route for UM review if medically necessary	
Adjunctive General Services		D9000 - D9999	
D9110	palliative treatment of dental pain – per visit		

D9120	fixed partial denture sectioning		
D9130	temporomandibular joint dysfunction – non-invasive physical therapies	N/C-Non-Covered Expense	
D9210	local anesthesia not in conjunction with operative or surgical procedures	N/C-Non-Covered Expense	
D9211	regional block anesthesia	N/C-Non-Covered Expense	
D9212	trigeminal division block anesthesia	N/C-Non-Covered Expense	
D9215	local anesthesia	N/C-Non-Covered Expense	
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	N/C-Non-Covered Expense	
D9222	deep sedation/general anesthesia – first 15 minutes		Must be done on the same DOS as: D6010, D6011, D6012, D6013, D6040, D6050, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7280, D7285, D7286, D7287, D7310, D7311, D7320, D7321, D7340, D7350, D7410, D7411, D7412, D7450, D7451, D7460, D7461, D7471, D7472, D7473, D7485, D7510, D7511, D7550, D7560, D7610, D7620, D7630, D7640, D7710, D7720, D7730, D7740, D7750, D7780, D7910, D7911, D7912, D7953, D7960, D7963, D7970, D7971, D7972, D7980
D9223	deep sedation/general anesthesia – each 15 subsequent minute increment		Same as D9222
D9230	analgesia, anxiolysis, inhalation of nitrous oxide	N/C--Unnecessary or Special Technique	
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes		Same as D9222
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		Same as D9222
D9248	non-intravenous conscious sedation	N/C-Non-Covered Expense	

D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	N/C--Unnecessary or Special Technique	
D9311	consultation with a medical health care professional	N/C-Non-Covered Expense	
D9410	house/extended care facility call	N/C-Non-Covered Expense	
D9420	hospital call	N/C-Non-Covered Expense	
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	N/C-Non-Covered Expense	
D9440	office visit - after regularly scheduled hours	N/C-Non-Covered Expense	
D9450	case presentation, subsequent to detailed and extensive treatment planning	N/C-Non-Covered Expense	
D9610	therapeutic drug injection, by report	N/C--Drugs and other medications	
D9612	therapeutic parenteral drugs, two or more administrations, different medications	N/C--Drugs and other medications	
D9613	infiltration of sustained release therapeutic drug – single or multiple sites	N/C-Non-Covered Expense	
D9630	other drugs and/or medicaments, by report	N/C--Drugs and other medications	
D9910	application of desensitizing medicament	N/C--Desensitizing	
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	N/C--Desensitizing	
D9920	behavior management, by report	N/C-Non-Covered Expense	

D9930	treatment of complications (post-surgical) - unusual circumstances, by report	Procedure will require review	
D9932	cleaning and inspection of removable complete denture, maxillary	N/C-Non-Covered Expense	
D9933	cleaning and inspection of removable complete denture, mandibular	N/C-Non-Covered Expense	
D9934	cleaning and inspection of removable partial denture, maxillary	N/C-Non-Covered Expense	
D9935	cleaning and inspection of removable partial denture, mandibular	N/C-Non-Covered Expense	
D9941	fabrication of athletic mouthguard	N/C--Unnecessary or Special Technique	
D9942	repair and/or reline of occlusal guard	N/C--TMJ Related	
D9943	occlusal guard adjustment	N/C-Non-Covered Expense	
D9944	occlusal guard – hard appliance, full arch	N/C-Non-Covered Expense	
D9945	occlusal guard – soft appliance, full arch	N/C-Non-Covered Expense	
D9946	occlusal guard – hard appliance, partial arch	N/C-Non-Covered Expense	
D9950	occlusion analysis - mounted case	N/C--TMJ Related	
D9951	occlusal adjustment - limited	N/C--TMJ Related	
D9952	occlusal adjustment - complete	N/C--TMJ Related	
D9953	reline custom sleep apnea appliance (indirect)		
D9961	duplicate/copy patient's records	N/C-Non-Covered Expense	
D9970	enamel microabrasion	N/C--TMJ Related	
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	N/C-Non-Covered Expense	
D9972	external bleaching - per arch	N/C-Non-Covered Expense	

D9973	external bleaching - per tooth	N/C-Non-Covered Expense	
D9974	internal bleaching - per tooth	N/C-Non-Covered Expense	
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	N/C-Non-Covered Expense	
D9985	sales tax	N/C-Non-Covered Expense	
D9986	missed appointment	N/C-Non-Covered Expense	
D9987	cancelled appointment	N/C-Non-Covered Expense	
D9990	certified translation or sign-language services – per visit	N/C-Non-Covered Expense	
D9991	dental case management – addressing appointment compliance barriers	N/C-Non-Covered Expense	
D9992	dental case management – care coordination	N/C-Non-Covered Expense	
D9993	dental case management – motivational interviewing	N/C-Non-Covered Expense	
D9994	dental case management – patient education to improve oral health literacy	N/C-Non-Covered Expense	
D9995	teledentistry – synchronous; real-time encounter	N/C-Non-Covered Expense	
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for	N/C-Non-Covered Expense	
D9997	dental case management - patients with special health care needs	N/C-Non-Covered Expense	
D9999	unspecified adjunctive procedure, by report	Set to Deny--Route for UM review if medically necessary	



























