



Annual Maximum: \$3,000

Deductible: \$0

Covered Plan Benefits:

ADA Code	Category	Code Description	Plan Pays	Frequency Limitations
D0120	DIAGNOSTIC	Periodic Oral Evaluation - Established Patient	100%	Evaluations - Not eligible for more than two evaluations, of any procedure code combination, within any consecutive 12-month period.
D0140	DIAGNOSTIC	Limited Oral Evaluation - Problem Focused	100%	An evaluation limited to a specific oral health problem or complaint. The use of this procedure code is also appropriate in dental emergencies, trauma, acute infection, etc. Evaluations - Not eligible for more than two evaluations, of any procedure code combination, within any consecutive 12-month period.
D0150	DIAGNOSTIC	Comprehensive Oral Evaluation – New or Established Patient	100%	Eligible only once every 3 years.
D0160	DIAGNOSTIC	detailed and extensive oral evaluation - problem focused, by report	100%	2 every 12 months
D0180	DIAGNOSTIC	Comprehensive Periodontal Evaluation - New Or Established Patient	100%	D0180 applies to age 14 and above. Evaluations - Not eligible for more than two evaluations, of any procedure code combination, within any consecutive 12-month period. Eligible only once every 3 years.

D0210	DIAGNOSTIC	Intraoral - Complete Series Of Radiographic Images	100%	A complete series includes bitewings. Eligible only once per 3 years. Not eligible if performed within 4 years of D0330, D0701 or D0709. If D0210 is performed within 12 months of D0270, D0272, D0273, D0274, D0708 the allowable amount for D0210 will be reduced by the charges for D0270, D0272, D0273, D0274, D0708. Not eligible if performed within 12 months of D0277.
D0220	DIAGNOSTIC	Intraoral - Periapical First Radiographic Image	100%	Eligible for a maximum of 2 during a 24-month period. Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.
D0230	DIAGNOSTIC	Intraoral - Periapical Each Additional Radiographic Image	100%	Eligible for a maximum of 2 during a 24-month period. Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.
D0240	DIAGNOSTIC	Intraoral - Occlusal Radiographic Image	100%	Eligible only once per arch per 12 months. Not eligible if performed within 12 months of D0706. Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.

D0270	DIAGNOSTIC	Bitewing - Single Radiographic Image	100%	<p>“Bitewing” radiographic images are limited to a maximum of 4 in a 12-month period. Not eligible if performed within 12 months of D0210, D0277 or D0709.</p> <p>Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.</p>
D0272	DIAGNOSTIC	Bitewings - Two Radiographic Images	100%	<p>Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.</p> <p>“Bitewing” radiographic images are limited to a maximum of 4 in a 12-month period. Not eligible if performed within 12 months of D0210 or D0277</p>
D0273	DIAGNOSTIC	Bitewings - Three Radiographic Images	100%	<p>Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.</p> <p>“Bitewing” radiographic images are limited to a maximum of 4 in a 12-month period. Not eligible if performed within 12 months of D0210 or D0277</p>
D0274	DIAGNOSTIC	Bitewings - Four Radiographic Images	100%	<p>“Bitewing” radiographic images are limited to a maximum of 4 in a 12-month period. Not eligible if performed within 12 months of D0210 or D0277.</p> <p>Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.</p> <p>“Bitewing” radiographic images are limited to a maximum of 4 in a 12-month period. Not eligible if performed within 12 months of D0210 or D0277</p>

D0277	DIAGNOSTIC	Vertical Bitewings - 7 To 8 Radiographic Images	100%	Limitation: Not eligible if performed within 12 months of D0210 or D0274. Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee. Eligible only once per 3 years.
D0330	DIAGNOSTIC	Panoramic Radiographic Image	100%	Eligible only once per 3 years. Not eligible if performed within 4 years of D0210, D0701 or D0709. Radiographs - The maximum amount considered for all radiographic images taken on one day will be equivalent to an allowance of a D0210. The difference may not be billed to the Enrollee.
D1110	PREVENTIVE	Prophylaxis - Adult	100%	Not eligible for more than 2 cleanings per 12 consecutive month period which includes utilization of codes D4341, D4346, D4355, or D4910. Reimbursement for D1120 is limited to enrollees under the age of 14.
D1206	PREVENTIVE	Topical Application Of Fluoride Varnish	100%	Not eligible for more than 2 fluoride treatments per 12 consecutive month period. Eligible only for children under 14 years of age
D1208	PREVENTIVE	Topical Application Of Fluoride – Excluding Varnish	100%	Not eligible for more than 2 fluoride treatments per 12 consecutive month period. Age limitation may apply.

D2140	RESTORATIVE	Amalgam - One Surface, Primary Or Permanent	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered
D2150	RESTORATIVE	Amalgam - Two Surfaces, Primary Or Permanent	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered
D2160	RESTORATIVE	Amalgam - Three Surfaces, Primary Or Permanent	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered
D2161	RESTORATIVE	Amalgam - Four Or More Surfaces, Primary Or Permanent	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be

				considered
D2330	RESTORATIVE	Resin-Based Composite - One Surface, Anterior	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.
D2331	RESTORATIVE	Resin-Based Composite - Two Surfaces, Anterior	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.
D2332	RESTORATIVE	Resin-Based Composite - Three Surfaces, Anterior	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.

D2335	RESTORATIVE	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.
D2390	RESTORATIVE	Resin-Based Composite Crown, Anterior	60%	1 per tooth every 60 months
D2391	RESTORATIVE	Resin-Based Composite - One Surface, Posterior	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.
D2392	RESTORATIVE	Resin-Based Composite - Two Surfaces, Posterior	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.

D2393	RESTORATIVE	Resin-Based Composite - Three Surfaces, Posterior	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.
D2394	RESTORATIVE	Resin-Based Composite - Four Or More Surfaces, Posterior	80%	Not eligible for the replacement of or an additional restoration on the same surface for a period of 2 years. Not eligible if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years. If two or more restorations are performed on the same tooth, on the same date of service, only the total number of unique surfaces will be considered.
D2510	RESTORATIVE	inlay - metallic - one surface	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2520	RESTORATIVE	Inlay - Metallic - Two Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.



D2530	RESTORATIVE	Inlay - Metallic - Three Or More Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2542	RESTORATIVE	Onlay - Metallic - Two Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2543	RESTORATIVE	Onlay - Metallic - Three Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2544	RESTORATIVE	Onlay - Metallic - Four Or More Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.

D2610	RESTORATIVE	Inlay - Porcelain/ Ceramic - One Surface	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2620	RESTORATIVE	Inlay - Porcelain/ Ceramic - Two Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2630	RESTORATIVE	Inlay - Porcelain/ Ceramic - Three Or More Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2642	RESTORATIVE	Onlay - Porcelain/ Ceramic - Two Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2643	RESTORATIVE	Onlay - Porcelain/ Ceramic - Three Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not

				<p>eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth.</p> <p>Composite/resin inlays must be laboratory processed.</p>
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D2644	RESTORATIVE	Onlay - Porcelain/Ceramic - Four Or More Surfaces	80%	<p>Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.</p>
D2650	RESTORATIVE	inlay - resin-based composite - one surface	80%	<p>Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.</p>
D2651	RESTORATIVE	Inlay - Resin-Based Composite - Two Surfaces	80%	<p>Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.</p>

D2652	RESTORATIVE	Inlay - Resin-Based Composite - Three Or More Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2662	RESTORATIVE	onlay - resin-based composite - two surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2663	RESTORATIVE	Onlay - Resin-Based Composite - Three Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2664	RESTORATIVE	Onlay - Resin-Based Composite - Four Or More Surfaces	80%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.

D2710	RESTORATIVE	Crown - Resin-Based Composite (Indirect)	60%	Limitation: Eligible on anterior teeth only. Not eligible for a replacement by any type of inlay, onlay, or crown for 7 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed. Requires either the submission of a duplicate, diagnostically acceptable, pre-operative radiograph or intraoral photos that substantiates completion of root canal therapy or a narrative which addresses the existence of caries or other pathology, cracked tooth syndrome, missing cusp(s), the amount of remaining tooth structure or the amount of circumferential decay.
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D2740	RESTORATIVE	Crown - Porcelain/Ceramic	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2750	RESTORATIVE	Crown - Porcelain Fused To High Noble Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.

D2751	RESTORATIVE	Crown - Porcelain Fused To Predominantly Base Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2752	RESTORATIVE	Crown - Porcelain Fused To Noble Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2753	RESTORATIVE	Crown - Porcelain Fused To Titanium And Titanium Alloys	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2780	RESTORATIVE	Crown - 3/4 Cast High Noble Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.

D2781	RESTORATIVE	Crown - 3/4 Cast Predominantly Base Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2782	RESTORATIVE	Crown - 3/4 Cast Noble Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2783	RESTORATIVE	Crown - 3/4 Porcelain/Ceramic	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2790	RESTORATIVE	Crown - Full Cast High Noble Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.

D2791	RESTORATIVE	Crown - Full Cast Predominantly Base Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2792	RESTORATIVE	Crown - Full Cast Noble Metal	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2794	RESTORATIVE	Crown - Titanium And Titanium Alloys	60%	Not eligible for a replacement by any type of inlay, onlay, or crown for 5 years. A charge for a crown following the placement of a restoration is not eligible for a period of 3 years (a courtesy adjustment may be applied). Crowns, other than prefabricated steel crowns, are not eligible for primary teeth. Composite/resin inlays must be laboratory processed.
D2910	RESTORATIVE	Re-Cement Or Re- Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	80%	Not eligible for the recementation of an inlay, onlay, or crown within 12 months of the original cementation. Eligible once per 24 months.
D2915	RESTORATIVE	Re-Cement Or Re- Bond Indirectly Fabricated Or Prefabricated Post And Core	80%	Not eligible for the recementation of an inlay, onlay, or crown within 12 months of the original cementation. Eligible once per 24 months.



D2920	RESTORATIVE	Re-Cement Or Re- Bond Crown	80%	Not eligible for the recementation of an inlay, onlay, or crown within 12 months of the original cementation. Eligible once per 24 months.
D2940	RESTORATIVE	Protective Restoration	80%	Eligible once per tooth per lifetime.
D2950	RESTORATIVE	Core Buildup, Including Any Pins When Required	60%	Not eligible within 3 years of restoration and/or replacement within 5 years on the same tooth. Coverage for core buildups requires the submission of a duplicate, diagnostically acceptable, pre-operative radiographic image or intraoral photo that substantiates one of the following three criteria: 1) more than 50% of the tooth crown is missing due to fracture or decay; 2) less than 3 mm of sound tooth structure remaining around the gum line; 3) previous root canal filling completed except where a prior crown through which the access is made remains on the tooth. Charges not meeting established criteria will be disallowed.
D2951	RESTORATIVE	Pin Retention - Per Tooth, In Addition To Restoration	60%	Charge is per tooth and limited to posterior teeth only. Additional pins will be disallowed. Eligible once per tooth per 5 years.
D2952	RESTORATIVE	Post And Core In Addition To Crown, Indirectly Fabricated	60%	Not eligible if performed within 5 years of D2950, D2952, or D2954. Eligible once per 5 years per tooth. Not allowable without history of root canal therapy.
D2954	RESTORATIVE	Prefabricated Post And Core In Addition To Crown	60%	Not eligible if performed within 5 years of D2950, D2952, or D2954. Eligible once per 5 years per tooth. Not allowable without history of root canal therapy.
D2980	RESTORATIVE	crown repair necessitated by restorative material failure	60%	Eligible once per tooth per 24 months.

D3220	ENDODONTICS	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament	60%	Eligible once per tooth per lifetime.
D3221	ENDODONTICS	pulpal debridement, primary and permanent teeth	60%	1 per tooth per lifetime
D3310	ENDODONTICS	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	60%	Services are coded by the tooth receiving treatment, not the number of canals per tooth. Eligible once per tooth per lifetime. A single periapical will be considered however, fees for any additional radiographs will be disallowed. Charges are exclusive of the final restoration charge. Charges for “elective” root canal therapy, procedure completed to aid in the delivery of a more specialized procedure, may be deducted from the final restorative treatment.
D3320	ENDODONTICS	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	60%	Services are coded by the tooth receiving treatment, not the number of canals per tooth. Eligible once per tooth per lifetime. A single periapical will be considered however, fees for any additional radiographs will be disallowed. Charges are exclusive of the final restoration charge. Charges for “elective” root canal therapy, procedure completed to aid in the delivery of a more specialized procedure, may be deducted from the final restorative treatment.

D3330	ENDODONTICS	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	60%	Services are coded by the tooth receiving treatment, not the number of canals per tooth. Eligible once per tooth per lifetime. A single periapical will be considered however, fees for any additional radiographs will be disallowed. Charges are exclusive of the final restoration charge. Charges for “elective” root canal therapy, procedure completed to aid in the delivery of a more specialized procedure, may be deducted from the final restorative treatment.
D3346	ENDODONTICS	Retreatment Of Previous Root Canal Therapy - Anterior	60%	Services are coded by the tooth receiving treatment, not the number of canals per tooth. Eligible once per tooth per lifetime. A single periapical will be considered however, fees for any additional radiographs will be disallowed. Charges are exclusive of the final restoration charge. Charges for “elective” root canal therapy, procedure completed to aid in the delivery of a more specialized procedure, may be deducted from the final restorative treatment.
D3347	ENDODONTICS	Retreatment Of Previous Root Canal Therapy - Premolar	60%	Services are coded by the tooth receiving treatment, not the number of canals per tooth. Eligible once per tooth per lifetime. A single periapical will be considered however, fees for any additional radiographs will be disallowed. Charges are exclusive of the final restoration charge. Charges for “elective” root canal therapy, procedure completed to aid in the delivery of a more specialized procedure, may be deducted from the final restorative treatment.

D3348	ENDODONTICS	Retreatment Of Previous Root Canal Therapy - Molar	60%	Services are coded by the tooth receiving treatment, not the number of canals per tooth. Eligible once per tooth per lifetime. A single periapical will be considered however, fees for any additional radiographs will be disallowed. Charges are exclusive of the final restoration charge. Charges for “elective” root canal therapy, procedure completed to aid in the delivery of a more specialized procedure, may be deducted from the final restorative treatment.
D3410	ENDODONTICS	Apicoectomy - Anterior	60%	1 per tooth/lifetime
D3421	ENDODONTICS	Apicoectomy - Premolar (First Root)	60%	1 per tooth/lifetime
D3425	ENDODONTICS	Apicoectomy - Molar (First Root)	60%	1 per tooth/lifetime
D3426	ENDODONTICS	Apicoectomy (Each Additional Root)	60%	1 per tooth/lifetime
D3430	ENDODONTICS	Retrograde Filling - Per Root	60%	1 per tooth/lifetime
D4210	PERIODONTICS	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	60%	1 per quad every 36 months
D4211	PERIODONTICS	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	60%	1 per quad every 36 months
D4212	PERIODONTICS	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	60%	1 per quad every 36 months

D4241	PERIODONTICS	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	60%	1 per quad every 36 months
D4249	PERIODONTICS	Clinical Crown Lengthening – Hard Tissue	60%	1 per tooth per lifetime
D4260	PERIODONTICS	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	60%	1 per quad every 36 months
D4261	PERIODONTICS	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	60%	1 per quad every 36 months
D4341	PERIODONTICS	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	60%	Eligible per quadrant (4 or more active periodontal diseased and qualified teeth). The enrollee must exhibit pocket depths of at least 4 mm around at least 4 teeth in each quadrant to qualify for coverage for this procedure. Otherwise refer to D1110 and D4355. Not eligible on deciduous teeth. Not eligible for retreatment of any quadrant for 3 years. Charges require the submission of full mouth probe chart with six points per tooth probings AND diagnostic full mouth radiographs and/or vertical bitewings.

				Only two quadrants are considered on the same date of service, additional quadrants will be disallowed. Separate charges for local anesthetic are disallowed. A D1110 cannot be charged within 6 months if 4 quadrants of D4341/D4342 are performed. Charges not meeting established criteria will be disallowed. A pretreatment is suggested. Dental Review Team maintains discretionary authority regarding review requirements.
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D4342	PERIODONTICS	periodontal scaling and root planing - one to three teeth per quadrant	60%	1 per quad every 36 months
D4346	PERIODONTICS	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	60%	Eligible only for enrollees over 15 years of age. Eligible once per 5 years. Not eligible within 6 months of or same date of service as D1110, D1120, D4341/D4342 (quadrant allotment may apply), D4355, or D4910.
D4355	PERIODONTICS	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	60%	1 every 36 months
D4910	PERIODONTICS	Periodontal Maintenance	100%	Not eligible if performed within 6 months of or same date of service as D1110, D1120, D4341/D4342 if four quadrants were treated, D4346 or D4355. Not eligible for more than 4 per 12 consecutive month period (following active therapy)

D5110	PROSTHODONTICS (removable)	Complete Denture - Maxillary	60%	Not eligible for the replacement of a denture, including an immediate or partial denture, within 5 years. Separate charges for diagnostic casts (D0470) are disallowed. Charges for a conventional, removable partial dentures or a complete denture (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, and D5226) are subject to an adjustment if performed within 5 years of an interim partial denture (D5820 & D5821) in the same arch or of any repairs, relines, rebases (D5510 through D5761).
D5120	PROSTHODONTICS (removable)	Complete Denture - Mandibular	60%	Not eligible for the replacement of a denture, including an immediate or partial denture, within 5 years. Separate charges for diagnostic casts (D0470) are disallowed. Charges for a conventional, removable partial dentures or a complete denture (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, and D5226) are subject to an adjustment if performed within 5 years of an interim partial denture (D5820 & D5821) in the same arch or of any repairs, relines, rebases (D5510 through D5761).
D5130	PROSTHODONTICS (removable)	Immediate Denture - Maxillary	60%	An immediate denture cannot be used to replace a complete denture. Other restrictions are the same as D5110 & D5120
D5140	PROSTHODONTICS (removable)	Immediate Denture - Mandibular	60%	An immediate denture cannot be used to replace a complete denture. Other restrictions are the same as D5110 & D5120
D5211	PROSTHODONTICS (removable)	Maxillary Partial Denture – Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.

D5212	PROSTHODONTICS (removable)	Mandibular Partial Denture – Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.
D5213	PROSTHODONTICS (removable)	Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.
D5214	PROSTHODONTICS (removable)	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.
D5221	PROSTHODONTICS (removable)	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.
D5222	PROSTHODONTICS (removable)	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.



D5223	PROSTHODONTICS (removable)	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.
D5224	PROSTHODONTICS (removable)	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.
D5225	PROSTHODONTICS (removable)	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.
D5226	PROSTHODONTICS (removable)	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	60%	Eligible every 5 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts (D0470) are disallowed. The teeth replaced by the appliance must be identified on the claim form.

D5282	PROSTHODONTICS (removable)	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	60%	Not eligible for the replacement of a denture, including an immediate or partial denture, within 7 years. Separate charges for diagnostic casts (D0470) are disallowed. Charges for a conventional, removable partial dentures or a complete denture (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, and D5226) are subject to an adjustment if performed within 5 years of an interim partial denture (D5820 & D5821) in the same arch or of any repairs, relines, rebases (D5510 through D5761)
D5283	PROSTHODONTICS (removable)	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	60%	Not eligible for the replacement of a denture, including an immediate or partial denture, within 5 years. Separate charges for diagnostic casts (D0470) are disallowed. Charges for a conventional, removable partial dentures or a complete denture (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, and D5226) are subject to an adjustment if performed within 5 years of an interim partial denture (D5820 & D5821) in the same arch or of any repairs, relines, rebases (D5510 through D5761)
D5410	PROSTHODONTICS (removable)	Adjust complete denture - maxillary	80%	2 per arch every 12 months
D5411	PROSTHODONTICS (removable)	Adjust complete denture - mandibular	80%	2 per arch every 12 months
D5421	PROSTHODONTICS (removable)	Adjust partial denture - maxillary	80%	2 per arch every 12 months
D5422	PROSTHODONTICS (removable)	Adjust partial denture - mandibular	80%	2 per arch every 12 months
D5511	PROSTHODONTICS (removable)	Repair Broken Complete Denture Base, Mandibular	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.

D5512	PROSTHODONTICS (removable)	Repair Broken Complete Denture Base, Maxillary	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.
D5520	PROSTHODONTICS (removable)	Replace Missing Or Broken Teeth – Complete Denture (Each Tooth)	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.
D5611	PROSTHODONTICS (removable)	Repair Resin Partial Denture Base, Mandibular	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.
D5612	PROSTHODONTICS (removable)	Repair Resin Partial Denture Base, Maxillary	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.
D5621	PROSTHODONTICS (removable)	Repair Cast Partial Framework, Mandibular	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.
D5622	PROSTHODONTICS (removable)	Repair Cast Partial Framework, Maxillary	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.
D5630	PROSTHODONTICS (removable)	Repair Or Replace Broken Retentive Clasp Materials – Per Tooth	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months.
D5640	PROSTHODONTICS (removable)	Replace Broken Teeth - Per Tooth	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months
D5650	PROSTHODONTICS (removable)	Add Tooth To Existing Partial Denture	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months
D5660	PROSTHODONTICS (removable)	Add Clasp To Existing Partial Denture - Per Tooth	80%	Not eligible if the procedure is performed within 6 months of the date of delivery of the appliance. Eligible once per procedure code per 12 months

D5710	PROSTHODONTICS (removable)	Rebase Complete Maxillary Denture	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5711	PROSTHODONTICS (removable)	Rebase Complete Mandibular Denture	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5720	PROSTHODONTICS (removable)	Rebase Maxillary Partial Denture	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5721	PROSTHODONTICS (removable)	Rebase Mandibular Partial Denture	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months

D5730	PROSTHODONTICS (removable)	Reline Complete Maxillary Denture (Direct)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5731	PROSTHODONTICS (removable)	Reline Complete Mandibular Denture (Direct)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5740	PROSTHODONTICS (removable)	Reline Maxillary Partial Denture (Direct)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5741	PROSTHODONTICS (removable)	Reline Mandibular Partial Denture (Direct)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months

D5750	PROSTHODONTICS (removable)	Reline Complete Maxillary Denture (Indirect)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5751	PROSTHODONTICS (removable)	Reline Complete Mandibular Denture (Indirect)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5760	PROSTHODONTICS (removable)	Reline Maxillary Partial Denture (Indirect)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5761	PROSTHODONTICS (removable)	Reline Mandibular Partial Denture (Indirect)	80%	Eligible only once per 3 years per prosthesis. Not eligible if performed within 4 years of D5213 or D5214. Not eligible for charges for rebase, reline or repairs for 6 months
D5850	PROSTHODONTICS (removable)	Tissue Conditioning, Maxillary	80%	Eligible for two tissue conditioning charges within 6 months of delivery of immediate partial/denture only. Eligible once per 5 years after a new denture.
D5851	PROSTHODONTICS (removable)	Tissue Conditioning, Mandibular	80%	Eligible for two tissue conditioning charges within 6 months of delivery of immediate partial/denture only. Eligible once per 5 years after a new denture.

D5863	PROSTHODONTICS (removable)	Overdenture – Complete Maxillary	60%	1 every 60 months
D5864	PROSTHODONTICS (removable)	Overdenture – Partial Maxillary	60%	1 every 60 months
D5865	PROSTHODONTICS (removable)	Overdenture – Complete Mandibular	60%	1 every 60 months
D5866	PROSTHODONTICS (removable)	Overdenture – Partial Mandibular	60%	1 every 60 months

D6210	PROSTHODONTICS , fixed	Pontic - Cast High Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6211	PROSTHODONTICS , fixed	Pontic - Cast Predominantly Base Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6212	PROSTHODONTICS , fixed	Pontic - Cast Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6214	PROSTHODONTICS , fixed	Pontic - Titanium And Titanium Alloys	60%	Charges are subject to the same definitions and restrictions listed for

				D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6240	PROSTHODONTICS , fixed	Pontic - Porcelain Fused To High Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6241	PROSTHODONTICS , fixed	Pontic - Porcelain Fused To Predominantly Base Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.

D6242	PROSTHODONTICS , fixed	Pontic - Porcelain Fused To Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6243	PROSTHODONTICS , fixed	Pontic - Porcelain Fused To Titanium And Titanium Alloys	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6245	PROSTHODONTICS , fixed	Pontic - Porcelain/Ceramic	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.



D6545	PROSTHODONTICS , fixed	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6548	PROSTHODONTICS , fixed	Retainer - Porcelain/Cerami c For Resin Bonded Fixed Prosthesis	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6740	PROSTHODONTICS , fixed	Retainer Crown - Porcelain/Ceramic	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.

D6750	PROSTHODONTICS , fixed	Retainer Crown - Porcelain Fused To High Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6751	PROSTHODONTICS , fixed	Retainer Crown - Porcelain Fused To Predominantly Base Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6752	PROSTHODONTICS , fixed	Retainer Crown - Porcelain Fused To Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6753	PROSTHODONTICS , fixed	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on

				the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
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D6780	PROSTHODONTICS , fixed	Retainer Crown - 3/4 Cast High Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
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D6781	PROSTHODONTICS , fixed	Retainer Crown - 3/4 Cast Predominantly Base Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
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D6782	PROSTHODONTICS , fixed	Retainer Crown - 3/4 Cast Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6783	PROSTHODONTICS , fixed	Retainer Crown - 3/4 Porcelain/Ceramic	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6784	PROSTHODONTICS , fixed	Retainer Crown ¾ - Titanium And Titanium Alloys	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.

D6790	PROSTHODONTICS , fixed	Retainer Crown - Full Cast High Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6791	PROSTHODONTICS , fixed	Retainer Crown - Full Cast Predominantly Base Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D6792	PROSTHODONTICS , fixed	Retainer Crown - Full Cast Noble Metal	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.

D6794	PROSTHODONTICS , fixed	Retainer Crown - Titanium And Titanium Alloys	60%	Charges are subject to the same definitions and restrictions listed for D2520 thru D2794. Each unit of a fixed partial denture must be identified on the claim. Not eligible for pontics to replace third molars. All fix prosthodontic services are subject to an adjustment if performed within 5 years of an interim partial denture in the same arch. Not eligible for replacement of a removable partial denture by a fixed partial denture within 7 years of the original placement.
D7140	ORAL & MAXILLOFACIAL SURGERY	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	80%	
D7210	ORAL & MAXILLOFACIAL SURGERY	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	80%	Surgical extractions: use when either (1) removal of bone and/or (2) sectioning of tooth, including elevation of mucoperiosteal flap if indicated, is necessary. Surgical extraction charges include alveoloplasty. Primary teeth, teeth 7-10 and 23-26 require the submission of a duplicate, diagnostically acceptable, pre-operative periapical and/or panoramic radiograph with claim submission. Charges not meeting established criteria will be disallowed
D7220	ORAL & MAXILLOFACIAL SURGERY	Removal Of Impacted Tooth - Soft Tissue	80%	
D7230	ORAL & MAXILLOFACIAL SURGERY	Removal Of Impacted Tooth - Partially Bony	80%	
D7240	ORAL & MAXILLOFACIAL SURGERY	Removal Of Impacted Tooth - Completely Bony	80%	

D7241	ORAL & MAXILLOFACIAL SURGERY	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	80%	
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D7250	ORAL & MAXILLOFACIAL SURGERY	Removal Of Residual Tooth Roots (Cutting Procedure)	80%	Surgical extractions: use when either (1) removal of bone and/or (2) sectioning of tooth, including elevation of mucoperiosteal flap if indicated, is necessary. Surgical extraction charges include alveoplasty. Primary teeth, teeth 7-10 and 23-26 require the submission of a duplicate, diagnostically acceptable, pre-operative periapical and/or panoramic radiograph with claim submission. Charges not meeting established criteria will be disallowed
D7251	ORAL & MAXILLOFACIAL SURGERY	Coronectomy – Intentional Partial Tooth Removal	80%	1 per tooth per lifetime
D7310	ORAL & MAXILLOFACIAL SURGERY	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	60%	Charges are subject to review if performed in conjunction with D7210 thru D7250. Charges not meeting generally accepted standards of care will be disallowed (see D7210 thru D7250).
D7311	ORAL & MAXILLOFACIAL SURGERY	Alveoplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	60%	Charges are subject to review if performed in conjunction with D7210 thru D7250. Charges not meeting generally accepted standards of care will be disallowed (see D7210 thru D7250).
D7320	ORAL & MAXILLOFACIAL SURGERY	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	60%	1 per quad per lifetime

D7321	ORAL & MAXILLOFACIAL SURGERY	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	60%	1 per quad per lifetime
D9310	ADJUNCTIVE GENERAL SERVICES	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	60%	Eligible once per provider per year.

D9410	ADJUNCTIVE GENERAL SERVICES	house/extended care facility call	60%	1 per date of service; 6 limited per year (shared with D9420)
D9420	ADJUNCTIVE GENERAL SERVICES	hospital or ambulatory surgical center call	60%	1 per date of service; 6 limited per year (shared with D9410)
D9110	ADJUNCTIVE GENERAL SERVICES	Palliative treatment of dental pain – per visit	100%	Not eligible for more than two palliative (emergency) treatments per 12-month period. Charges filed in conjunction with definitive treatment will be disallowed.
D9910	ADJUNCTIVE GENERAL SERVICES	application of desensitizing medicament	60%	2 every 12 months
D9995	ADJUNCTIVE GENERAL SERVICES	teledentistry – synchronous; real- time encounter	100%	2 visits per calendar year