

Diagnostic Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D0120	Periodic oral evaluation - established patient	Yes	Yes	No	Two instances of D0120 or D0150 per Member, per year.
D0140	Limited oral evaluation - problem focused	Yes	Yes	No	One instance of D0140, D0160, D0170, or D9110 per Member, per date of service, per service location.
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No	Yes: Less than three years old	No	Two instances of D0145 per Member, per year.
D0150	Comprehensive oral evaluation - new or established patient	Yes	Yes	No	One instance of D0150 per Member, per three years, per service location.
D0160	Detailed and extensive oral evaluation - problem focused, by report	Yes	Yes	No	One instance of D0140, D0160, D0170, or D9110 per Member, per date of service, per service location.
D0170	Re-evaluation – limited, problem focused, (established patient; not post-operative visit)	Yes	Yes	No	One instance of D0140, D0160, D0170, or D9110 per Member, per date of service, per service location.
D0180	Comprehensive periodontal evaluation: new or established patient	Yes	Yes	No	Two instances of D0180 per Member, per year.
D0190	Screening of a patient	Yes	Yes	No	One instance of D0190 per Member, per date of service, per telehealth assessment.
D0210	Intraoral - complete series of radiographic images	Yes	Yes	No	One instance of D0210 or D0330 per Member, per three years.
D0220	Intraoral - periapical, first radiographic image	Yes	Yes	No	One instance of D0220 per Member, per date of service, per service location, but no more than twelve instances of D0220 or D0230 per year.

Diagnostic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D0230	Intraoral - periapical, each additional radiographic image	Yes	Yes	No	One instance of D0230 per Member, per date of service, per service location, but no more than twelve instances of D0220 or D0230 per year.
D0240	Intraoral - occlusal radiographic image	No	Yes	No	One instance of D0240 per Member, per three years.
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	No	Yes	Yes	Prior Authorization
D0251	Extra-oral posterior dental radiographic image	Only covered for adults with a diagnosis of ID or DD	Yes	No	One instance of D0251, D0272, D0273, D0274, or D0277 per Member, per year, per service location.
D0270	Bitewing - single radiographic image	Yes	Yes	No	One instance of D0270 per Member, per date of service, per service location.
D0272	Bitewings - two radiographic images	Yes	Yes	No	Two instance of D0251, D0272, D0273, D0274, or D0277 per Member, per year, per service location.
D0273	Bitewings - three radiographic images	Yes	Yes	No	Two instance of D0251, D0272, D0273, D0274, or D0277 per Member, per year, per service location.
D0274	Bitewings - four radiographic images	Yes	Yes	No	Two instance of D0251, D0272, D0273, D0274, or D0277 per Member, per year, per service location.
D0277	Vertical bitewings - 7 to 8 radiographic images	Yes	Yes	No	Two instance of D0251, D0272, D0273, D0274, or D0277 per Member, per year, per service location.
D0310	Sialography	Yes	Yes	Yes	Prior Authorization

Diagnostic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D0320	Temporomandibular joint arthrogram, including injection	Yes	Yes	Yes	Prior authorization
D0321	Other temporomandibular joint radiographic images, by report	Yes	Yes	Yes	Prior authorization
D0330	Panoramic radiographic image	Yes	Yes	No	One instance of D0210 or D0330 per Member, per three years.
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	No	Yes	No	One instance of D0340 when medically necessary as part of an orthodontic, trauma, or orthognathic treatment plan.
D0460	Pulp vitality tests	Yes	Yes	No	One of D0460 per Member, per episode.
D0470	Diagnostic casts	No	Yes	No	One of D0470 per Member, per lifetime
D0601	Caries risk assessment and documentation, with a finding of low risk	Yes	Yes	No	One instance of D0601, D0602, or D0603 per Member, per risk assessment.
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Yes	Yes	No	One instance of D0601, D0602, or D0603 per Member, per risk assessment.
D0603	Caries risk assessment and documentation, with a finding of high risk	Yes	Yes	No	One instance of D0601, D0602, or D0603 per Member, per risk assessment.
D0604	Antigen testing for a public health related pathogen, including coronavirus	Yes	Yes	No	
D0605	Antibody testing for a public health related pathogen, including coronavirus	Yes	Yes	No	

Preventive Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D1110	Prophylaxis - Adult	Yes	Yes	No	Three instances of D1110, D1120, D4346, or D4910 per Member, per year.
D1120	Prophylaxis - Child	No	Yes	No	Three instances of D1110, D1120, D4346, or D4910 per Member, per year.
D1206	Topical application of fluoride varnish	Yes	Yes	No	Child: Four instances per Member, per year. Adult: Two instances per Member, per year.
D1208	Topical application of fluoride - excluding varnish	Yes	Yes	No	
D1310	Nutritional counseling for control of dental disease	Yes	Yes	No	One instance of D1310 per Member, per year.
D1320	Tobacco counseling for the control and prevention of oral disease	Yes	Yes	No	Two instances of D1320 or D1321 per Member, per year.
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Yes	Yes	No	Two instances of D1320 or D1321 per Member, per year.
D1330	Oral hygiene instructions	No	Yes	No	Three instances of D1330 per Member, per year.
D1351	Sealant - per tooth	No	Yes	No	One instance of D1351 per eligible tooth, per three years.
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Yes	Yes	No	One instance of D1352 per eligible tooth, per three years

Preventive Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D1354	Application of caries arresting medicament per tooth	Yes	Yes	No	Two instances of D1354 or D1355 per tooth, per year.
D1355	Caries preventive medicament application—per tooth	Yes	Yes	No	Two instances of D1354 or D1355 per tooth, per year.
D1510	Space maintainer - fixed, unilateral - per quadrant	No	Yes	No	Two instances of D1510, D1520, or D1575 per quadrant, per lifetime.
D1516	Space maintainer - fixed - bilateral, maxillary	No	Yes	No	Two instances of D1516 or D1526 per Member, per lifetime.
D1517	Space maintainer - fixed - bilateral, mandibular	No	Yes	No	Two instances of D1517 or D1527 per Member, per lifetime.
D1520	Space maintainer – removable, unilateral	No	Yes	No	Two instances of D1510, D1520, or D1575 per quadrant, per lifetime.
D1526	Space maintainer - removable - bilateral, maxillary	No	Yes	No	Two instances of D1516 or D1526 per Member, per lifetime.
D1527	Space maintainer - removable - bilateral, mandibular	No	Yes	No	Two instances of D1517 or D1527 per Member, per lifetime.
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No	Yes	No	One instance of D1551 per Member, per six months.
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No	Yes	No	One instance of D1552 per Member, per six months.
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No	Yes	No	One instance of D1553 per quadrant, per six months.

Preventive Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D1556	Removal of fixed unilateral space maintainer - per quadrant	No	Yes	No	One instance of D1556 per space maintainer.
D1557	Removal of fixed bilateral space maintainer - maxillary	No	Yes	No	One instance of D1557 per space maintainer.
D1558	Removal of fixed bilateral space maintainer - mandibular	No	Yes	No	One instance of D1558 per space maintainer.
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	No	Yes	No	Two instances of D1510, D1520, or D1575 per quadrant, per lifetime.

Restorative Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D2140	Amalgam - one surface, primary or permanent	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2150	Amalgam - two surfaces, primary or permanent	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2160	Amalgam - three surfaces, primary or permanent	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.

Restorative Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D2161	Amalgam - four or more surfaces, primary or permanent	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2330	Resin-based composite - one surface, anterior	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2331	Resin-based composite - two surfaces, anterior	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2332	Resin-based composite - three surfaces, anterior	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2390	Resin-based composite crown, anterior	Yes	Yes	For members 21 and over	One instance of D2390 per tooth, per three years.
D2391	Resin-based composite - one surface, posterior	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2392	Resin-based composite - two surfaces, posterior	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.

Restorative Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D2393	Resin-based composite - three surfaces, posterior	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2394	Resin-based composite - four or more surfaces, posterior	Yes	Yes	No	One instance of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, or D2394 per tooth surface, per year.
D2740	Crown – porcelain/ceramic substrate	Yes	Yes	For members 21 and over	One instance of D2740, D2750, D2751, or D2752 per tooth, per five years.
D2750	Crown – porcelain fused to high-noble metal	Yes	Yes	For members 21 and over	One instance of D2740, D2750, D2751, or D2752 per tooth, per five years.
D2751	Crown – porcelain fused to predominantly base metal	Yes	Yes	For members 21 and over	One instance of D2740, D2750, D2751, or D2752 per tooth, per five years.
D2752	Crown – porcelain fused to noble metal	Yes	Yes	For members 21 and over	One instance of D2740, D2750, D2751, or D2752 per tooth, per five years.
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Yes	Yes	No	One of D2915 per tooth, per year.
D2920	Re-cement or re-bond crown	Yes	Yes	No	One of D2920 per tooth, per year.
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Yes	Yes	For members 21 and over	One instance of D2928, D2929, D2930, D2931, D2932, D2933, or D2934 per tooth, per two years.
D2929	Prefabricated porcelain/ceramic crown - primary tooth	No	Yes	No	One instance of D2928, D2929, D2930, D2931, D2932, D2933, or D2934 per tooth, per two years.
D2930	Prefabricated stainless steel crown - primary tooth	No	Yes	No	One instance of D2928, D2929, D2930, D2931, D2932, D2933, or D2934 per tooth, per two years.

Restorative Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D2931	Prefabricated stainless steel crown - permanent tooth	Yes	Yes	For members 21 and over	One instance of D2928, D2929, D2930, D2931, D2932, D2933, or D2934 per tooth, per two years.
D2932	Prefabricated resin crown	Yes	Yes	For members 21 and over	One instance of D2928, D2929, D2930, D2931, D2932, D2933, or D2934 per tooth, per two years.
D2933	Prefabricated stainless steel crown with resin window	Yes	Yes	For members 21 and over	One instance of D2928, D2929, D2930, D2931, D2932, D2933, or D2934 per tooth, per two years.
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	No	Yes	No	One instance of D2928, D2929, D2930, D2931, D2932, D2933, or D2934 per tooth, per two years.
D2940	Protective restoration	Yes	Yes	No	One of D2940 per tooth, per year.
D2950	Core buildup, including any pins when required	Yes	Yes	No	One instance of D2950 or D2954 per tooth, per five years.
D2951	Pin retention - per tooth, in addition to restoration	Yes	Yes	No	One instance of D2951 per tooth, per two years.
D2954	Prefabricated post and core in addition to crown	Yes	Yes	No	One instance of D2950 or D2954 per tooth, per five years.
D2980	Crown repair necessitated by restorative material failure	Yes	Yes	No	One instance of D2980 per tooth, per five years.
D2999	Unspecified restorative procedure, by report	Yes	Yes	Yes	Prior authorization

Endodontic Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D3110	Pulp cap- direct (excluding final restoration)	Yes	Yes	No	One instance of D3110 per tooth, per three years.
D3120	Pulp cap- indirect (excluding final restoration)	Yes	Yes	No	One instance of D3120 per tooth, per three years.
D3220	Therapeutic pulpotomy (excluding final restoration)- removal of pulp coronal to the dentinocemental junction and application of medicament	Yes	Yes	No	One instance of D3220 per tooth, per lifetime.
D3221	Pulpal debridement, primary and permanent teeth	Yes	Yes	No	One instance of D3221 per tooth, per lifetime.
D3222	Partial pulpotomy for apexogenesis- permanent tooth with incomplete root development	Yes	Yes	No	One instance of D3222 per tooth, per lifetime.
D3230	Pulpal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration)	No	Yes	No	One instance of D3230 per tooth, per lifetime.
D3240	Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding final restoration)	No	Yes	No	One instance of D3240 per tooth, per lifetime.
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Yes	Yes	No	One instance of D3310 per tooth, per lifetime.

Endodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Yes	Yes	No	One instance of D3320 per tooth, per lifetime.
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Yes	Yes	No	One instance of D3330 per tooth, per lifetime.
D3346	Retreatment of previous root canal therapy- anterior	Yes	Yes	No	One instance of D3346 per tooth, per lifetime.
D3347	Retreatment of previous root canal therapy - premolar	Yes	Yes	No	One instance of D3347 per tooth, per lifetime.
D3348	Retreatment of previous root canal therapy - molar	Yes	Yes	No	One instance of D3348 per tooth, per lifetime.
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	No	Yes	No	One instance of D3351 per permanent tooth, per lifetime
D3352	Apexification/recalcification - interim medication replacement	No	Yes	No	One instance of D3352 per permanent tooth, per lifetime
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	No	Yes	No	One instance of D3353 per permanent tooth, per lifetime

Endodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D3410	Apicoectomy - anterior	Yes	Yes	No	One instance of D3410 per permanent tooth, per lifetime.
D3421	Apicoectomy – premolar (first root)	Yes	Yes	No	One instance of D3421 per permanent tooth, per lifetime
D3425	Apicoectomy – molar (first root)	Yes	Yes	No	One instance of D3425 per permanent tooth, per lifetime.
D3426	Apicoectomy (each additional root)	Yes	Yes	No	One instance of D3426 per permanent tooth, per lifetime.
D3999	Unspecified endodontic procedure, by report	Yes	Yes	Yes	Prior authorization

Periodontic Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	Yes	One instance of D4210, D4211, D4240, D4241, D4260, or D4261 per quadrant, per three years
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	Yes	One instance of D4210, D4211, D4240, D4241, D4260, or D4261 per quadrant, per three years
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	Yes	One instance of D4210, D4211, D4240, D4241, D4260, or D4261 per quadrant, per three years

Periodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	Yes	One instance of D4210, D4211, D4240, D4241, D4260, or D4261 per quadrant, per three years
D4245	Apically positioned flap	No	Yes	Yes	One instance of D4245 per quadrant, per three years.
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	Yes	One instance of D4210, D4211, D4240, D4241, D4260, or D4261 per quadrant, per three years
D4261	Osseous surgery (including elevation of a full thickness flap closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	Yes	One instance of D4210, D4211, D4240, D4241, D4260, or D4261 per quadrant, per three years
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	No	Yes	Yes	One instance of D4263 or D4264 per tooth, per lifetime.
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	No	Yes	Yes	One instance of D4263 or D4264 per tooth, per lifetime.
D4270	Pedicle soft tissue graft procedure	No	Yes	Yes	One instance of D4270 per tooth, per lifetime.

Periodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	No	Yes	Yes	One instance of D4277 or D4278 per tooth, per lifetime.
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in the same graft site	No	Yes	Yes	One instance of D4277 or D4278 per tooth, per lifetime.
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Yes	Yes	PA is required to exceed the limit	One instance of D4341 or D4342 per quadrant, per lifetime.
D4342	Periodontal scaling and root planing, 1 - 3 teeth per quadrant	Yes	Yes	PA is required to exceed the limit	One instance of D4341 or D4342 per quadrant, per lifetime.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Yes	Yes	No	Three instances of D1110, D1120, D4346, or D4910 per Member, per year.
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Yes	Yes	No	One instance of D4355 per Member, per year.

Periodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D4910	Periodontal maintenance	Yes	Yes	No	Three instances of D1110, D1120, D4346, or D4910 per Member, per year.
D4999	Unspecified periodontal procedure, by report	Yes	Yes	Yes	Prior authorization

Removable Prosthodontic Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D5110	Complete denture - maxillary	Yes	Yes	Yes	One instance of D5110, D5130, D5211, D5213, D5221, D5223, or D5225 per Member, per five years.
D5120	Complete denture - mandibular	Yes	Yes	Yes	One instance of D5120, D5140, D5212, D5214, D5222, D5224, and D5226 per Member, per five years.
D5130	immediate denture – maxillary	Yes	Yes	Yes	One instance of D5130 per Member, per lifetime.
D5140	Immediate denture - mandibular	Yes	Yes	Yes	One instance of D5140 per Member, per lifetime.
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).	Yes	Yes	Yes	One instance of D5110, D5130, D5211, D5213, D5221, D5223, or D5225 per Member, per five years.
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Yes	Yes	Yes	One instance of D5120, D5140, D5212, D5214, D5222, D5224, and D5226 per Member, per five years.

Removable Prosthodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes	Yes	Yes	One instance of D5110, D5130, D5211, D5213, D5221, D5223, or D5225 per Member, per five years.
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes	Yes	Yes	One instance of D5120, D5140, D5212, D5214, D5222, D5224, and D5226 per Member, per five years.
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	One instance of D5110, D5130, D5211, D5213, D5221, D5223, or D5225 per Member, per five years.
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	One instance of D5120, D5140, D5212, D5214, D5222, D5224, and D5226 per Member, per five years.
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	One instance of D5110, D5130, D5211, D5213, D5221, D5223, or D5225 per Member, per five years.

Removable Prosthodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	One instance of D5120, D5140, D5212, D5214, D5222, D5224, and D5226 per Member, per five years.
D5225	maxillary partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	Yes	Yes	Yes	One instance of D5110, D5130, D5211, D5213, D5221, D5223, or D5225 per Member, per five years.
D5226	mandibular partial denture – flexible base (including retentive/ clasping materials, rests, and teeth)	Yes	Yes	Yes	One instance of D5120, D5140, D5212, D5214, D5222, D5224, and D5226 per Member, per five years.
D5410	Adjust complete denture - maxillary	Yes	Yes	No	Two instances of D5410 per Member, per year.
D5411	Adjust complete denture - mandibular	Yes	Yes	No	Two instances of D5411 per Member, per year.
D5421	Adjust partial denture - maxillary	Yes	Yes	No	Two instances of D5421 per Member, per year.
D5422	Adjust partial denture - mandibular	Yes	Yes	No	Two instances of D5422 per Member, per year.
D5511	Repair broken complete denture base, mandibular	Yes	Yes	No	Two instances of D5511 per Member, per year.
D5512	Repair broken complete denture base, maxillary	Yes	Yes	No	Two instances of D5512 per Member, per year.
D5520	Replace missing or broken teeth - complete denture (each tooth)	Yes	Yes	No	Two instances of D5520 or D5640 per Member, per year.

Removable Prosthodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D5611	Repair resin partial denture base, mandibular	Yes	Yes	No	Two instances of D5611 per Member, per year.
D5612	Repair resin partial denture base, maxillary	Yes	Yes	No	Two instances of D5612 per Member, per year.
D5621	Repair cast partial framework, mandibular	Yes	Yes	No	Two instances of D5621 per Member, per year.
D5622	Repair cast partial framework, maxillary	Yes	Yes	No	Two instances of D5622 per Member, per year.
D5630	Repair or replace broken clasp - per tooth	Yes	Yes	No	Two instances of D5630 per Member, per year.
D5640	Replace broken teeth - per tooth	Yes	Yes	No	Two instances of D5640 or D5640 per Member, per year.
D5650	Add tooth to existing partial denture	Yes	Yes	No	Two instances of D5650 per Member, per year.
D5660	Add clasp to existing partial denture - per tooth	Yes	Yes	No	Two instances of D5660 per Member, per year.
D5710	Rebase complete maxillary denture	Yes	Yes	No	One instance of D5710, D5730, or D5750 per Member, per three years.
D5711	Rebase complete mandibular denture	Yes	Yes	No	One instance of D5711, D5731, or D5751 per Member, per three years.
D5720	Rebase maxillary partial denture	Yes	Yes	No	One instance of D5720, D5740, or D5760 per Member, per three years.
D5721	Rebase mandibular partial denture	Yes	Yes	No	One instance of D5721, D5741, or D5761 per Member, per three years.
D5730	Reline complete maxillary denture (direct)	Yes	Yes	No	One instance of D5710, D5730, or D5750 per Member, per three years.
D5731	Reline complete mandibular denture (direct)	Yes	Yes	No	One instance of D5711, D5731, or D5751 per Member, per three years.

Removable Prosthodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D5740	Reline maxillary partial denture (direct)	Yes	Yes	No	One instance of D5720, D5740, or D5760 per Member, per three years.
D5741	Reline mandibular partial denture (direct)	Yes	Yes	No	One instance of D5721, D5741, or D5761 per Member, per three years.
D5750	Reline complete maxillary denture (indirect)	Yes	Yes	No	One instance of D5710, D5730, or D5750 per Member, per three years.
D5751	Reline complete mandibular denture (indirect)	Yes	Yes	No	One instance of D5711, D5731, or D5751 per Member, per three years.
D5760	Reline upper maxillary partial denture (indirect)	Yes	Yes	No	One instance of D5720, D5740, or D5760 per Member, per three years.
D5761	Reline mandibular partial denture (indirect)	Yes	Yes	No	One instance of D5720, D5740, or D5760 per Member, per three years.

Maxillofacial Prosthetics Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D5986	Fluoride gel carrier	Yes	Yes	Yes	One instance of D5986 per Member, per year.

Fixed Prosthodontic Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Procedure Code Limits
D6241	Pontic - porcelain fused to predominantly base metal	No	Yes	Yes	One instance of D6241, D6242, or D6245 per arch, per five years.
D6242	Pontic - porcelain fused to noble metal	No	Yes	Yes	One instance of D6241, D6242, or D6245 per arch, per five years.

Fixed Prosthodontic Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Procedure Code Limits
D6245	Pontic – porcelain/ceramic	No	Yes	Yes	One instance of D6241, D6242, or D6245 per arch, per five years.
D6545	Retainer - cast metal for resin bonded fixed prosthesis	No	Yes	Yes	Two instances of D6740, D6750, D6751, D6752, D6545, or D6548 per arch, per five years.
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	No	Yes	Yes	Two instances of D6740, D6750, D6751, D6752, D6545, or D6548 per arch, per five years.
D6740	retainer crown – porcelain/ceramic	No	Yes	Yes	Two instances of D6740, D6750, D6751, D6752, D6545, or D6548 per arch, per five years.
D6750	retainer crown – porcelain fused to high noble metal	No	Yes	Yes	Two instances of D6740, D6750, D6751, D6752, D6545, or D6548 per arch, per five years.
D6751	retainer crown – porcelain fused to predominantly base metal	No	Yes	Yes	Two instances of D6740, D6750, D6751, D6752, D6545, or D6548 per arch, per five years.
D6752	retainer crown – porcelain fused to noble metal	No	Yes	Yes	Two instances of D6740, D6750, D6751, D6752, D6545, or D6548 per arch, per five years.
D6930	Re-cement or re-bond fixed partial denture	Yes	Yes	No	Two instances of D6930 per Member, per one year.
D6980	Fixed partial denture repair necessitated by restorative material failure.	Yes	Yes	Yes	Two instances of D6980 per Member, per three years.

Oral and Maxillofacial Surgery Services					
Oral and maxillofacial services are covered services when they are medically necessary or receive prior authorization.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D7111	Extraction, coronal remnants - primary tooth	No	Yes	No	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Yes	Yes	No	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Yes	Yes	No	
D7220	Removal of impacted tooth - soft tissue	Yes	Yes	No	
D7230	Removal of impacted tooth - partially bony	Yes	Yes	No	
D7240	Removal of impacted tooth - completely bony	Yes	Yes	No	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Yes	Yes	No	
D7250	Removal of residual tooth roots (cutting procedure)	Yes	Yes	No	
D7251	Coronectomy - intentional partial tooth removal	Yes	Yes	No	
D7260	Oroantral fistula closure	Yes	Yes	No	
D7261	Primary closure of a sinus perforation	Yes	Yes	No	

Oral and Maxillofacial Surgery Services, cont.					
Oral and maxillofacial services are covered services when they are medically necessary or receive prior authorization.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	Yes	No	
D7280	Exposure of an unerupted tooth	No	Yes	No	
D7283	Placement of device to facilitate eruption of impacted tooth	No	Yes	No	
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	Yes	Yes	No	
D7286	Incisional biopsy of oral tissue-soft	Yes	Yes	No	
D7290	Surgical repositioning of teeth	Yes	Yes	Yes	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Yes	Yes	Yes	Prior authorization
D7295	Harvest of bone for use in autogenous grafting procedure	Yes	Yes	Yes	Prior authorization
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Yes	Yes	No	

Oral and Maxillofacial Surgery Services, cont.					
Oral and maxillofacial services are covered services when they are medically necessary or receive prior authorization.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D7311	Alveoloplasty in conjunction with extractions – one (1) to three (3) teeth or tooth spaces, per quadrant	Yes	Yes	No	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Yes	Yes	No	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Yes	Yes	No	
D7410	Excision of benign lesion up to 1.25 cm	Yes	Yes	No	
D7411	Excision of benign lesion greater than 1.25 cm	Yes	Yes	No	
D7412	Excision of benign lesion, complicated	Yes	Yes	No	
D7413	Excision of malignant lesion up to 1.25 cm	Yes	Yes	No	
D7414	Excision of malignant lesion greater than 1.25 cm	Yes	Yes	No	
D7415	Excision of malignant lesion, complicated	Yes	Yes	No	

Oral and Maxillofacial Surgery Services, cont.					
Oral and maxillofacial services are covered services when they are medically necessary or receive prior authorization.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	Yes	Yes	No	
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	Yes	Yes	No	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Yes	Yes	No	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Yes	Yes	No	
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Yes	Yes	No	
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Yes	Yes	No	
D7465	Destruction of lesion(s) by physical or chemical method, by report	Yes	Yes	No	
D7471	Removal of lateral exostosis (maxilla or mandible)	Yes	Yes	No	
D7472	Removal of torus palatinus	Yes	Yes	No	

Oral and Maxillofacial Surgery Services, cont.					
Oral and maxillofacial services are covered services when they are medically necessary or receive prior authorization.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D7473	Removal of torus mandibularis	Yes	Yes	No	
D7510	Incision and drainage of abscess - intraoral soft tissue	Yes	Yes	No	
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Yes	Yes	No	
D7520	Incision and drainage of abscess - extraoral soft tissue	Yes	Yes	No	
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Yes	Yes	No	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Yes	Yes	No	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Yes	Yes	No	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Yes	Yes	No	

Oral and Maxillofacial Surgery Services, cont.					
Oral and maxillofacial services are covered services when they are medically necessary or receive prior authorization.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Yes	Yes	No	
D7880	Occlusal orthotic device, by report	Yes	Yes	Yes	One instance of D7880 per Member, per year.
D7910	Suture of recent small wounds up to 5 cm	Yes	Yes	No	
D7911	Complicated suture - up to 5 cm	Yes	Yes	No	
D7912	Complicated suture - greater than 5 cm	Yes	Yes	No	
D7953	Bone replacement graft for ridge preservation - per site	Yes	Yes	Yes	Prior authorization
D7961	Buccal / labial frenectomy (frenulectomy)	No	Yes	No	Three instances of D7961 per Member, per lifetime.
D7962	Lingual frenectomy (frenulectomy)	No	Yes	No	One instance of D7962 per Member, per lifetime.
D7963	Frenuloplasty	No	Yes	No	One instance of D7963 per Member, per lifetime.
D7970	Excision of hyperplastic tissue - per arch	Yes	Yes	No	
D7971	Excision of pericoronal gingiva	Yes	Yes	No	
D7972	Surgical reduction of fibrous tuberosity	Yes	Yes	No	

Oral and Maxillofacial Surgery Services, cont.					
Oral and maxillofacial services are covered services when they are medically necessary or receive prior authorization.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D7979	Non-surgical sialolithotomy - A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland; for example, via manual manipulation, ductal dilation, or any other non-surgical method.	Yes	Yes	No	
D7983	Closure of salivary fistula	Yes	Yes	Yes	Prior authorization
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Yes	Yes	Yes	Prior authorization
D7999	Unspecified oral surgery procedure, by report	Yes	Yes	Yes	Prior authorization

Orthodontics Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D8010	Limited orthodontic treatment of the primary dentition	No	Yes	Yes	One instance of D8010, D8020, D8030, or D8040 per Member, per lifetime.
D8020	Limited orthodontic treatment of the transitional dentition	No	Yes	Yes	One instance of D8010, D8020, D8030, or D8040 per Member, per lifetime.

Orthodontics Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D8030	Limited orthodontic treatment of the adolescent dentition	No	Yes	Yes	One instance of D8010, D8020, D8030, or D8040 per Member, per lifetime.
D8040	Limited orthodontic treatment of adult dentition	No	Yes	Yes	One instance of D8010, D8020, D8030, or D8040 per Member, per lifetime.
D8070	Comprehensive orthodontic treatment of the transitional dentition	No	Yes	Yes	One instance of D8070, D8080, or D8090 per Member, per lifetime.
D8080	Comprehensive orthodontic treatment of the adolescent dentition	No	Yes	Yes	One instance of D8070, D8080, or D8090 per Member, per lifetime.
D8090	Comprehensive orthodontic treatment of the adult dentition	No	Yes	Yes	One instance of D8070, D8080, or D8090 per Member, per lifetime.
D8210	Removable appliance therapy	No	Yes	Yes	One instance of D8210 per Member, per lifetime.
D8220	Fixed appliance therapy	No	Yes	Yes	One instance of D8220 per Member, per lifetime.
D8660	Pre-orthodontic treatment examination to monitor growth and development	No	Yes	No	One instance of D8660 per Member, per six months.
D8670	Periodic orthodontic treatment visit	Yes	Yes	Yes	Prior authorization
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Yes	Yes	No	One instance of D8695 per Member, per emergency.

Orthodontics Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D8696	Repair of orthodontic appliance - maxillary	Yes	Yes	Yes	One instance of D8696 per Member, per year.
D8697	Repair of orthodontic appliance - mandibular	Yes	Yes	Yes	One instance of D8697 per Member, per year.
D8698	Re-cement or re-bond fixed retainer - maxillary	Yes	Yes	No	Two instances of D8698 per Member, per year.
D8699	Re-cement or re-bond fixed retainer - mandibular	Yes	Yes	No	Two instances of D8699 per Member, per year.
D8703	Replacement of lost or broken retainer - maxillary	Yes	Yes	Yes	Two instances of D8703 per Member, per lifetime.
D8704	Replacement of lost or broken retainer - mandibular	Yes	Yes	No	Two instances of D8704 per Member, per lifetime.
D8999	Unspecified orthodontic procedure, by report	Yes	Yes	Yes	Prior authorization

Adjunctive Services					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Yes	Yes	No	One instance of D0140, D0160, D0170, or D9110 per Member, per date of service, per service location.
D9222	Deep sedation/general anesthesia - first 15 minutes	Yes	Yes	No	One instance of D9222 per Member, per date of service.
D9223	Deep sedation/general anesthesia - each subsequent 15-minute increment	Yes	Yes	No	Five instances of D9223 per Member, per date of service.

Adjunctive Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Yes	Yes	No	One instance of D9230 per Member, per date of service.
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	Yes	Yes	No	One instance of D9239 per Member, per date of service.
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15-minute increment	Yes	Yes	No	Eight instances of D9243 per Member, per date of service.
D9248	Non-intravenous conscious sedation	Yes	Yes	No	One instance of D9248 per Member, per date of service.
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Yes	Yes	No	Four instances of D9310 per Member, per year.
D9410	House/extended care facility call	Yes	Yes	No	One instance of D9410 per Member, per date of service
D9420	Hospital or ambulatory surgical center call	Yes	Yes	No	One instance of D9420 per Member, per date of service
D9920	Behavior management, by report	Yes	Yes	No	Three instances of D9920 per Member, per year, per service location.
D9944	Occlusal guard - hard appliance, full arch	Yes	Yes	No	One instance of D9944, D9945, or D9946 per arch, per two years.
D9945	Occlusal guard - soft appliance, full arch	Yes	Yes	No	One instance of D9944, D9945, or D9946 per arch, per two years.
D9946	Occlusal guard - hard appliance, partial arch	Yes	Yes	No	One instance of D9944, D9945, or D9946 per arch, per two years.

Adjunctive Services, cont.					
CDT Code	Code Description	Adult Benefit	Child Benefit	Prior Authorization	Benefit Allowances
D9986	Missed appointment	Yes	Yes	No	One instance of D9986 per Member, per missed appointment, per service location. \$0 fee.
D9992	Dental case management - care coordination	Yes	Yes	No	Two instances of D9992 per Member, per service location, per year
D9995	Teledentistry - synchronous; real-time encounter reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service	Yes	Yes	No	One instance of D9995 or D9996 per Member, per date of service
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Yes	Yes	No	One instance of D9995 or D9996 per Member, per date of service
D9999	Unspecified adjunctive procedure, by report	Yes	Yes	Yes	Prior authorization