TABLE OF DENTAL PROCEDURES

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.

The attached is a list of dental procedures for which benefits are payable under this section is based upon the Current Dental Terminology, (CDT-5), copyrighted 2004, American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement prosthetic crown, appliance, or fixed partial denture will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.
- X-ray films, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured.
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed.
TYPE 1 PROCEDURES
PAYMENT BASIS - NON CONTRACTING PROVIDER - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar Year

For Additional Limitations - See Limitations

ROUTINE ORAL EVALUATION
D0120 Periodic oral evaluation.
D0150 Comprehensive oral evaluation - new or established patient.
D0180 Comprehensive periodontal evaluation - new or established patient.

COMPREHENSIVE EVALUATION: D0150, D0180
  • Coverage is limited to 1 of each of these procedures per 1 provider.
  • In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per 1 benefit period.
  • D0120, also contribute(s) to this limitation.
  • If frequency met, will be considered at an alternate benefit of a D0120 and count toward this frequency.

ROUTINE EVALUATION: D0120
  • Coverage is limited to 2 of any of these procedures per 1 benefit period.
  • D0150, D0180, also contribute(s) to this limitation.

COMPLETE SERIES OR PANORAMIC FILM
D0210 Intraoral - complete series (including bitewings).
D0330 Panoramic film.

COMPLETE SERIES/PANORAMIC FILMS: D0210, D0330
  • Coverage is limited to 1 of any of these procedures per 3 year(s).

OTHER XRAYS
D0220 Intraoral - periapical first film.
D0230 Intraoral - periapical each additional film.
D0240 Intraoral - occlusal film.
D0250 Extraoral - first film.
D0260 Extraoral - each additional film.

PERIAPICAL FILMS: D0220, D0230
  • The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

BITEWING FILMS
D0270 Bitewing - single film.
D0272 Bitewings - two films.
D0274 Bitewings - four films.
D0277 Vertical bitewings - 7 to 8 films.

BITEWING FILMS: D0270, D0272, D0274
  • Coverage is limited to 2 of any of these procedures per 1 benefit period.
  • D0277, also contribute(s) to this limitation.
  • The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

VERTICAL BITEWING FILM: D0277
  • Coverage is limited to 1 of any of these procedures per 3 year(s).
  • The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

PROPHYLAXIS (CLEANING) AND FLUORIDE
D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1201 Topical application of fluoride (including prophylaxis) - child.
D1203 Topical application of fluoride (prophylaxis not included) - child.
D1204 Topical application of fluoride (prophylaxis not included) - adult.
D1205 Topical application of fluoride (including prophylaxis) - adult.

FLUORIDE: D1201, D1203, D1204, D1205
  • Coverage is limited to 1 of any of these procedures per 1 benefit period.
  • Benefits are considered for persons age 18 and under.
  • In addition, D1201, D1205 coverage is limited to 2 of any of these procedures per 1 benefit period.
  • D1110, D1120, D4910, also contribute(s) to this limitation.
  • The frequency limitation will not be exceeded for either Fluoride or Prophylaxis (cleaning).

PROPHYLAXIS: D1110, D1120
TYPE 1 PROCEDURES

- Coverage is limited to 2 of any of these procedures per 1 benefit period.
- D1201, D1205, D4910, also contribute(s) to this limitation.
- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

SPACE MAINTAINERS

D1510 Space maintainer - fixed - unilateral.
D1515 Space maintainer - fixed - bilateral.
D1520 Space maintainer - removable - unilateral.
D1525 Space maintainer - removable - bilateral.
D1550 Re-cementation of space maintainer.

SPACE MAINTAINER: D1510, D1515, D1520, D1525
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

APPLIANCE THERAPY

D8210 Removable appliance therapy.
D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220
- Coverage is limited to the correction of thumb-sucking.
TYPE 2 PROCEDURES
PAYMENT BASIS - NON CONTRACTING PROVIDER - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

LIMITED ORAL EVALUATION
D0140 Limited oral evaluation - problem focused.
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).
LIMITED ORAL EVALUATION: D0140, D0170
• Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120 and count towards this frequency.

ORAL PATHOLOGY/LABORATORY
D0472 Accession of tissue, gross examination, preparation and transmission of written report.
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.
ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474
• Coverage is limited to 1 of any of these procedures per 12 month(s).
• Coverage is limited to 1 examination per biopsy/excision.

SEALANT
D1351 Sealant - per tooth.
SEALANT: D1351
• Coverage is limited to 1 of any of these procedures per 3 year(s).
• Benefits are considered for persons age 16 and under.
• Benefits are considered on permanent molars only.
• Coverage is allowed on the occlusal surface only.

AMALGAM RESTORATIONS (FILLINGS)
D2140 Amalgam - one surface, primary or permanent.
D2150 Amalgam - two surfaces, primary or permanent.
D2160 Amalgam - three surfaces, primary or permanent.
D2161 Amalgam - four or more surfaces, primary or permanent.
AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161
• Coverage is limited to 1 of any of these procedures per 6 month(s).
• D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D9911, also contribute(s) to this limitation.

RESIN RESTORATIONS (FILLINGS)
D2330 Resin-based composite - one surface, anterior.
D2331 Resin-based composite - two surfaces, anterior.
D2332 Resin-based composite - three surfaces, anterior.
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).
D2391 Resin-based composite - one surface, posterior.
D2392 Resin-based composite - two surfaces, posterior.
D2393 Resin-based composite - three surfaces, posterior.
D2394 Resin-based composite - four or more surfaces, posterior.
D2410 Gold foil - one surface.
D2420 Gold foil - two surfaces.
D2430 Gold foil - three surfaces.
COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394
• Coverage is limited to 1 of any of these procedures per 6 month(s).
• D2140, D2150, D2160, D2161, D9911, also contribute(s) to this limitation.
• Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
GOLD FOIL RESTORATIONS: D2410, D2420, D2430
TYPE 2 PROCEDURES

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

STAINLESS STEEL CROWN (PREFABRICATED CROWN)
- D2390 Resin-based composite crown, anterior.
- D2930 Prefabricated stainless steel crown - primary tooth.
- D2931 Prefabricated stainless steel crown - permanent tooth.
- D2932 Prefabricated resin crown.
- D2933 Prefabricated stainless steel crown with resin window.
- D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.

   STAINLESS STEEL CROWN:  D2390, D2930, D2931, D2932, D2933, D2934

   • Replacement is limited to 1 of any of these procedures per 12 month(s).
   • Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

RECEMENT
- D2910 Recement inlay, onlay, or partial coverage restoration.
- D2915 Recement cast or prefabricated post and core.
- D2920 Recement crown.
- D6930 Recement fixed partial denture.

SEDATIVE FILLING
- D2940 Sedative filling.

ENDODONTICS MISCELLANEOUS
- D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
- D3221 Pulpal debridement, primary and permanent teeth.
- D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).
- D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).
- D3333 Internal root repair of perforation defects.
- D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).
- D3430 Retrograde filling - per root.
- D3450 Root amputation - per root.
- D3920 Hemisection (including any root removal), not including root canal therapy.

   ENDODONTICS MISCELLANEOUS:  D3333, D3430, D3450, D3920

   • Procedure D3333 is limited to permanent teeth only.
   • PULPOTOMY/PULPAL DEBRIDEMENT/PULPAL THERAPY:  D3220, D3221, D3230, D3240

   • Procedure D3220 is limited to primary teeth.

ENDODONTIC THERAPY (ROOT CANALS)
- D3310 Anterior (excluding final restoration).
- D3320 Bicuspid (excluding final restoration).
- D3330 Molar (excluding final restoration).
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
- D3346 Retreatment of previous root canal therapy - anterior.
- D3347 Retreatment of previous root canal therapy - bicuspid.
- D3348 Retreatment of previous root canal therapy - molar.

   ROOT CANALS:  D3310, D3320, D3330, D3332

   • Benefits are considered on permanent teeth only.
   • Allowances include intraoperative films and cultures but exclude final restoration.
TYPE 2 PROCEDURES

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348
• Coverage is limited to 1 of any of these procedures per 12 month(s).
• D3310, D3320, D3330, also contribute(s) to this limitation.
• Benefits are considered on permanent teeth only.
• Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative films and cultures but exclude final restoration.

SURGICAL ENDODONTICS
D3410 Apicoectomy/periradicular surgery - anterior.
D3421 Apicoectomy/periradicular surgery - bicuspid (first root).
D3425 Apicoectomy/periradicular surgery - molar (first root).
D3426 Apicoectomy/periradicular surgery (each additional root).

SURGICAL PERIODONTICS
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant.
D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.
D4261 Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.
D4263 Bone replacement graft - first site in quadrant.
D4264 Bone replacement graft - each additional site in quadrant.
D4265 Biologic materials to aid in soft and osseous tissue regeneration.
D4270 Pedicle soft tissue graft procedure.
D4271 Free soft tissue graft procedure (including donor site surgery).
D4273 Subepithelial connective tissue graft procedures, per tooth.
D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).
D4275 Soft tissue allograft.
D4276 Combined connective tissue and double pedicle graft, per tooth.

BONE GRAFTS: D4263, D4264, D4265
• Each quadrant is limited to 1 of each of these procedures per 3 year(s).
• Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211
• Each quadrant is limited to 1 of each of these procedures per 3 year(s).
• Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261
• Each quadrant is limited to 1 of each of these procedures per 3 year(s).
• Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4271, D4273, D4275, D4276
• Each quadrant is limited to 2 of any of these procedures per 3 year(s).
• Coverage is limited to treatment of periodontal disease.

NON-SURGICAL PERIODONTICS
D4341 Periodontal scaling and root planing - four or more teeth per quadrant.
D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

CHEMOTHERAPEUTIC AGENTS: D4381
• Each quadrant is limited to 2 of any of these procedures per 2 year(s).
• A scaling and root planing or periodontal maintenance procedure must be performed in this quadrant within 2 years prior to the date of service for this procedure.

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342
TYPE 2 PROCEDURES

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

FULL MOUTH DEBRIDEMENT
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis.
FULL MOUTH DEBRIDEMENT: D4355
- Coverage is limited to 1 of any of these procedures per 5 year(s).

PERIODONTAL MAINTENANCE
D4910 Periodontal maintenance.
PERIODONTAL MAINTENANCE: D4910
- Coverage is limited to 2 of any of these procedures per 1 benefit period.
- Coverage is contingent upon evidence of full mouth active periodontal therapy. Benefits are not available if performed on the same date as any other periodontal procedure.

DENTURE REPAIR
D5510 Repair broken complete denture base.
D5520 Replace missing or broken teeth - complete denture (each tooth).
D5610 Repair resin denture base.
D5620 Repair cast framework.
D5630 Repair or replace broken clasp.
D5640 Replace broken teeth - per tooth.

DENTURE RELINES
D5730 Reline complete maxillary denture (chairside).
D5731 Reline complete mandibular denture (chairside).
D5740 Reline maxillary partial denture (chairside).
D5741 Reline mandibular partial denture (chairside).
D5750 Reline complete maxillary denture (laboratory).
D5751 Reline complete mandibular denture (laboratory).
D5760 Reline maxillary partial denture (laboratory).
D5761 Reline mandibular partial denture (laboratory).
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761
- Coverage is limited to service dates more than 6 months after placement date.

NON-SURGICAL EXTRACTIONS
D7111 Extraction, coronal remnants - deciduous tooth.
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

SURGICAL EXTRACTIONS
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.
D7220 Removal of impacted tooth - soft tissue.
D7230 Removal of impacted tooth - partially bony.
D7240 Removal of impacted tooth - completely bony.
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.
D7250 Surgical removal of residual tooth roots (cutting procedure).

OTHER ORAL SURGERY
D7260 Oroantral fistula closure.
D7261 Primary closure of a sinus perforation.
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).
D7280 Surgical access of an unerupted tooth.
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.
TYPE 2 PROCEDURES

D7283  Placement of device to facilitate eruption of impacted tooth.
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.
D7414  Excision of malignant lesion greater than 1.25 cm.
D7415  Excision of malignant lesion, complicated.
D7440  Excision of malignant tumor - lesion diameter up to 1.25 cm.
D7441  Excision of malignant tumor - lesion diameter greater than 1.25 cm.
D7450  Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.
D7451  Removal of benign odontogenic cyst or tumor - lesion diameter 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.
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.
D7510  Incision and drainage of abscess - intraoral soft tissue.
D7520  Incision and drainage of abscess - extraoral soft tissue.
D7530  Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
D7540  Removal of reaction producing foreign bodies, musculoskeletal system.
D7550  Partial ostectomy/sequestrectomy for removal of non-vital bone.
D7560  Maxillary sinusotomy for removal of tooth fragment or foreign body.
D7910  Suture of recent small wounds up to 5 cm.
D7911  Complicated suture - up to 5 cm.
D7912  Complicated suture - greater than 5 cm.
D7960  Frenulectomy (frenectomy or frenotomy) - separate procedure.
D7963  Frenuloplasty.
D7970  Excision of hyperplastic tissue - per arch.
D7972  Surgical reduction of fibrous tuberosity.
D7980  Sialolithotomy.
D7983  Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473
• Coverage is limited to 5 of any of these procedures per 1 lifetime.

BIOPSY OF ORAL TISSUE

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.
TYPE 2 PROCEDURES

PALLIATIVE

D9110 Palliative (emergency) treatment of dental pain - minor procedure.

  PALLIATIVE TREATMENT: D9110

  • Not covered in conjunction with other procedures, except diagnostic x-ray films.

ANESTHESIA-GENERAL/IV

D9220 Deep sedation/general anesthesia - first 30 minutes.

D9221 Deep sedation/general anesthesia - each additional 15 minutes.

D9241 Intravenous conscious sedation/analgesia - first 30 minutes.

D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes.

  GENERAL ANESTHESIA: D9220, D9221, D9241, D9242

  • Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of two additional units (D9221 or D9242) will be considered.

PROFESSIONAL CONSULT/VISIT/SERVICES

D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.

D9440 Office visit - after regularly scheduled hours.

D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.

  CONSULTATION: D9310

  • Coverage is limited to 1 of any of these procedures per 1 provider.

  OFFICE VISIT: D9430, D9440

  • Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

OCCLUSAL ADJUSTMENT

D9951 Occlusal adjustment - limited.

D9952 Occlusal adjustment - complete.

  OCCLUSAL ADJUSTMENT: D9951, D9952

  • Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

MISCELLANEOUS

D2951 Pin retention - per tooth, in addition to restoration.

D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

  DESENSITIZATION: D9911

  • Coverage is limited to 1 of any of these procedures per 6 month(s).

  • D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, also contribute(s) to this limitation.

  • Porcelain and resin benefits are considered for anterior and bicuspid teeth only.