

2026

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*Leading the way to great care.™*



# Dental Handbook

Elderplan for Medicaid Beneficiaries  
(HMO-POS D-SNP)

*Benefit Year 2026*

## **Introduction to Elderplan Dental Handbook for Elderplan for Medicaid Beneficiaries (HMO-POS D-SNP) — Benefit Year 2026**

At Elderplan, we know that taking care of your teeth and gums is essential to your overall health and well-being. The key to maintaining good oral hygiene is keeping up with regular dental visits, even if you wear dentures. As we age, our oral health needs naturally change—requiring different types of care and attention. During a dental exam, your dentist checks for things like tooth decay, gum disease, poorly fitting dentures, mouth sores, infections, and even signs of oral cancer. In fact, your oral health can sometimes reveal early signs of other health conditions, such as diabetes.

That’s why Elderplan for Medicaid Beneficiaries offers dental coverage through DentaQuest—giving you access to a large network of experienced dentists and specialists who are ready to support your oral health needs. Every participating DentaQuest provider goes through a thorough credentialing process to help ensure you receive safe, high-quality care. You also have the flexibility to see any dentist in-network or out-of-network, giving you more control over where you receive care.

This Handbook includes the Dental Summary of Benefits for the 2026 plan year. It explains which dental services are covered, any costs you may be responsible for, and important steps to follow when receiving dental care.

Preventive and diagnostic services—such as dental exams, cleanings, and x-rays—are fully covered by Medicaid (some limitations and exclusions may apply). These services help maintain good oral hygiene and allow dental issues to be found early, making them easier to prevent or treat before they become serious. To help your dental visits go smoothly, be sure to bring both your Medicaid benefit card and your Elderplan member ID card to every appointment.

## **Help Paying for Dental Care With Your Flex Card**

Your Flex Card can help reduce out-of-pocket costs for dental care, including expenses from out-of-network providers that exceed what your plan covers. Bring your Flex Card with you when visiting your dentist. Apply your dental benefit first and then use your Flex card to help pay any out-of-pocket costs at both in-network and out-of-network providers. You can use your Flex Card at any provider that accepts Visa.

To check your current Flex Card balance, visit [mybenefitscenter.com](http://mybenefitscenter.com) or call 1-833-684-8472. The number is also listed on the back of your OTC + Flex card.

## **Know Your Dental Costs Before You Get Care**

Whether you visit an in-network or out-of-network dentist, we strongly recommend that your dentist request a Realtime Coverage Estimate from DentaQuest **before services are provided**. This helps you understand any potential out-of-pocket costs in advance. Please be aware that going to an out-of-network dentist could mean higher costs since you might have to pay the difference between what your plan covers and what the dentist charges.

For help requesting a Realtime Coverage Estimate, dentists should contact DentaQuest directly.

## **DentaQuest Customer Services Department**

DentaQuest is committed to providing high-quality dental benefits and helpful customer service. Customer service representatives are available to answer your questions and help you understand and use your dental benefits.

**You can contact the DentaQuest Customer Services Department at 1-844-797-3818 (TTY: 711).**

**Hours of Operation:** Available Monday through Friday, from 8:00 AM to 8:00 PM

They can help with:

- Questions about covered dental benefits.
- Finding a Dentist.
- Checking whether your dentist is in-network or out-of-network.
- Getting information about urgent dental care when traveling.

### **How Dental Coverage Decisions Are Made**

Your dental benefits are designed to cover services that are appropriate for your specific dental condition and need to restore or maintain normal dental function. Coverage decisions are based on the clinical condition of the tooth or area being treated, not only the name of the procedure.

To make a decision, we may review:

- X-rays and diagnostic images
- Clinical notes and treatment plans
- The overall health and stability of the affected teeth and surrounding structures
- Whether the requested service is expected to provide effective, long-term results

Your dentist may be asked to provide additional clinical records or documentation if more information is needed.

### **When Coverage May Be Limited or Denied**

Although many dental services are covered, coverage may be limited or denied when:

- The submitted information does not show that the service is medically necessary or clinically appropriate
- The condition of the tooth or oral structures does not support the requested treatment
- The service requested is not expected to be effective or durable based on your dental condition

- A different treatment option is available that better meets your needs
- The request does not meet benefit limits, frequency rules, or other Plan coverage requirements
- Required forms, documentation, or supporting records are missing or incomplete

These decisions are made using the Plan's coverage guidelines and clinical review standards.

### **Alternative Treatment Options**

In some situations, an alternative dental treatment may be more appropriate for your condition. If this occurs:

- The reason for the alternative will be explained
- Coverage will be evaluated based on your benefits and dental needs
- Your dentist may discuss other available treatment options with you

### **Understanding a Dental Denial**

If a requested dental service is denied, your decision notice will explain:

- Why the service was not approved
- What clinical or supporting information was reviewed
- Whether another covered option may be available

You always have the right to appeal a dental coverage decision if you disagree.

### **Three ways to find a participating Dentist in your area:**

1. Visit [www.elderplan.org/dental-benefits/](http://www.elderplan.org/dental-benefits/)
2. Call DentaQuest Customer Services Department at 1-844-797-3818 (TTY: 711) Monday through Friday, from 8:00 AM to 8:00 PM
3. Paper Copy of Provider Directory

You may also request a paper copy of the Provider Directory by calling Elderplan Member Services, but please be aware that since we're always adding new providers to the network, we recommend that you use the online search feature since it will have the most up-to-date information.

### **Urgent Care (Out-of-Area)**

If you're temporarily outside the Elderplan for Medicaid Beneficiaries service area and need urgent dental care, you're still covered for certain services. Urgent care refers to treatment for unexpected dental issues that can't wait until you return home—especially when it's needed to prevent serious problems with your dental health. For details on the services covered, please check your Dental Summary of Benefits.

### **In-Network Medicare-Covered Comprehensive Dental Services**

You pay 0% or 20% coinsurance for in-network Medicare-covered Comprehensive Dental Benefits\*

\*If you are eligible for Medicare costs sharing assistance under Medicaid, you pay \$0.

## **What are Medicare covered services?**

Original Medicare (parts A & B) does NOT cover routine dental care such as cleanings, fillings, crowns, dentures, or root canals.

- It only covers dental services related to a medical condition or procedure, for example:
  - Dental exams before organ transplant or cardiac surgery.
  - Treatment for jaw fractures.
  - Oral exams during hospitalization for certain conditions.

These are limited and medically necessary situations, not preventive or routine care

## **In-Network and Out-of-Network Combined Supplemental Diagnostic and Preventative Dental Services**

### **What are supplemental benefits?**

Supplemental benefits are extra benefits offered by Elderplan that are not covered by Original Medicare.

Supplemental Diagnostic and Preventive Dental Services are covered for both in-network and out-of-network providers. Coverage is limited to specific dental service codes within the categories listed below.

There is no coinsurance, copayment, or deductible for the following covered services:

- Oral Exams
- Dental X-Rays
- Other Diagnostic Dental Services
- Cleanings (Prophylaxis)
- Other Preventive Dental Services

## **In-Network and Out-of-Network Combined Supplemental Comprehensive Dental Services**

Supplemental Comprehensive Dental Services are covered for both in-network and out-of-network providers. Coverage is limited to specific dental service codes within the categories listed below. Benefit frequency may be limited based on American Dental Association (ADA) guidelines

There is no coinsurance, copayment, or deductible for the following covered services:

- Restorative Services
- Endodontic Services
- Periodontics Services
- Prosthodontics, removable
- Maxillofacial Prosthetics services
- Implant Services
- Prosthodontics, fixed services
- Oral and Maxillofacial Surgery
- Adjunctive General Services

## Supplemental Diagnostic and Preventive Dental services In-Network and Out-of-Network Combined

Code	Procedure Name	Frequency Limitations	Copayment
<b>Oral Exams</b>			
D0120	Periodic oral evaluation – established patient	One of (D0120) per 6 Month(s) per patient	\$0 Copay
D0140	Limited oral evaluation– problem focused	One every month	\$0 Copay
D0150	Comprehensive oral evaluation – new or established patient	One of (D0150) every 6 months per provider or location	\$0 Copay
D0160	Detailed and extensive oral evaluation – problem focused, by report	One of (D0160) per 90 Day(s) per provider or location. One of (D9991) per 60 Day(s) per provider or location	\$0 Copay
D0170	Re-evaluation, limited problem focused	One every 6 months	\$0 Copay
D0180	Comprehensive periodontal evaluation – new or established patient	One every 6 months	\$0 Copay
D0190	Screening of a patient	One of (D0190, D0191) per 10 Day(s) per provider and location	\$0 Copay
D0191	Assessment of a patient	One of (D0190, D0191) per 10 Day(s) per provider and location	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
<b>X-Rays</b>			
D0210	Intraoral – comprehensive series of radiographic images	One of (D0210, D0330) per 36 Month(s) per patient	\$0 Copay
D0220	Intraoral – periapical first radiographic image	3 of (D0220) per 6 Month(s) per patient	\$0 Copay
D0230	Intraoral – periapical each additional radiographic image	The total fee for additional intraoral films may not exceed the total fee allowed for a complete intraoral series.	\$0 Copay
D0240	Intraoral – occlusal radiographic image	One of (D0240) per 6 Month(s) per patient, same arch	\$0 Copay
D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	Two of (D0250) per 1 Week(s) per patient	\$0 Copay
D0251	Extra-oral posterior dental radiographic image	Two of (D0251) per 1 Week(s) per patient	\$0 Copay
D0270	Bitewing – single radiographic image	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	\$0 Copay
D0272	Bitewings – two radiographic images	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D0273	Bitewings – three radiographic images	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	\$0 Copay
D0274	Bitewings – four radiographic images	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	\$0 Copay
D0277	Vertical bitewings – 7 to 8 films	One every 6 months	\$0 Copay
D0310	Saliography	Two of (D0310) per 1 Week(s) per patient	\$0 Copay
D0320	Temporomandibular joint arthogram, including injection	Covered	\$0 Copay
D0321	Other temporomandibular joint films, by report	Two of (D0321) per 12 Month(s) per patient	\$0 Copay
D0330	Panoramic radiographic image	One of (D0210, D0330) per 36 Month(s) per patient	\$0 Copay
D0340	Cephalometric radiographic image	One of (D0340) per 36 Month(s) per patient	\$0 Copay
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	Two of (D0350) per 6 Month(s) per patient	\$0 Copay
D0364	Cone beam CT capture and interpretation with limited field of view, less than one whole jaw	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Covered	\$0 Copay
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Covered	\$0 Copay
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Covered	\$0 Copay
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Capture of Cone beam CT with interpretation of such – limited to TMJ series (2 or more exposures)	\$0 Copay
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	One of (D0372) every 36 months per patient	\$0 Copay
D0373	Intraoral tomosynthesis – bitewing radiographic image	One of (D0373) every 12 months per patient	\$0 Copay
D0374	Intraoral tomosynthesis – periapical radiographic image	One of (D0374) every 12 months per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D0387	Intraoral tomosynthesis – comprehensive series image capture	Covered	\$0 Copay
D0388	Intraoral tomosynthesis – bitewing image capture	Covered	\$0 Copay
D0389	Intraoral tomosynthesis – periapical image capture	One of (D0389) every 12 months per patient	\$0 Copay
D0470	Diagnostic casts	One of (D0470) per 12 Month(s) per patient	\$0 Copay
<b>Other Diagnostic Services</b>			
D0474	Accession of tissue, gross and microscopic exam (surgical)	Covered	\$0 Copay
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Covered	\$0 Copay
D0502	Other oral pathology procedures, by report	Covered	\$0 Copay
D0999	Unspecified diagnostic procedure, by report	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
<b>Cleanings</b>			
D1110	Prophylaxis – adult	One of (D1110) per 6 Month(s) per patient. Includes scaling and polishing procedures to remove coronal plaque, calculus and stains. Prophylaxis is intended to control local irritation factors in conjunction with D4341 on the same date of service.	\$0 Copay
<b>Fluoride Treatment</b>			
D1206	Topical application of fluoride varnish	One of (D1206, D1208) per 3 Month(s)	\$0 Copay
D1208	Topical application of fluoride – excluding varnish	One of (D1206, D1208) per 3 Month(s) per patient. Four of (D1206) per 12 Month(s) per patient	\$0 Copay
<b>Other Preventive Dental Services</b>			
D1320	Tobacco counseling for control and prevention of oral disease	Covered	\$0 Copay
D1354	Application of caries arresting medicament – per tooth	Covered with topical application of fluoride (D1206 or D1208) when they are performed on the same date of service	\$0 Copay
D1999	Unspecified preventive procedure, by report	Covered	\$0 Copay

## Supplemental Comprehensive Dental Services In-Network and Out-of-Network Combined

Code	Procedure Name	Frequency Limitations	Copayment
<b>Restorative Services</b>			
D2140	Amalgam – one surface, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2150	Amalgam – two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2160	Amalgam – three surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2161	Amalgam – four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2330	Resin-based composite – one surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2331	Resin-based composite – two surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2332	Resin-based composite – three surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2390	Resin-based composite crown, anterior	One of (D2390) per 12 Month(s) per patient, Same tooth	\$0 Copay
D2391	Resin-based composite – one surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2392	Resin-based composite – two surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2393	Resin-based composite – three surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay
D2394	Resin-based composite – four or more surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D2510	Inlay-metallic – 1 surface	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2520	Inlay-metallic – 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2530	Inlay-metallic – 3+ surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2542	Onlay-metallic – 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2620	Inlay-porcelain/ceramic – 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2630	Inlay-porc/ceramic – 3+ surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D2710	Crown – resin-based composite (indirect)	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2712	Crown – ¾ resin-based composite (indirect)	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2720	Crown – resin with high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2721	Crown – resin with predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2722	Crown – resin with noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2740	Crown – porcelain/ceramic	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D2750	Crown – porcelain fused to high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2751	Crown – porcelain fused to predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2752	Crown – porcelain fused to noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2753	Crown – porcelain fused to titanium and titanium alloys	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2780	Crown – $\frac{3}{4}$ cast high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2781	Crown – $\frac{3}{4}$ cast predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D2782	Crown – ¾ cast noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2790	Crown – full cast high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2791	Crown – full cast predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2792	Crown – full cast noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2794	Crown – titanium	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	\$0 Copay
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Covered	\$0 Copay
D2920	Re-cement or re-bond crown	One of (D2920) per 24 Month(s) per patient, same tooth	\$0 Copay
D2931	Prefabricated stainless steel crown-permanent tooth	One of (D2931, D2932, D2933) per 60 Month(s) per patient, same tooth	\$0 Copay
D2932	Prefabricated resin crown	One of (D2931, D2932, D2933) per 24 Month(s) per patient, same tooth	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D2933	Prefabricated stainless steel crown with resin window	One of (D2931, D2932, D2933) per 24 Month(s) per patient, same tooth	\$0 Copay
D2940	Placement of interim direct restoration	Two every 12 months	\$0 Copay
D2951	Pin retention – per tooth, in addition to restoration	Two of (D2951) per 12 Month(s) per patient, same tooth	\$0 Copay
D2952	Cast post and core in addition to crown	One of (D2952) per 60 Month(s) per patient, same tooth	\$0 Copay
D2953	Each additional cast post – same tooth	One of (D2953) every 60 months per patient, same tooth	\$0 Copay
D2954	Prefabricated post and core in addition to crown	One of (D2954) per 60 Month(s) per patient, same tooth	\$0 Copay
D2955	Post removal (not in conjunction with endodontic therapy)	One of (D2955) per 60 Month(s), same tooth	\$0 Copay
D2980	Crown repair, by report	One of (D2980) per 60 Month(s) per patient, same tooth	\$0 Copay
D2989	Excavation of a tooth resulting in the determination of a non-restorability	Covered	\$0 Copay
D2999	Unspecified restorative procedure, by report	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
<b>Endodontic Services</b>			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	One of (D3220) per 1 Lifetime, same tooth	\$0 Copay
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	One of (D3230) per 1 Lifetime per patient, same tooth	\$0 Copay
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	One of (D3240) per 1 Lifetime per patient, same tooth	\$0 Copay
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One of (D3310) per 1 Lifetime per patient, same tooth	\$0 Copay
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	One of (D3320) per 1 Lifetime per patient, same tooth	\$0 Copay
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One of (D3330) per 1 Lifetime per patient, same tooth	\$0 Copay
D3346	Retreatment of previous root canal therapy-anterior	One of (D3346) per 1 Lifetime per patient, same tooth.	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D3347	Retreatment of previous root canal therapy – premolar	One of (D3347) per 1 Lifetime per patient, same tooth	\$0 Copay
D3348	Retreatment of previous root canal therapy – molar	One of (D3348) per 1 Lifetime per patient, same tooth	\$0 Copay
D3410	Apicoectomy – anterior	One of (D3410) per 1 Lifetime per patient, same tooth	\$0 Copay
D3421	Apicoectomy – premolar (first root)	One of (D3421) per 1 Lifetime per patient, same tooth	\$0 Copay
D3425	Apicoectomy – molar (first root)	One of (D3425) per 1 Lifetime per patient, same tooth	\$0 Copay
D3426	Apicoectomy (each additional root)	One of (D3426) per 1 Lifetime per patient, same tooth	\$0 Copay
D3430	Retrograde filling – per root	One of (D3430) per 1 Lifetime per patient, same tooth	\$0 Copay
D3999	Unspecified endodontic procedure, by report	Covered	\$0 Copay
<b>Periodontic Services</b>			
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4210, D4211) per 12 Month(s), same quadrant	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	One of (D4210, D4211) per 12 Month(s), same quadrant	\$0 Copay
D4240	Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth bounded spaces per quadrant	One (D4240) every 60 months per patient	\$0 Copay
D4245	Apically positioned flap	Covered	\$0 Copay
D4249	Clinical crown lengthening – hard tissue	One of (D4249) per 1 Lifetime per patient, same tooth.	\$0 Copay
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – 4 or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 60 months, per patient	\$0 Copay
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	One of (D4266, D4267) per 1 Lifetime per patient, same tooth	\$0 Copay
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	One of (D4266, D4267) per 1 Lifetime per patient, same tooth	\$0 Copay
D4273	Subepithelial connective tissue graft procedure	One of (D4273, D4275) per 1 Lifetime per patient, same tooth	\$0 Copay
D4275	Soft tissue allograft	One of (D4273, D4275) per 1 Lifetime per patient, same tooth	\$0 Copay
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	One per tooth, per lifetime	\$0 Copay
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	One of (D4278) per 1 Lifetime per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	One of (D4283, D4285) per 1 Lifetime per patient, same tooth	\$0 Copay
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	One of (D4283, D4285) per 1 Lifetime per patient, same tooth	\$0 Copay
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	One of (D4341, D4342) per 24 Month(s) per patient, same quadrant	\$0 Copay
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	One of (D4341, D4342) per 24 Month(s) per patient, same quadrant	\$0 Copay
D4910	Periodontal maintenance procedures	One of (D4910) per 6 Month(s) per patient	\$0 Copay
D4999	Unspecified periodontal procedure, by report	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
<b>Prosthodontic Removable Services</b>			
D5110	Complete denture – maxillary	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	\$0 Copay
D5120	Complete denture – mandibular	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	\$0 Copay
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	\$0 Copay
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	\$0 Copay
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	\$0 Copay
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5225	Maxillary partial denture-flexible base	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	\$0 Copay
D5226	Mandibular partial denture-flexible base	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	\$0 Copay
D5410	Adjust complete denture-maxillary	4 of (D5410) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5411	Adjust complete denture-mandibular	4 of (D5411) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5421	Adjust partial denture-maxillary	4 of (D5421) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5422	Adjust partial denture-mandibular	4 of (D5422) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5511	Repair broken complete denture base, mandibular	Two of (D5511) per 12 Month(s) per patient	\$0 Copay
D5512	Repair broken complete denture base, maxillary	Two of (D5512) per 12 Month(s) per patient	\$0 Copay
D5520	Replace missing or broken teeth – complete denture – per tooth	One of (D5520) per 12 Month(s) per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5611	Repair resin denture base, mandibular	Two of (D5611) per 12 Month(s) per patient	\$0 Copay
D5612	Repair resin denture base, maxillary	Two of (D5612) per 12 Month(s) per patient	\$0 Copay
D5621	Repair cast framework, mandibular	One of (D5621) per 12 Month(s) per patient	\$0 Copay
D5622	Repair cast framework, maxillary	One of (D5622) per 12 Month(s) per patient	\$0 Copay
D5630	Repair or replace broken clasp	Two of (D5630) per 12 Month(s) per patient, same tooth	\$0 Copay
D5640	Replace missing or broken teeth – partial denture – per tooth	One of (D5640) per 12 Month(s) per patient, same tooth	\$0 Copay
D5650	Add tooth to existing partial denture – per tooth	One of (D5650) per 12 Month(s) per patient, same tooth	\$0 Copay
D5660	Add clasp to existing partial denture	One of (D5660) per 12 Month(s) per patient, same tooth	\$0 Copay
D5710	Rebase complete maxillary denture	One of (D5710) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5711	Rebase complete mandibular denture	One of (D5711) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5720	Rebase maxillary partial denture	One of (D5720) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5721	Rebase mandibular partial denture	One of (D5721) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5725	Rebase of hybrid prosthesis	One of (D5275) every 24 month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5730	Reline complete maxillary denture (chairside)	One of (D5730) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5731	Reline complete mandibular denture (chairside)	One of (D5731) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5740	Reline maxillary partial denture (chairside)	One of (D5740) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5741	Reline mandibular partial denture (chairside)	One of (D5741) per 12 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5750	Reline complete maxillary denture (laboratory)	One of (D5750) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5751	Reline complete mandibular denture (laboratory)	One of (D5751) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5760	Reline maxillary partial denture (laboratory)	One of (D5760) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D5761	Reline mandibular partial denture (laboratory)	One of (D5761) per 24 Month(s) per patient. Not covered within 6 months of placement	\$0 Copay
D5820	Interim partial denture – upper	One of (D5820) every 12 month(s) per patient	\$0 Copay
D5821	Interim partial denture – lower	One of (D5821) every 12 month(s) per patient	\$0 Copay
D5850	Tissue conditioning, maxillary	One of (D5850) per 12 Month(s) per patient	\$0 Copay
D5851	Tissue conditioning, mandibular	One of (D5851) per 12 Month(s) per patient	\$0 Copay
D5877	Duplication of complete denture – maxillary	One of (D5110, D5130, D5877) per 60 months, per patient	\$0 Copay
D5878	Duplication of complete denture – mandibular	One of (D5120, D5140, D5878) per 60 months, per patient	\$0 Copay
D5899	Unspecified removable prosthodontic procedure, by report	Covered	\$0 Copay
<b>Maxillofacial Prosthetics</b>			
D5909	Maxillary guidance prosthesis with guide flange	Covered	\$0 Copay
D5911	Facial moulage (sectional)	One of (D5911) per 12 Month(s) per patient	\$0 Copay
D5912	Facial moulage (complete)	One of (D5912) per 12 Month(s) per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5913	Nasal prosthesis	One of (D5913) per 12 Month(s) per patient	\$0 Copay
D5914	Auricular prosthesis	One of (D5914) per 12 Month(s) per patient	\$0 Copay
D5915	Orbital prosthesis	One of (D5915) per 12 Month(s) per patient	\$0 Copay
D5916	Ocular prosthesis	One of (D5916) per 12 Month(s) per patient	\$0 Copay
D5919	Facial prosthesis	6 of (D5919) per 2 Month(s) per patient	\$0 Copay
D5922	Nasal septal prosthesis	One of (D5922) per 12 Month(s) per patient	\$0 Copay
D5923	Ocular prosthesis, interim	One of (D5923) per 12 Month(s) per patient	\$0 Copay
D5924	Cranial prosthesis	One of (D5924) per 12 Month(s) per patient	\$0 Copay
D5925	Facial augment implant prosthesis	One of (D5925) per 12 Month(s) per patient	\$0 Copay
D5926	Nasal prosthesis, replacement	One of (D5926) per 12 Month(s) per patient	\$0 Copay
D5927	Auricular prosthesis, replace	One of (D5927) per 12 Month(s) per patient	\$0 Copay
D5928	Orbital prosthesis, replace	One of (D5928) per 12 Month(s) per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5929	Facial prosthesis, replacement	One of (D5929) per 12 Month(s) per patient	\$0 Copay
D5930	Maxillary guidance prosthesis without guide flange	Covered	\$0 Copay
D5931	Obturator prosthesis, surgical	One of (D5931) per 12 Month(s) per patient	\$0 Copay
D5932	Obturator prosthesis, definitive	One of (D5932) per 12 Month(s) per patient	\$0 Copay
D5933	Obturator prosthesis, modification	One of (D5933) per 6 Month(s) per patient	\$0 Copay
D5934	Mandibular resection prosthesis with guide flange	One of (D5934) per 12 Month(s) per patient	\$0 Copay
D5935	Mandibular resection prosthesis without guide flange	One of (D5935) per 12 Month(s) per patient	\$0 Copay
D5936	Obturator prosthesis, interim	One of (D5936) per 12 Month(s) per patient	\$0 Copay
D5937	Trismus appliance (not for TMD treatment)	One of (D5937) per 12 Month(s) per patient	\$0 Copay
D5938	Resection prosthesis, maxillary complete removable	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5939	Resection prosthesis, mandibular complete removable	Covered	\$0 Copay
D5940	Resection prosthesis, maxillary partial removable	Covered	\$0 Copay
D5941	Resection prosthesis, mandibular partial removable	Covered	\$0 Copay
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Covered	\$0 Copay
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Covered	\$0 Copay
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Covered	\$0 Copay
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Covered	\$0 Copay
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Covered	\$0 Copay
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Covered	\$0 Copay
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Covered	\$0 Copay
D5951	Feeding aid	One of (D5951) per 12 Month(s) per patient	\$0 Copay
D5953	Speech aid prosthesis, adult	One of (D5953) per 12 Month(s) per patient	\$0 Copay
D5954	Palatal augment prosthesis	One of (D5954) per 12 Month(s) per patient	\$0 Copay
D5955	Palatal lift prosthesis, definitive	One of (D5955) per 12 Month(s) per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5958	Palatal lift prosthesis, interim	One of (D5958) per 12 Month(s) per patient	\$0 Copay
D5959	Palatal lift prosthesis, modification	One of (D5959) per 12 Month(s) per patient	\$0 Copay
D5960	Speech aid prosthesis, modification	One of (D5960) per 12 Month(s) per patient	\$0 Copay
D5982	Surgical stent	One of (D5982) per 12 Month(s) per patient	\$0 Copay
D5983	Radiation carrier	One of (D5983) per 12 Month(s) per patient	\$0 Copay
D5984	Radiation shield	One of (D5984) per 12 Month(s) per patient	\$0 Copay
D5985	Radiation cone locator	One of (D5985) per 12 Month(s) per patient	\$0 Copay
D5986	Fluoride gel carrier	Two of (D5986) per 12 Month(s) per patient, same arch	\$0 Copay
D5987	Commissure splint	One of (D5987) per 12 Month(s) per patient	\$0 Copay
D5988	Surgical splint	One of (D5988) per 12 Month(s) per patient	\$0 Copay
D5999	Unspecified maxillofacial prosthesis, by report	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
<b>Implants Services</b>			
D6010	Surgical placement of implant body: endosteal implant	One of (D6010, D6013) per 1 Lifetime per patient, same tooth	\$0 Copay
D6013	Surgical placement of mini implant	One of (D6010, D6013) per 1 Lifetime per patient, same tooth	\$0 Copay
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Covered	\$0 Copay
D6055	Connecting bar – implant supported or abutment supported	One of (D6055) per 8 years, per patient, same arch	\$0 Copay
D6056	Prefabricated abutment – includes modification and placement	One of (D6056, D6057) per 8 years per patient, same tooth	\$0 Copay
D6057	Custom fabricated abutment – includes placement	One of (D6056, D6057) per 8 years per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6058	Abutment supported porcelain/ceramic crown	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	\$0 Copay
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	\$0 Copay
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	\$0 Copay
D6061	Abutment supported porcelain fused to metal crown (noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	\$0 Copay
D6062	Abutment supported cast metal crown (high noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	\$0 Copay
D6063	Abutment supported cast metal crown (predominantly base metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	\$0 Copay
D6064	Abutment supported cast metal crown (noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D6065	Implant supported porcelain/ceramic crown	One of (D6065, D6066, D6067) per 8 years per patient, same tooth	\$0 Copay
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	One of (D6065, D6066, D6067) per 8 years per patient, same tooth	\$0 Copay
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	One of (D6065, D6066, D6067) per 8 years per patient, same tooth	\$0 Copay
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	One of (D6081) per 12 Month(s) per patient, same tooth	\$0 Copay
D6090	Repair of implant/abutment supported prosthesis	One of (D6090) per 12 Month(s) per patient	\$0 Copay
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	One of (D6091) per 12 Month(s) per patient, same quadrant	\$0 Copay
D6092	Re-cement or re-bond implant/abutment supported crown	One of (D6092) per 2 years per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	One of (D6093) per 2 years per patient, same tooth	\$0 Copay
D6094	Abutment supported crown – (titanium)	One of (D6094) per 8 Year(s) per patient, same tooth	\$0 Copay
D6095	Repair implant abutment	One of (D6095) per 12 Month(s) per patient, same tooth	\$0 Copay
D6096	Remove broken implant retaining screw	One of (D6096) per 12 Month(s) per patient, same tooth	\$0 Copay
D6100	Surgical removal of implant body	Covered	\$0 Copay
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	One of (D6101, D6102) per 2 Year(s) per patient, same tooth	\$0 Copay
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	One of (D6101, D6102) per 2 Year(s) per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	One of (D6103) per 2 Year(s) per patient, same tooth	\$0 Copay
D6104	Bone graft at time of implant placement	One of (D6104) per 1 Lifetime per patient, same tooth	\$0 Copay
D6106	Guided tissue regeneration – resorbable barrier, per implant	Covered	\$0 Copay
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	Covered	\$0 Copay
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	One of (D6110, D6112) per 8 years per patient, same arch	\$0 Copay
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	One of (D6111, D6113) per 8 years per patient, same arch	\$0 Copay
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	One of (D6110, D6112) per 8 years per patient, same arch	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	One of (D6111, D6113) per 8 years per patient, same arch	\$0 Copay
D6190	Radiographic/surgical implant index, by report	One of (D6190) per 12 Month(s) per patient, same arch	\$0 Copay
D6191	Semi-precision abutment – placement	One of (D6191) per 8 years per patient, same tooth	\$0 Copay
D6192	Semi-precision attachment – placement	One of (D6192) per 8 years per patient, same tooth	\$0 Copay
D6193	Replacement of an implant screw	One of (D6193) per 12 Month(s) per patient per tooth	\$0 Copay
D6199	Unspecified implant procedure	Covered	\$0 Copay
<b>Prosthodontics Fixed Services</b>			
D6210	Pontic – cast high noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6211	Pontic – cast base metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6212	Pontic – cast noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6214	Pontic – titanium	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6240	Pontic – porcelain fused – high noble	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6241	Pontic – porcelain fused to base metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6242	Pontic – porcelain fused – noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth.	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6243	Pontic – porcelain fused to titanium and titanium alloys	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s)	\$0 Copay
D6245	Prosthodontics fixed, pontic – porcelain/ceramic	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6250	Pontic – resin with high noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6251	Pontic – resin with base metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6252	Pontic – resin with noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	\$0 Copay
D6545	Retainer – cast metal fixed	One of (D6545) per 60 Month(s) per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6720	Crown – resin with high noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6721	Crown – resin with base metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth.	\$0 Copay
D6722	Crown – resin with noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6740	Retainer crown – porcelain/ceramic	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6750	Crown – porcelain fused high noble	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6751	Crown – porcelain fused to base metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6752	Crown – porcelain fused noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6780	Crown – $\frac{3}{4}$ cast high noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6781	Prosthodontics fixed, crown $\frac{3}{4}$ cast predominantly based metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D6782	Prosthodontics fixed, crown ¾ cast noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6783	Prosthodontics fixed, crown ¾ porcelain/ceramic	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6784	Retainer crown – ¾-titanium and titanium alloys	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6790	Crown – full cast high noble	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6791	Crown – full cast base metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6792	Crown – full cast noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6794	Crown – titanium	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	\$0 Copay
D6930	Re-cement or re-bond fixed partial denture	One of (D6930) per 24 Month(s) per patient, same quadrant	\$0 Copay
D6980	Fixed partial denture repair	One of (D6980) per 60 Month(s) per patient, same quadrant	\$0 Copay
D6999	Fixed prosthodontic procedure	Covered	\$0 Copay
<b>Oral and Maxillofacial Surgery Services</b>			
D7111	Extraction, coronal remnants – primary tooth	One of (D7111) per 1 Lifetime per patient, same tooth	\$0 Copay
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One of (D7140) per 1 Lifetime per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	One of (D7210) per 1 Lifetime per patient, same tooth	\$0 Copay
D7220	Removal of impacted tooth-soft tissue	One of (D7220) per 1 Lifetime per patient, same tooth	\$0 Copay
D7230	Removal of impacted tooth-partially bony	One of (D7230) per 1 Lifetime per patient, same tooth	\$0 Copay
D7240	Removal of impacted tooth-completely bony	One of (D7240) per 1 Lifetime per patient, same tooth	\$0 Copay
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	One of (D7241) per 1 Lifetime per patient, same tooth	\$0 Copay
D7250	Surgical removal of residual tooth roots (cutting procedure)	One of (D7250) per 1 Lifetime per patient, same tooth	\$0 Copay
D7260	Oroantral fistula closure	One of (D7260) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7261	Primary closure of a sinus perforation	One of (D7261) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	One of (D7270) per 1 Lifetime per patient, same tooth	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7272	Tooth transplantation (includes reimplantation from one site to another)	One of (D7272) per 1 Lifetime per patient, same tooth	\$0 Copay
D7280	Surgical access of an unerupted tooth	One of (D7280) per 1 Lifetime per patient, same tooth	\$0 Copay
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	One of (D7282) per 1 Lifetime per patient, same tooth	\$0 Copay
D7283	Placement of device to facilitate eruption of impacted tooth	One of (D7283) per 1 Lifetime per patient, same tooth	\$0 Copay
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	One of (D7285) per 12 Month(s) per patient	\$0 Copay
D7286	Incisional biopsy of oral tissue-soft	One of (D7286) per 12 Month(s) per patient, same quadrant	\$0 Copay
D7290	Surgical repositioning of teeth	One of (D7290) per 1 Lifetime per patient, same tooth	\$0 Copay
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Two of (D7340) per 60 Month(s) per patient, same arch	\$0 Copay
D7350	Vestibuloplasty – ridge extension	Two of (D7350) per 60 Month(s) per patient, same arch	\$0 Copay
D7410	Radical excision – lesion diameter up to 1.25cm	Covered	\$0 Copay
D7411	Excision of benign lesion greater than 1.25 cm	Covered	\$0 Copay
D7412	Excision of benign lesion, complicated	Covered	\$0 Copay
D7413	Excision of malignant lesion up to 1.25 cm	Covered	\$0 Copay
D7414	Excision of malignant lesion greater than 1.25 cm	Covered	\$0 Copay
D7415	Excision of malignant lesion, complicated	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7440	Excision of malignant tumor – lesion diameter up to 1.25cm	Covered	\$0 Copay
D7441	Excision of malignant tumor – lesion diameter greater than 1.25cm	Covered	\$0 Copay
D7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25cm	Covered	\$0 Copay
D7451	Removal of odontogenic cyst or tumor – lesion greater than 1.25cm	Covered	\$0 Copay
D7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	Covered	\$0 Copay
D7461	Removal of nonodontogenic cyst or tumor – lesion greater than 1.25cm	Covered	\$0 Copay
D7465	Destruction of lesion(s) by physical or chemical method, by report	Covered	\$0 Copay
D7471	Removal of exostosis – per site	One per tooth, per lifetime	\$0 Copay
D7472	Removal of torus palatinus	Covered	\$0 Copay
D7473	Removal of torus mandibularis	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7485	Surgical reduction of osseous tuberosity	One of (D7485) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7490	Radical resection of maxilla or mandible	Covered	\$0 Copay
D7510	Incision and drainage of abscess – intraoral soft tissue	Covered	\$0 Copay
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Covered	\$0 Copay
D7520	Incision and drainage of abscess – extraoral soft tissue	Covered	\$0 Copay
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Covered	\$0 Copay
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Covered	\$0 Copay
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	Covered	\$0 Copay
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Covered	\$0 Copay
D7610	Maxilla – open reduction	Covered	\$0 Copay
D7620	Maxilla – closed reduction	Covered	\$0 Copay
D7630	Mandible – open reduction	Covered	\$0 Copay
D7640	Mandible – closed reduction	Covered	\$0 Copay
D7650	Malar and/or zygomatic arch-open reduction	Covered	\$0 Copay
D7660	Malar and/or zygomatic arch-closed	Covered	\$0 Copay
D7670	Alveolus stabilization of teeth, closed reduction splinting	Covered	\$0 Copay
D7671	Alveolus – open reduction, may include stabilization of teeth	Covered	\$0 Copay
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Covered	\$0 Copay
D7710	Maxilla – open reduction	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D7720	Maxilla – closed reduction	Covered	\$0 Copay
D7730	Mandible – open reduction	Covered	\$0 Copay
D7740	Mandible – closed reduction	Covered	\$0 Copay
D7750	Malar and/or zygomatic arch-open reduction	Covered	\$0 Copay
D7760	Malar and/or zygomatic arch-closed reduction	Covered	\$0 Copay
D7770	Alveolus-stabilization of teeth, open reduction splinting	Covered	\$0 Copay
D7771	Alveolus, closed reduction stabilization of teeth	Covered	\$0 Copay
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Covered	\$0 Copay
D7810	Open reduction of dislocation	Covered	\$0 Copay
D7820	Closed reduction dislocation	Covered	\$0 Copay
D7830	Manipulation under anesthesia	Covered	\$0 Copay
D7840	Condylectomy	Covered	\$0 Copay
D7850	Surgical discectomy, with/without implant	Two of (D7850) per 1 Lifetime per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7852	Disc repair	Two of (D7852) per 1 Lifetime per patient	\$0 Copay
D7854	Synovectomy	Two of (D7854) per 1 Lifetime per patient	\$0 Copay
D7856	Myotomy	Two of (D7856) per 1 Lifetime per patient	\$0 Copay
D7858	Joint reconstruction	Two of (D7858) per 1 Lifetime per patient	\$0 Copay
D7860	Arthrotomy	Two of (D7860) per 1 Lifetime per patient	\$0 Copay
D7865	Arthroplasty	Two of (D7865) per 1 Lifetime per patient	\$0 Copay
D7870	Arthrocentesis	One of (D7870) per 6 Month(s) per patient	\$0 Copay
D7872	Arthroscopy – diagnosis with or without biopsy	Two of (D7872) per 1 Lifetime per patient	\$0 Copay
D7873	Arthroscopy-surgical: lavage and lysis of adhesions	Two of (D7873) per 1 Lifetime per patient	\$0 Copay
D7874	Arthroscopy-surgical: disc repositioning and stabilization	Two of (D7874) per 1 Lifetime per patient	\$0 Copay
D7875	Arthroscopy-surgical synovectomy	Two of (D7875) per 1 Lifetime per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7876	Arthroscopy-surgery discectomy	Two of (D7876) per 1 Lifetime per patient	\$0 Copay
D7877	Arthroscopy-surgical debridement	Two of (D7877) per 1 Lifetime per patient	\$0 Copay
D7880	Occlusal orthotic device, by report	One of (D7880) per 12 Month(s) per patient	\$0 Copay
D7899	Unspecified tmd therapy, by report	Covered	\$0 Copay
D7910	Suture small wounds up to 5 cm	Covered	\$0 Copay
D7911	Complicated suture-up to 5 cm	Covered	\$0 Copay
D7912	Complex suture – greater than 5cm	Covered	\$0 Copay
D7920	Skin graft (identify defect covered, location and type of graft)	Covered	\$0 Copay
D7940	Osteoplasty – for orthognathic deformities	Covered	\$0 Copay
D7941	Osteotomy – mandibular rami	Covered	\$0 Copay
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D7944	Osteotomy – segmented or subapical – per sextant or quadrant	Covered	\$0 Copay
D7945	Osteotomy – body of mandible	Covered	\$0 Copay
D7946	Lefort i (maxilla – total)	Covered	\$0 Copay
D7947	Lefort i (maxilla – segmented)	Covered	\$0 Copay
D7948	Lefort ii or lefort iii – without bone graft	Covered	\$0 Copay
D7949	Lefort ii or lefort iii – with bone graft	Covered	\$0 Copay
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	Covered	\$0 Copay
D7951	Sinus augmentation	One of (D7951) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7952	Sinus augmentation via a vertical approach	Covered	\$0 Copay
D7953	Bone replacement graft for ridge preservation – per site	One of (D7953) per 1 Lifetime per patient, same tooth	\$0 Copay
D7961	Buccal / labial frenectomy (frenulectomy)	Three of (D7961) per 1 Lifetime per patient, same arch	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7962	Lingual frenectomy (frenulectomy)	Three of (D7962) per 1 Lifetime per patient, same arch	\$0 Copay
D7970	Excision of hyperplastic tissue – per arch	Two of (D7970) per 1 Lifetime per patient, same arch	\$0 Copay
D7971	Excision of pericoronal gingiva	One of (D7971) per 24 Month(s) per patient, same tooth	\$0 Copay
D7972	Surgical reduction of fibrous tuberosity	Two of (D7972) per 1 Lifetime per patient, same quadrant	\$0 Copay
D7980	Surgical sialolithotomy	Covered	\$0 Copay
D7981	Excision of salivary gland, by report	Covered	\$0 Copay
D7982	Sialodochoplasty	Covered	\$0 Copay
D7993	Closure of salivary fistula	Covered	\$0 Copay
D7990	Emergency tracheotomy	Covered	\$0 Copay
D7991	Coronoidectomy	One of (D7991) per 1 Lifetime per patient	\$0 Copay
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Covered	\$0 Copay
D7998	Intraoral fixation device – non-fracture	Covered	\$0 Copay
D7999	Unspecified oral surgery procedure, by report	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
<b>Adjunctive General Services</b>			
D9110	Palliative treatment of dental pain – per visit	Two of (D9110) per 12 Month(s) per patient	\$0 Copay
D9120	Fixed partial denture sectioning	Covered	\$0 Copay
D9210	Local anesthesia not in conjunction with operative or surgical procedure *not billable separately from main service	Covered	\$0 Copay
D9211	Regional block anesthesia *not billable separately from main service	Covered	\$0 Copay
D9212	Trigeminal division block anesthesia *not billable separately from main service	Covered	\$0 Copay
D9215	Local anesthesia *not billable separately from main service	Covered	\$0 Copay
D9219	Anesthesia	Covered	\$0 Copay
D9222	Deep sedation/general anesthesia-first 15 minutes	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	Covered	\$0 Copay
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	One of (D9222, D9224, D9239) per date of service, per patient	\$0 Copay
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	3 of (D9223, D9225, D9243) per date of service, per patient	\$0 Copay
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Not allowed on same day as D9222, D9223, D9239, D9243, or D9248.	\$0 Copay
D9239	Intravenous moderation (conscious)	Covered	\$0 Copay
D9243	Intravenous moderation (conscious)– each subsequent 15 minute increment	Covered	\$0 Copay
D9244	In-office administration of minimal sedation – single drug – enteral	One of (D9244, D9245, D9246, D9247) per date of service, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D9245	Administration of moderate sedation – enteral	One of (D9244, D9245, D9246, D9247) per date of service, per patient	\$0 Copay
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	One of (D9244, D9245, D9246, D9247) per date of service, per patient	\$0 Copay
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	One of (D9244, D9245, D9246, D9247) per date of service, per patient	\$0 Copay
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	One of (D9310) per 6 Month(s) per patient	\$0 Copay
D9311	Consultation with a medical health care professional	One of (D9311) per 7 day(s)	\$0 Copay
D9410	House/extended care facility call	Covered	\$0 Copay
D9420	Hospital or ambulatory surgical center call	Professional visits for pre-operative or operative care	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D9430	Office visit for observation – no other services performed	Covered	\$0 Copay
D9440	Office visit – after regularly scheduled hours	Covered	\$0 Copay
D9610	Therapeutic drug injection, by report	Covered	\$0 Copay
D9612	Therapeutic drug injection – 2 or more medications by report	Covered	\$0 Copay
D9910	Application of desensitizing medicament	Covered	\$0 Copay
D9936	Cleaning and inspection of occlusal guard – per appliance	One of (D9936) per 12 months	\$0 Copay
D9944	Occlusal guard – hard appliance, full arch	One of (D9944, D9945, D9946) per 12 Month(s) per patient	\$0 Copay
D9945	Occlusal guard – soft appliance full arch	One of (D9944, D9945, D9946) per 12 Month(s) per patient	\$0 Copay
D9946	Occlusal guard – hard appliance, partial arch	One of (D9944, D9945, D9946) per 12 Month(s) per patient	\$0 Copay
D9951	Occlusal adjustment – limited	Covered	\$0 Copay
D9952	Occlusal adjustment – complete	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D9990	Certified translation or sign-language services per visit	Covered	\$0 Copay
D9991	Dental case management – addressing appointment compliance barriers	Covered	\$0 Copay
D9995	Teledentistry – synchronous; real-time encounter	Covered	\$0 Copay
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Covered	\$0 Copay
D9997	Dental case management – patients with special health care needs	One every 6 months	\$0 Copay
D9999	Unspecified adjunctive procedure, by report	Covered	\$0 Copay

## **Supplemental Dental Benefits Limitations and Exclusions**

As a member of our plan, our plan offers dental benefits limitations and exclusions, including but not limited to:

- Our plan offers both in-network and out-of-network dental coverage; all covered services have \$0 copayment.
  - You pay \$0 copayment for Supplemental Comprehensive Dental Services
  - You pay \$0 copayment for Supplemental Diagnostic and Preventive Dental services
  - Service limitations apply based on established fee schedule, including type of service, number, and frequency
  - Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.
- If you would like to learn more about how your dental coverage relates to your proposed dental treatment and costs, you may ask your dentist to obtain coverage estimate from DentaQuest. If the provider has questions about how to obtain this information, they can contact DentaQuest using the number on the back of your Member ID card.
- In-network dentists have agreed to provide services at a negotiated rate. If you visit an in-network dentist, you will not receive a bill for charges more than the negotiated fee schedule on covered services (annual maximum still applies).
  - When you have covered dental services performed at an in-network dentist, the dentist will submit the claim on your behalf.

- Dentists may ask you to sign an informed consent document detailing the risks, benefits, costs, and alternatives to all recommended treatments.
- When you see an out-of-network dentist, often the dentist will submit a claim on your behalf. If they do not, then you can submit it directly using the following instructions:
  - The claim submission must contain the following information:
    - Full member name and member ID number
    - Full provider name and address
    - List of dental services rendered with the corresponding ADA code(s)
    - Proof of payment in the form of an itemized receipt reflecting payment and a zero-patient balance
  - Mail all required claim information within 365 days from the date of service to:

**DentaQuest Claims**  
**PO Box 2906**  
**Milwaukee, WI 53201-2906**  
**or via fax at 262-834-3589**

- Payment will be sent to the address listed on your account. To update your address or for assistance with submitting claims, contact Member Services.
- Dental claims are paid within 30 days and an Explanation of Payment (EOP) will accompany check payment.

- Other limitations or exclusions of plan dental coverage are:
  - Procedures used for cosmetic-only reasons (tooth bleaching/whitening, veneers, gingival recontouring), orthodontics, space maintenance, sales tax, charges for failure to keep appointments, dental case management, dental charges related to COVID screening, testing and vaccination, and unspecified procedures by report
  - Services or supplies furnished along with, in preparation for, or as a result of a non-covered service(s)
  - Dental expenses incurred in connection with any dental procedures started prior to your effective date of coverage
  - Services related to congenital anomalies
- Any fees associated with non-covered services are your responsibility



For more information, call us toll-free

**1-800-353-3765**

8 a.m.–8 p.m., 7 days a week.

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TTY/TDD users should call

**711**

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Visit our website

**Elderplan.org**

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare part B premium if not otherwise paid for under Medicaid.