

# Asuris Northwest Health CDT Guide 2024

*Code on Dental Procedures and Nomenclature*

*Asuris Procedure Guidelines Analysis*



# Dental Policy Disclaimer

The Dental Policy Manual is intended only for dental providers and other health care professionals, except where otherwise indicated.

## Description

This Dental Policy Manual documents payment methodology for some dental services and supplies.

THIS DENTAL POLICY MANUAL DOES NOT APPLY TO ANY OTHER COMPANY.

## Use

Dental Policy is used by the Company to provide consistent and predictable dental claims payment. Medical Policies may apply and can be found on [asuris.com](http://asuris.com): Library > Policies & guidelines.

## Conflict with Other Documents

Dental Policy facilitates the systematic application of our member contracts, provider contracts, and dental policies. In the event of a conflict between a Dental Policy and any Plan document under which a member is entitled to Covered Services, the Plan document will govern. Plan documents include, but are not limited to, Subscriber Contracts, Summary Plan Documents, and other coverage documents prepared by a Plan.

## Definition of Clinically Appropriate

Clinically Appropriate means health care services that a dental provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating illness, injury, disease or its symptoms, and that are in accordance with generally accepted standards of dental practice:

- i. including type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury or disease; and
- ii. not primarily for the convenience of the patient, dental provider or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

## Restrictions and Limitations

- Dental Policies do not determine the schedule of benefits. Rather, Dental Policies support the schedule of benefits by establishing payment rules, coding hierarchy, and related processing systems' edits.
- While Asuris seeks input and feedback from members and providers, Dental Policies shall be interpreted and modified in the sole discretion of the Company.
- Dental Policy application is subject to state and federal laws and specific instructions from Plan Sponsors of self-insured groups.
- Dentists and other oral healthcare providers are expected to exercise their dental judgment in providing the most appropriate care. Dental Policies are not intended to dictate dental practice and do not constitute dental advice.
- Dental Policies are the property of the Company and are prohibited for commercial use. Commercial use does not include use of the Dental Policies related to benefit payment for oral health care services received by one of our members.
- Current Dental Terminology (CDT®) codes and descriptions are the property of the American Dental Association (ADA) with all rights reserved. Any unauthorized use of CDT® codes is prohibited.
- The coding software guidelines are incorporated into the Dental Policy by reference. Thus, to the extent there are situations not documented in the Dental Policy, coding software guidelines control.
- Dental Policies may be revised from time to time. The Company will provide sixty (60) days written notice of Dental Policies updates that result in a reduction to compensation.

## Table of Contents

<b>Diagnostic Services</b> .....	<b>1</b>
<b>Preventive Services</b> .....	<b>9</b>
<b>Restorative Services</b> .....	<b>12</b>
<b>Endodontic Services</b> .....	<b>23</b>
Please note the following: .....	23
<b>Periodontal Services</b> .....	<b>27</b>
Procedure Billing Guidelines .....	27
Payment for Surgical Services .....	27
<b>Prosthodontics, Removable</b> .....	<b>31</b>
<b>Implant Services</b> .....	<b>46</b>
Coverage.....	46
Implant Services .....	46
<b>Oral and Maxillofacial Surgery</b> .....	<b>67</b>
<b>Orthodontic Services</b> .....	<b>77</b>
Orthodontic Benefit Administration .....	77
Limited Orthodontic Treatment .....	77
Interceptive Orthodontic Treatment .....	77
Comprehensive Orthodontic Treatment.....	77
How to Submit Claims - Please follow these guidelines when submitting claims for orthodontic treatment: .....	77
Limited, Interceptive and Minor Treatment.....	77
Comprehensive Treatment.....	77
<b>Adjunctive Services</b> .....	<b>79</b>
<b>Specific Benefit Limitations</b> .....	<b>85</b>

Integral Services.....	85
Service Limitations.....	86
Excluded Services .....	87
Non-Reimbursable Services .....	92

## Diagnostic Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
CLINICAL ORAL EVALUATIONS: One evaluation code may be billed per dentist per date of service. Evaluations, including diagnosis and treatment planning, are the responsibility of the dentist. A dentist must complete all evaluations.			
D0120	Periodic oral evaluation	Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180)	None
D0140	Limited oral evaluation: problem-focused	Limited against the annual limit	None
D0145	Oral evaluation for a patient less than 3 years of age and counseling with primary caregiver	Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180)	None
D0150	Comprehensive oral evaluation, new or established patient	Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180)	None
D0160	Detailed, extensive oral evaluation: problem-focused, by report	Limited against the annual limit	None
D0170	Re-evaluation: limited, problem focused (established patient, not post-operative visit)	Limited against the annual limit	None
D0171	Re-evaluation-post operative visit	Limited against the annual limit	None
D0180	Comprehensive periodontal evaluation: new or established patient	Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180)	None
PRE-DIAGNOSTIC SERVICES			
D0190	Screening of a patient: A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	Code denies - the exam service is not a covered benefit	None
D0191	Assessment of a patient: A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment	Code denies - the exam service is not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>DIAGNOSTIC IMAGING: Image Capture with Interpretation; Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third parties for copies of records.</b>			
D0210	Intraoral comprehensive series intraoral - complete series of radiographic images	Limited to once in a three-year period (this is a combined limit with D0210, D0387, D0709)	None
D0220	Intraoral periapical – first radiographic image.	Limited against the annual limit	None
D0230	Intraoral periapical – each additional radiographic image	Limited against the annual limit	None
D0240	Intraoral occlusal radiographic image	Limited against the annual limit	Arch identification
D0250	Extraoral, 2D radiographic image	Limited against the annual limit	None
D0251	Extraoral posterior dental radiographic image	Limited against the annual limit	None
D0270	Bitewing – single radiographic image	Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708)	None
D0272	Bitewings – two radiographic images	Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708)	None
D0273	Bitewings – three radiographic images	Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708)	None
D0274	Bitewings – four radiographic images	Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708)	None
D0277	Vertical bitewings – 7 to 8 radiographic images	Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708)	None
D0310	Sialography	Code denies - this service is considered medical in nature, please resubmit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0320	Temporomandibular joint arthrogram, including injection	Code denies - TMJ is not a covered benefit	None
D0321	Other temporomandibular joint radiographic image, by report	Code denies - TMJ is not a covered benefit	None
D0322	Tomographic survey	Code denies - TMJ is not a covered benefit	None
D0330	Panoramic radiographic image	Limited to once in a three-year period (this is a combined limit with D0330, D0701)	None
D0340	Cephalometric radiographic image	Code denies - Ortho is not a covered benefit	None
D0350	2D oral/facial photographic images obtained intraorally or extraorally	Code denies - the X-Ray service is not a covered benefit	None
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	Code denies - the X-Ray service is not a covered benefit	None
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Code denies - the X-Ray service is not a covered benefit	None
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Code denies - the X-Ray service is not a covered benefit	None
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Code denies - the X-Ray service is not a covered benefit	None
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Code denies - the X-Ray service is not a covered benefit	None
D0369	Maxillofacial MRI capture and interpretation	Code denies - the X-Ray service is not a covered benefit	None
D0370	Maxillofacial ultrasound capture and interpretation	Code denies - the X-Ray service is not a covered benefit	None
D0371	Sialoendoscopy capture and interpretation	Code denies - the X-Ray service is not a covered benefit	None
D0372	Intraoral tomosynthesis -comprehensive series of radiographic images	Alternate Benefit (L.E.A.T.) D0210 (this is a combined limit with 0210, D0372, D0387, D0709)	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage. Not all Benefit plans include Enhanced benefits.



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0373	Intraoral tomosynthesis – bitewing radiographic image	Limited against the annual limit	None
D0374	Intraoral tomosynthesis – periapical radiographic image	Limited against the annual limit	None
<b>IMAGE CAPTURE ONLY: Capture by a Practitioner Not Associated with Interpretation and Report</b>			
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Code denies - the X-Ray service is not a covered benefit	None
D0381	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Code denies - The X-Ray service is not a covered benefit	None
D0382	Cone beam CT capture and interpretation with full dental arch – maxilla, with or without cranium	Code denies - The X-Ray service is not a covered benefit	None
D0383	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	Code denies - The X-Ray service is not a covered benefit	None
D0384	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Code denies – The X-Ray service is not a covered benefit	None
D0385	Maxillofacial MRI capture and interpretation	Code denies - The X-Ray service is not a covered benefit	None
D0386	Maxillofacial ultrasound capture and interpretation	Code denies - The X-Ray service is not a covered benefit	None
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Limited to once in a three-year period (this is a combined limit with D0210, D0372, D0387, D0709)	None
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708)	None
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Limited against the annual limit	None
<b>INTERPRETATION AND REPORT ONLY: Interpretation and Report by Practitioner not Associated with Image Capture.</b>			
D0391	Interpretation of diagnostic image by practitioner not associated with capture of image, including report	Limited against the annual limit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0393	Virtual treatment simulation using 3D image volume or surface scan	Code denies - The X-Ray service is not a covered benefit	None
D0394	Digital subtraction of two or more images or image volumes of the same modality	Code denies - The X-Ray service is not a covered benefit	None
D0395	Fusion of two or more 3D image volumes of one or more modalities	Code denies - The X-Ray service is not a covered benefit	None
D0396	3D printing of a 3D dental surface scan	Code denies- unless the plan has Ortho	None
<b>TESTS AND EXAMINATIONS</b>			
D0411	HbA1c in-office point of service testing	Code denies - this service is considered medical in nature, please resubmit	None
D0412	Blood glucose level test—in-office using a glucose meter	Code denies - this service is considered medical in nature, please resubmit	None
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	Code denies - This diagnostic test and exam is not a covered benefit	None
D0415	Collection of microorganisms for culture and sensitivity	Code denies – This diagnostic test and exam is not a covered benefit	None
D0416	Viral Culture	Code denies – This service is considered medical in nature, please resubmit	None
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Code denies – This diagnostic test and exam is not a covered benefit	None
D0418	Analysis of saliva sample	Code denies – This diagnostic test and exam is not a covered benefit	None
D0419	Assessment of salivary flow by measurement	Code denies – this service is considered medical in nature, please resubmit	None
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Code denies – This diagnostic test and exam is not a covered benefit	None
D0423	Genetic test for susceptibility to diseases – specimen analysis	Code denies – This diagnostic test and exam is not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0425	Caries susceptibility tests	Code denies – This diagnostic test and exam is not a covered benefit	None
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions; does not include cytology or biopsy procedures	Code denies – This diagnostic test and exam is not a covered benefit	None
D0460	Pulp vitality tests	Code denies – This diagnostic test and exam is not a covered benefit	None
D0470	Diagnostic casts	Code denies – Ortho is not a covered benefit	None
<b>ORAL PATHOLOGY LABORATORY</b>			
D0472	Accession of tissue, gross examination, including preparation and transmission of written report	Code denies – This diagnostic test and exam is not a covered benefit	None
D0473	Accession of tissue, gross and microscopic examination, preparation, and transmission of written report	Code denies – This service is considered medical in nature, please resubmit	None
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report	Code denies – This service is considered medical in nature, please resubmit	None
D0475	Decalcification procedure	Code denies – This service is considered medical in nature, please resubmit	None
D0476	Special stains for microorganisms	Code denies – This service is considered medical in nature, please resubmit	None
D0477	Special stains, not for microorganisms	Code denies – this service is considered medical in nature, please resubmit	None
D0478	Immunohistochemical stains	Code denies – This service is considered medical in nature, please resubmit	None
D0479	Tissue in-site hybridization, including interpretation	Code denies – This service is considered medical in nature, please resubmit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0480	Processing and interpretation of exfoliative cytologic smears, including preparation and transmission of written report	Code denies – This service is considered medical in nature, please resubmit	None
D0481	Electron microscopy	Code denies – This service is considered medical in nature, please resubmit	None
D0482	Direct immunofluorescence	Code denies – This service is considered medical in nature, please resubmit	None
D0483	Indirect immunofluorescence	Code denies – This service is considered medical in nature, please resubmit	None
D0484	Consultation on slides prepared elsewhere	Code denies – This service is considered medical in nature, please resubmit	None
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Code denies – This service is considered medical in nature, please resubmit	None
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report	Code denies - This service is considered medical in nature, please resubmit	None
D0502	Other oral pathology procedures, by report	Limited against the annual limit	None
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Code denies - This diagnostic test and exam is not a covered benefit	None
D0601	Caries risk assessment and documentation, with a finding of low risk	Code denies - This diagnostic test and exam is not a covered benefit	None
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Code denies - This diagnostic test and exam is not a covered benefit	None
D0603	Caries risk assessment and documentation, with a finding of high risk	Code denies - This diagnostic test and exam is not a covered benefit	None
D0604	Antigen testing for a public health related pathogen including coronavirus	Code denies - This service is considered medical in nature, please resubmit	None
D0605	Antibody testing for a public health related pathogen, including coronavirus	Code denies - This service is considered medical in nature, please resubmit	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage. Not all Benefit plans include Enhanced benefits.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0701	Panoramic radiographic image – image capture only	Limited to once in a three-year period (this is a combined limit with D0330, D0701)	None
D0702	2-D cephalometric radiographic image – image capture only	Code denies - Ortho is not a covered benefit	None
D0703	2-D oral/facial photographic intraoral or extraoral image – image capture only	Code denies - The X-Ray service is not a covered benefit	None
D0705	Extraoral posterior dental radiographic image – image capture only	Limited against the annual limit	None
D0706	Intraoral – occlusal radiographic image – image capture only	Limited against the annual limit	None
D0707	Intraoral – periapical radiographic image – image capture only	Limited against the annual limit	None
D0708	Intraoral – bitewing radiographic image – image capture only	Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708)	None
D0709	Intraoral – comprehensive series of radiographic images – image capture only	Limited to once in a three-year period (this is a combined limit with D0210, D0372, D0387, D0709)	None
D0801	3D dental surface scan – direct	Code denies – The X-Ray service is not a covered benefit	None
D0802	3D dental surface scan – indirect	Code denies – The X-Ray service is not a covered benefit	None
D0803	3D facial surface scan – direct	Code denies – The X-Ray service is not a covered benefit	None
D0804	3D facial surface scan – indirect	Code denies – The X-Ray service is not a covered benefit	None
D0999	Unspecified diagnostic procedure, by report	Limited against the annual limit	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage. Not all Benefit plans include Enhanced benefits.

## Preventive Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>DENTAL PROPHYLAXIS</b>			
D1110	Prophylaxis – adult age 14+	Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910)	None
D1120	Prophylaxis – child age ≤13	Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910)	None
<b>TOPICAL FLUORIDE TREATMENT OFFICE PROCEDURE</b>			
D1206	Topical application of fluoride varnish	Limited to Members under 18 years of age; two per calendar year (combined limit with D1206, D1208)	None
D1208	Topical application of fluoride – excluding varnish	Limited to Members under 18 years of age; two per calendar year (combined limit with D1206, D1208)	None
<b>OTHER PREVENTIVE SERVICES</b>			
D1301	immunization counseling	Code denies- Not a covered benefit (integral)	None
D1310	Nutritional counseling for control of dental disease	Code denies - Nutritional counseling is not a covered benefit.	None
D1320	Tobacco counseling for control and prevention of oral disease	Code denies – Nutritional Counseling is not a covered benefit.	None
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Code denies - Nutritional counseling is not a covered benefit.	None
D1330	Oral hygiene instructions	Code denies - Nutritional counseling is not a covered benefit.	None
D1351	Sealant – per tooth	Limited to permanent bicuspids and molars of Members under 18 years of age; no frequency limit	Tooth identification
D1352	Preventive resin restoration in a moderate to high caries risk patient; permanent tooth	Limited against the annual limit	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D1353	Sealant repair-per tooth	Limited to permanent bicuspids and molars of Members under 18 years of age; no frequency limit	Tooth identification
D1354	Application of caries arresting medicament – per tooth	Limited to Members under 18 years of age	None
D1355	Caries preventive medicament application – per tooth	Limited against the annual limit	None
<b>SPACE MAINTENANCE (PASSIVE APPLIANCES): Designed to prevent tooth movement</b>			
D1510	Space maintainer – fixed, unilateral – per quadrant	Covered under 12 years of age	Per Quadrant
D1516	Space maintainer – fixed – bilateral, maxillary	Covered under 12 years of age	Tooth identification
D1517	Space maintainer – fixed – bilateral, mandibular	Covered under 12 years of age	Tooth identification
D1520	Space maintainer – removable – bilateral	Covered under 12 years of age	None
D1526	Space maintainer – removable – bilateral, maxillary	Covered under 12 years of age	None
D1527	Space maintainer – removable – bilateral, mandibular	Covered under 12 years of age	None
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	Covered under 12 years of age	Arch identification
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	Covered under 12 years of age	Arch identification
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	Covered under 12 years of age	Arch identification
D1556	Removal of fixed unilateral space maintainer – per quadrant	Covered under 12 years of age	Arch identification
D1557	Removal of fixed bilateral space maintainer – maxillary	Covered under 12 years of age	Arch identification
D1558	Removal of fixed bilateral space maintainer – mandibular	Covered under 12 years of age	Arch identification
D1575	Distal shoe space maintainer-fixed-unilateral	Limited against the annual limit	Tooth identification
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	Code denies – This service is considered medical in nature, please resubmit	None
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	Code denies – This service is considered medical in nature, please resubmit	None
D1710	Moderna Covid-19 vaccine administration – third dose	Code denies – This service is considered medical in nature, please resubmit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D1711	Moderna Covid-19 vaccine administration – booster dose	Code denies – This service is considered medical in nature, please resubmit	None
D1712	Janssen Covid-19 vaccine administration - booster dose	Code denies – This service is considered medical in nature, please resubmit	None
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	Code denies – This service is considered medical in nature, please resubmit	None
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	Code denies – This service is considered medical in nature, please resubmit	None
D1781	Vaccine administration – human papillomavirus – Dose 1	Code denies – This service is considered medical in nature, please resubmit	None
D1782	Vaccine administration – human papillomavirus – Dose 2	Code denies – This service is considered medical in nature, please resubmit	None
D1783	Vaccine administration – human papillomavirus – Dose 3	Code denies – This service is considered medical in nature, please resubmit	None
D1999	Unspecified preventive procedure, by report	Code denies - The general service is not a covered benefit	None



## Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<p><b>AMALGAM RESTORATIONS (INCLUDING POLISHING):</b> Amalgam restorations include tooth preparation, localized tissue removal, base, direct and indirect pulp cap, local anesthesia, and all adhesives (including amalgam bonding agents, liners, and bases) included as part of the restoration. If used, pins should be reported separately (see D2951). Restorations only allowed for fracture or decay. Restorations for erosion, attrition, or abrasion are not covered benefits.</p>			
D2140	Amalgam – 1 surface, permanent or primary	Edit to deny filling if being performed on an extracted tooth	Tooth identification, Surface identification
D2150	Amalgam – 2 surfaces, permanent or primary	Edit to deny filling if being performed on an extracted tooth	Tooth identification, Surface identification
D2160	Amalgam – 3 surfaces, permanent or primary	Edit to deny filling if being performed on an extracted tooth	Tooth identification, Surface identification
D2161	Amalgam – 4 or more surfaces, permanent or primary	Edit to deny filling if being performed on an extracted tooth	Tooth identification, Surface identification
<p><b>RESIN-BASED COMPOSITE RESTORATIONS:</b> Resin refers to a broad category of materials including, but not limited to, composites. May include bonded composite, light-cured composite, etc. Light curing, acid-etching, and adhesives (including resin bonding agents) are included as part of the restoration. Resin restorations include tooth preparation, localized tissue removal, base, direct and indirect pulp cap, and local anesthesia. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, please report them separately (see D2951). Restorations are only allowed for fracture or decay. Restorations for erosion, attrition or abrasion are not covered benefits.</p>			
D2330	Resin-based composite, 1 surface, anterior	Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R	Tooth identification, Surface identification
D2331	Resin-based composite, 2 surfaces, anterior	Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R	Tooth identification, Surface identification
D2332	Resin-based composite, 3 surfaces, anterior	Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R	Tooth identification, Surface identification
D2335	Resin-based composite, 4 or more surfaces or involving incisal angle, anterior	Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R	Tooth identification, Surface identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2390	Resin-based composite crown, anterior	Limited to one per tooth in seven-year period. Limited tooth ranges 06-11, 22-27, C-H, M-R (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2391	Resin-based composite, 1 surface, posterior, permanent or primary	Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-05, 12-21, 28-32, A-B, I-L, S-T	Tooth identification, Surface identification
D2392	Resin-based composite, 2 surfaces, posterior, permanent, or primary	Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-05, 12-21, 28-32, A-B, I-L, S-T	Tooth identification, Surface identification
D2393	Resin-based composite, 3 surfaces, posterior, permanent, or primary	Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-05, 12-21, 28-32, A-B, I-L, S-T	Tooth identification, Surface identification
D2394	Resin-based composite, 4 or more surfaces, posterior permanent, or primary	Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-07, 12-21, 28-32, A-B, I-L, S-T	Tooth identification, Surface identification
<b>GOLD FOIL RESTORATIONS</b>			
D2410	Gold foil, 1 surface	Code denies - The restorative service is not a covered benefit	Tooth identification, Surface identification
D2420	Gold foil, 2 surfaces	Code denies - The restorative service is not a covered benefit	Tooth identification, Surface identification
D2430	Gold foil, 3 surfaces	Code denies - The restorative service is not a covered benefit	Tooth identification, Surface identification
<b>INLAY/ONLAY RESTORATIONS:</b> inlay – an intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips; onlay – a dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.			

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2510	Inlay – metallic, 1 surface (D2140)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification
D2520	Inlay – metallic, 2 surfaces (D2150)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification
D2530	Inlay – metallic, 3 or more surfaces (D2160)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification
D2542	Onlay – metallic, 2 surfaces (D2150)	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2543	Onlay – metallic, 3 surfaces (D2160)	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2544	Onlay – metallic, 4 or more surfaces (D2161)	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2610	Inlay – porcelain/ceramic, 1 surface (D2140)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2620	Inlay – porcelain/ceramic, 2 surfaces (D2150)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification
D2630	Inlay – porcelain/ceramic, 3 or more surfaces (D2160)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification
D2642	Onlay – porcelain/ceramic, 2 surfaces (D2150)	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2643	Onlay – porcelain/ceramic, 3 surfaces	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2644	Onlay – porcelain/ceramic, 4 or more surfaces	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2650	Inlay – resin-based composite, 1 surface (D2140)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification
D2651	Inlay – resin-based composite, 2 surfaces (D2150)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2652	Inlay – resin-based composite, 3 or more surfaces (D2160)	Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)	Tooth identification, Surface identification
D2662	Onlay – resin-based composite, 2 surfaces (D2150)	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2663	Onlay – resin-based composite, 3 surfaces	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
D2664	Onlay – resin-based composite, 4 or more surfaces	Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)	Tooth identification, Surface identification
<p><b>CROWNS, SINGLE RESTORATIONS ONLY:</b> Crowns are covered to restore fractured or severely diseased teeth when teeth cannot be properly restored with amalgam or resin restorations. They are non-covered for cosmetic purposes or for replacement of veneers regardless if decayed or fractured, since services performed in association with a non-covered service are also non-covered. Crowns to correct congenital or developmental abnormalities are not covered. Submit service for payment with the completion (permanent cementation) date. A gingivectomy performed in conjunction with a crown should be considered part of the overall procedure and cannot be billed separately.</p>			
D2710	Crown – resin-based composite (indirect)	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2712	Crown - ¾ resin-based composite (indirect), does not include facial veneers	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2720	Crown – resin with high-noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2721	Crown – resin with predominantly base metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2722	Crown – resin with noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2740	Crown – porcelain/ceramic substrate	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2750	Crown – porcelain fused to high-noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2751	Crown – porcelain fused to predominantly base metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2752	Crown – porcelain fused to noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2753	Crown - porcelain fused to titanium and titanium alloys	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2780	Crown – ¾ cast high noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2781	Crown – ¾ cast predominantly base metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2782	Crown – ¾ cast noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2783	Crown – ¾ porcelain/ceramic (not veneers)	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2790	Crown – full cast high-noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2791	Crown – full-cast predominantly base metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2792	Crown – full-cast noble metal	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2794	Crown – titanium	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	Limited against the annual limit	Tooth identification
<b>OTHER RESTORATIVE SERVICES</b>			
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	Limited against the annual limit	Tooth identification
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Limited against the annual limit	Tooth identification
D2920	Re-cement or re-bond crown	Limited against the annual limit	Tooth identification
D2921	Reattachment of tooth fragment, incisal edge or cusp.	Limited against the annual limit	Tooth identification
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Limited against the annual limit	Tooth identification
D2929	Prefabricated porcelain/ceramic crown – primary tooth	Limited against the annual limit	Tooth identification
D2930	Prefabricated stainless steel crown – primary tooth	Limit to tooth range A-T	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2931	Prefabricated stainless steel crown – permanent tooth	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2932	Prefabricated resin crown	Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2931, D2932)	Tooth identification
D2933	Prefabricated stainless steel crown with resin window (D2930)	Limited against the annual limit	Tooth identification
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth (D2930)	Limit to tooth range A-T	Tooth identification
D2940	Protective restoration	Deny as inclusive if billed within 6 months of a filling	Tooth identification
D2941	Interim therapeutic restoration – primary dentition	Limited against the annual limit	None
D2949	Restorative foundation for an indirect restoration	Limited against the annual limit	None
D2950	Core build-up, including any pins when required	Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957)	Tooth identification
D2951	Pin retention – per tooth, in addition to restoration	Code denies - This major service is not a covered benefit	Tooth identification
D2952	Post and core in addition to crown; indirectly fabricated (D2954)	Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957)	Tooth identification
D2953	Each additional cast post – same tooth; indirectly fabricated	Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2954	Prefabricated post and core in addition to crown	Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957)	Tooth identification
D2955	Post removal	Limited against the annual limit	Tooth identification
D2957	Each additional prefabricated post – same tooth	Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957)	Tooth identification
D2960	Labial veneer (resin laminate) – chair side	Code denies - This major service is not a covered benefit	Tooth identification
D2961	Labial veneer (resin laminate) – laboratory	Code denies - This major service is not a covered benefit	Tooth identification
D2962	Labial veneer (porcelain laminate) – laboratory	Code denies - This major service is not a covered benefit	Tooth identification
D2971	Additional procedures to construct new crown under existing partial denture framework	Code denies - This major service is not a covered benefit	Tooth identification
D2975	Coping	Limited to one per tooth in seven-year period	Tooth identification
D2976	Band stabilization – per tooth	Code denies- Not a covered benefit	None
D2980	Crown repair, necessary by restorative material failure	Limited to one per tooth per lifetime	Tooth identification
D2981	Inlay repair necessitated by restorative material failure	Limited to one per tooth per lifetime	Tooth identification
D2982	Only repair necessitated by restorative material failure	Limited to one per tooth per lifetime	Tooth identification
D2983	Veneer repair necessitated by restorative material failure	Limited to one per tooth per lifetime	Tooth identification
D2989	Excavation of a tooth resulting in the determination of non-restorability	Code denies- Not a covered benefit	None
D2990	Resin infiltration of incipient smooth surface lesions	Limited against the annual limit	Tooth identification
D2991	Application of hydroxyapatite regeneration medicament – per tooth	Code denies- Not a covered benefit	Tooth identification
D2999	Unspecified restorative procedure, by report	Limited against the annual limit	Tooth identification

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## Endodontic Services

### Please note the following:

- Endodontic procedures include exams, pulp tests, pulpotomy, pulpectomy, extirpation of pulp, pre-operative, operative and post-operative radiographs, filling of canals, bacteriologic cultures and local anesthesia.
- Endodontic therapy performed specifically for coping or overdenture is not covered.
- Please bill claims for multiple-stage procedures only on the date of completion/insertion.
- Payment for endodontic services does not mean that benefits will be available for subsequent restorative services. Coverage for those services is still subject to exclusions listed under major restorative guidelines.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>PULP CAPPING</b>			
D3110	Pulp cap direct (excluding final restoration)	Limited against the annual limit	Tooth identification
D3120	Pulp cap indirect (excluding final restoration)	Code denies - The endodontic service is not a covered benefit	Tooth identification
<b>PULPOTOMY: Therapeutic pulpotomy (excluding final restoration)</b>			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to Dentino cemental junction and application of medicament (not to be used for apexogenesis)	Limited against the annual limit	Tooth identification
D3221	Pulpal debridement, primary and permanent teeth not to be used for apexogenesis	Deny as inclusive if billed with a root canal	Tooth identification
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Limited against the annual limit	Tooth identification
<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>			
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	Allowed for tooth range C-H, M-R	Tooth identification
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration)	Allowed for tooth range A-B, I-L, S-T	Tooth identification
<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow up care)</b>			

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D3310	Anterior tooth (excluding final restoration)	Deny code if billed within one day of D3331, D3332, D3333. Allowed for tooth range 06-11, 22-27, C-H, M-R	Tooth identification
D3320	Bicuspid tooth (excluding final restoration)	Deny code if billed within one day of D3331, D3332, D3333. Allowed for tooth range 04-05, 12-13, 20-21, 28-29	Tooth identification
D3330	Molar tooth (excluding final restoration)	Deny code if billed within one day of D3331, D3332, D3333. Allowed for tooth range 01-03, 14-19, 30-32, A-B, I-L, S-T	Tooth identification
D3331	Treatment of root canal obstruction; non-surgical access in lieu of surgery. Root canal blocked by foreign bodies or calcification of 50% or more of root.	Deny code if billed within one day of D3310, D3320, D3330	Tooth identification
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	Deny code if billed within one day of D3310, D3320, D3330	Tooth identification
D3333	Internal root repair of perforation defects	Deny code if billed within one day of D3310, D3320, D3330	Tooth identification
<b>ENDODONTIC RETREATMENT</b>			
D3346	Retreatment of previous root canal therapy, anterior, by report	Limited against the annual limit	Tooth identification
D3347	Retreatment of previous root canal therapy, bicuspid, by report	Limited against the annual limit	Tooth identification
D3348	Retreatment of previous root canal therapy, molar, by report	Limited against the annual limit	Tooth identification
<b>APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES</b>			
D3351	Apexification/recalcification: initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	Limited against the annual limit	Tooth identification
D3352	Apexification/recalcification: interim medication replacement	Limited against the annual limit	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D3353	Apexification/recalcification: final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	Limited against the annual limit	Tooth identification
<b>PULPAL REGENERATION</b>			
D3355	Pulpal regeneration – initial visit	Limited against the annual limit	Tooth identification
D3356	Pulpal regeneration – interim medication replacement	Limited against the annual limit	Tooth identification
D3357	Pulpal regeneration – completion of treatment	Limited against the annual limit	Tooth identification
<b>APICOECTOMY/PERIRADICULAR SERVICES: Includes all pre-operative radiographs, bacteriologic cultures, local anesthesia and routine follow-up care</b>			
D3410	Apicoectomy - anterior	Limited against the annual limit. Allowed for tooth range 06-11, 22-27, C-H, M-R	Tooth identification
D3421	Apicoectomy – bicuspid (first root)	Limited against the annual limit. Allowed for tooth range 04-05, 12-13, 20-21, 28-29	Tooth identification
D3425	Apicoectomy – molar (first root)	Limited against the annual limit. Allowed for tooth range 01-03, 14-19, 30-32	Tooth identification
D3426	Apicoectomy – (each additional root)	Limited against the annual limit	Tooth identification
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site.	Limited against the annual limit	
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	Limited against the annual limit	
D3430	Retrograde filling – per root	Limited against the annual limit	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Limited against the annual limit	
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Limited against the annual limit	
D3450	Root amputation – per root	Limited against the annual limit	
D3460	Endodontic endosseous implant	Code denies – The endodontic service is not a covered benefit	
D3470	Intentional reimplantation (including necessary splinting)	Limited against the annual limit	

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D3471	Surgical repair of root resorption – anterior	Limited against the annual limit	
D3472	Surgical repair of root resorption – premolar	Limited against the annual limit	
D3473	Surgical repair of root resorption – molar	Limited against the annual limit	
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Limited against the annual limit	
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Limited against the annual limit	
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Limited against the annual limit	
<b>OTHER ENDODONTIC PROCEDURES</b>			
D3910	Surgical procedure for isolation of tooth with rubber dam	Code denies – Inclusive to all CDT codes	
D3911	Intraorifice barrier	Code denies – The endodontic service is not a covered benefit	
D3920	Hemisection (including any root removal), not including root canal therapy	Limited against the annual limit	
D3921	Decoronation or submergence of an erupted tooth	Limited against the annual limit	
D3950	Canal preparation and fitting of preformed dowel or post	Code denies – The endodontic service is not a covered benefit	
D3999	Unspecified endodontic procedure, by report	Limited against the annual limit	

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## Periodontal Services

### Procedure Billing Guidelines

- A quadrant is defined as four or more contiguous teeth in a quadrant. A partial quadrant is defined as one to three teeth in a quadrant.
- For billing purposes, a sextant is not a recognized designation by the American Dental Association.
- To be covered, alveolar crestal bone loss must be evident radiographically for scaling and root planing.
- When more than one periodontal service (codes D4000-D4999) is completed within the same site or quadrant on the same date of service, Asuris will pay for the more extensive treatment as payment for the total service.
- Benefits for all periodontal services are limited to two quadrants per date of service. If you wish to request an exception due to a medical condition that may require your patient to receive extended treatment, please include a detailed narrative including general or intravenous anesthesia record, medical condition and length of appointment time for consideration.

### Payment for Surgical Services

- Payment for definitive periodontal service includes follow-up evaluation for both surgical and non-surgical procedures.
- No more than two quadrants of surgical or non-surgical services may be covered when done on the same date of service. To request an exception due to a medical condition that may require your patient to receive extended periodontal treatment, please submit a detailed narrative including general or intravenous anesthesia record, medical condition and length of appointment time for consideration with the claim form.
- When localized procedures are performed in the same quadrant within 36 months, the payment will not exceed the full quadrant allowance.
- Periodontal services are benefits when performed for the treatment of periodontal disease around natural teeth. There are no benefits for these procedures when billed in conjunction with or in preparation for implants, ridge augmentation, extractions sites and endodontic surgeries.
- When localized surgical or pre-surgical services are performed in the same quadrants within coverage time guidelines, payment for the services will not exceed the full quadrant allowance.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES)</b>			
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth-bounded spaces per quadrant	Limited once in a three-year period	Quadrant identification



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	Limited once in a three-year period	Tooth identification
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Limited against the annual limit	Tooth identification
D4230	Anatomical crown exposure – 4 or more contiguous teeth or tooth bounded spaces per quadrant	Code denies - this periodontic service is not a covered benefit	Quadrant identification
D4231	Anatomical crown exposure – 1 to 3 teeth or tooth bounded spaces per quadrant	Code denies - this periodontic service is not a covered benefit	Tooth identification
D4240	Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth-bounded spaces per quadrant	Limited to once per quadrant in a five- year period	Quadrant identification
D4241	Gingival flap procedure - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	Limited to once per quadrant in a five- year period	Tooth identification
D4245	Apically repositioned flap	Limited to once per quadrant in a five- year period	Quadrant identification
D4249	Clinical crown lengthening hard tissue	Limited to once per quadrant in a five- year period	Tooth identification
D4260	Osseous surgery (including flap and closure) – four or more contiguous teeth or tooth-bounded spaces per quadrant	Limited to once per quadrant in a five- year period (this is a combined limit with D4260, D4261)	Quadrant identification
D4261	Osseous surgery, one to three contiguous teeth or tooth bounded spaces per quadrant	Limited to once per quadrant in a five- year period (this is a combined limit with D4260, D4261)	Tooth identification
D4263	Bone replacement graft – first site in quadrant	Limited to once per quadrant in a five- year period (this is a combined limit with D4263, D4264)	Tooth identification
D4264	Bone replacement graft – each additional site in quadrant	Limited to once per quadrant in a five- year period (this is a combined limit with D4263, D4264)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Limited to once per quadrant in a five- year period	Tooth identification
D4266	Guided tissue regeneration, natural teeth- resorbable barrier, per site	Limited to once per quadrant in a five- year period	Tooth identification
D4267	Guided tissue regeneration, natural teeth- non-resorbable barrier, per site (includes membrane removal)	Limited to once per quadrant in a five- year period	Tooth identification
D4268	Surgical revision procedure, per tooth	Limited to once per quadrant in a five- year period	Tooth identification
D4270	Pedicle soft tissue graft procedure	Limited to once per quadrant in a five- year period	Tooth identification
D4273	Autogenous connective tissue graft procedure, (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Limited to once per quadrant in a five- year period	Tooth identification
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures on the same anatomical area)	Limited to once per quadrant in a five- year period	Tooth identification and/or quadrant identification
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Limited to once per quadrant in a five- year period	Tooth identification
D4276	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	Limited to once per quadrant in a five- year period	Tooth identification
D4277	Free soft tissue graft procedure (including recipient and donor surgical site), first tooth, implant, or edentulous tooth position in graft	Limited to once per quadrant in a five- year period (this is a combined limit with D4277, D4278)	Tooth or site identification
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Limited to once per quadrant in a five- year period (this is a combined limit with D4277, D4278)	Tooth or site identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
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	Limited against the annual limit	Tooth identification
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	Limited against the annual limit	Tooth identification
D4286	Removal of non-resorbable barrier	Limited to once per quadrant in a five-year period	Tooth identification
<b>NON-SURGICAL PERIODONTAL SERVICES</b>			
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	Code denies - This periodontic service is not a covered benefit	None
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	Code denies - This periodontic service is not a covered benefit	None
D4341	Periodontal scaling and root planing, 4 or more teeth per quadrant	Limited to once in a Two-year period per quadrant (this is a combined limit with D4341, D4342). Only 2 quadrants allowed on the same date of service.	Quadrant identification
D4342	Periodontal scaling and root planing, 1 - 3 teeth per quadrant	Limited to once in a Two-year period per quadrant (this is a combined limit with D4341, D4342). Only 2 quadrants allowed on the same date of service.	Tooth identification
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after evaluation	Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910)	None
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Limited to once in a three-year period	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report (only to be used as a site specific adjunct to localized disease)	Code denies - This periodontic service is not a covered benefit	Tooth identification
<b>OTHER PERIODONTAL SERVICES</b>			
D4910	Periodontal maintenance procedures (following active therapy)	Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910)	None
D4920	Unscheduled dressing change (performed by other than treating dentist or their staff)	Limited against the annual limit	None
D4921	Gingival irrigation with a medical agent– per quadrant	Code denies - This periodontic service is not a covered benefit	None
D4999	Unspecified periodontal procedure, by report	Limited against the annual limit	None

## Prosthodontics, Removable

Please bill claims for multiple-stage procedures on the date of completion/insertion. Services may be non-covered for the following conditions:

- Untreated bone loss: An abutment tooth has poor-to-hopeless prognosis from either a restorative or periodontal perspective
- Periapical pathology or unresolved, incomplete, or failed endodontic therapy
- Treatment of TMJ to increase vertical dimension or restore occlusion

CDT Code	Description of Services	Procedure Guidelines	Submission Requirements: Participating Providers
<b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>			
D5110	Complete denture – maxillary	Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140)	None
D5120	Complete denture – mandibular	Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140)	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5130	Immediate denture – maxillary	Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140)	None
D5140	Immediate denture – mandibular	Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140)	None
<b>PARTIAL DENTURES: For the following codes, denture base presumed to include any conventional clasps, rests, and teeth</b>			
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5213	Maxillary partial denture – cast metal framework with resin denture bases	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5214	Mandibular partial denture – cast metal framework with resin denture bases	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests, and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests, and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5225	Maxillary partial denture - flexible base	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5226	Mandibular partial denture - flexible base	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Quadrant identification
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286)	Quadrant identification
D5410	Adjust complete denture – maxillary	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5510, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	None
D5411	Adjust complete denture – mandibular	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	None



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5421	Adjust partial denture – maxillary	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	None
D5422	Adjust partial denture – mandibular	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	None
<b>REPAIRS TO COMPLETE AND PARTIAL DENTURES</b>			
D5511	Repair broken complete denture base, mandibular	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Arch identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5512	Repair broken complete denture base, maxillary	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Arch identification
D5520	Replace missing or broken teeth (complete denture), each tooth	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Tooth identification
D5611	Repair resin partial denture base, mandibular	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Arch identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5612	Repair resin partial denture base, maxillary	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Arch identification
D5621	Repair cast partial framework, mandibular	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Arch identification
D5622	Repair cast partial framework, maxillary	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Arch identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5630	Repair or replace broken retentive/clasping materials per tooth	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	None
D5640	Repair broken teeth – per tooth	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Tooth identification
D5650	Add tooth to existing partial denture	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	Tooth identification
D5660	Add clasp to existing partial denture – per tooth	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5670	Replace all teeth and acrylic on cast metal framework – maxillary	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	None
D5671	Replace all teeth and acrylic on cast metal framework – mandibular	Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671)	None
<b>DENTURE REBASE PROCEDURES: process of refitting a denture by replacing the base material</b>			
D5710	Rebase complete maxillary denture	Denture relines and rebase one per arch in a three-year period	None
D5711	Rebase complete mandibular denture	Denture relines and rebase one per arch in a three-year period	None
D5720	Rebase maxillary partial denture	Denture relines and rebase one per arch in a three-year period	None
D5721	Rebase mandibular partial denture	Denture relines and rebase one per arch in a three-year period	None
D5725	Rebase hybrid prosthesis	Denture relines and rebase one per arch in a three-year period	None
<b>DENTURE RELINE PROCEDURES: The process of resurfacing the tissue side of a denture with new base material</b>			

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5730	Reline complete maxillary denture (chair side)	Denture relines and rebase one per arch in a three-year period	None
D5731	Reline complete mandibular denture (chair side)	Denture relines and rebase one per arch in a three-year period	None
D5740	Reline maxillary partial denture (chair side)	Denture relines and rebase one per arch in a three-year period	None
D5741	Reline mandibular partial denture (chair side)	Denture relines and rebase one per arch in a three-year period	None
D5750	Reline complete maxillary denture (laboratory)	Denture relines and rebase one per arch in a three-year period	None
D5751	Reline complete mandibular denture (laboratory)	Denture relines and rebase one per arch in a three-year period	None
D5760	Reline upper maxillary denture (laboratory)	Denture relines and rebase one per arch in a three-year period	None
D5761	Reline mandibular partial denture (laboratory)	Denture relines and rebase one per arch in a three-year period	None
D5765	Soft liner for complete or partial removable denture – indirect	Denture relines and rebase one per arch in a three-year period	None
<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>			
D5810	Interim complete denture (maxillary)	Code denies - The removable prosthodontic service is not a covered benefit	None
D5811	Interim complete denture (mandibular)	Code denies - The removable prosthodontic service is not a covered benefit	None
D5820	Interim partial denture (maxillary)	Code denies - The removable prosthodontic service is not a covered benefit	None
D5821	Interim partial denture (mandibular)	Code denies - The removable prosthodontic service is not a covered benefit	None
D5850	Tissue conditioning, maxillary	Limited against the annual limit	None
D5851	Tissue conditioning, mandibular	Limited against the annual limit	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5862	Precision attachment, by report	Code denies - The removable prosthodontic service is not a covered benefit	None
D5863	Overdenture – complete maxillary	Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866)	None
D5864	Overdenture – partial maxillary	Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866)	None
D5865	Overdenture – complete mandibular	Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866)	None
D5866	Overdenture – partial mandibular	Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866)	None
D5867	Replacement of replaceable part or semi-precision or precision attachment (male or female component)	Code denies - The removable prosthodontic service is not a covered benefit	None
D5875	Modification of removable prosthesis following implant surgery	Code denies - The removable prosthodontic service is not a covered benefit	None
D5876	Add metal substructure to acrylic full denture (per arch)	Limited against the annual limit	Arch identification
D5899	Unspecified removable prosthodontic procedure, by report	Limited against the annual limit	Tooth identification, Arch identification
<b>MAXILLOFACIAL PROSTHETICS</b>			
D5911	Facial moulage (sectional)	Code denies - This service is considered medical in nature, please resubmit	None
D5912	Facial moulage (complete)	Code denies - This service is considered medical in nature, please resubmit	None
D5913	Nasal prosthesis	Code denies - This service is considered medical in nature, please resubmit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5914	Auricula prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5915	Orbital prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5916	Ocular prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5919	Facial prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5922	Nasal septal prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5923	Ocular prosthesis, interim	Code denies - This service is considered medical in nature, please resubmit	None
D5924	Cranial prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5925	Facial augmentation implant prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5926	Nasal prosthesis, replacement	Code denies - This service is considered medical in nature, please resubmit	None
D5927	Auricular prosthesis, replacement	Code denies - This service is considered medical in nature, please resubmit	None
D5928	Orbital prosthesis, replacement	Code denies - This service is considered medical in nature, please resubmit	None
D5929	Facial prosthesis, replacement	Code denies - This service is considered medical in nature, please resubmit	None
D5931	Obturator prosthesis, surgical	Code denies - This service is considered medical in nature, please resubmit	None
D5932	Obturator prosthesis, definitive	Code denies - This service is considered medical in nature, please resubmit	None
D5933	Obturator prosthesis, modification	Code denies - This service is considered medical in nature, please resubmit	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5934	Mandibular resection prosthesis with flange	Code denies - This service is considered medical in nature, please resubmit	None
D5935	Mandibular resection prosthesis without guide flange	Code denies - This service is considered medical in nature, please resubmit	None
D5936	Obturator prosthesis, interim	Code denies - This service is considered medical in nature, please resubmit	None
D5937	Trismus appliance (not for TMD treatment)	Code denies - This service is considered medical in nature, please resubmit	None
D5951	Feeding aid	Code denies - This service is considered medical in nature, please resubmit	None
D5952	Speech aid prosthesis, pediatric	Code denies - This service is considered medical in nature, please resubmit	None
D5953	Speech aid prosthesis, adult	Code denies - This service is considered medical in nature, please resubmit	None
D5954	Palatal augmentation prosthesis	Code denies - This service is considered medical in nature, please resubmit	None
D5955	Palatal lift prosthesis, definitive	Code denies - This service is considered medical in nature, please resubmit	None
D5958	Palatal lift prosthesis, interim	Code denies - This service is considered medical in nature, please resubmit	None
D5959	Palatal lift prosthesis, modification	Code denies - This service is considered medical in nature, please resubmit	None
D5960	Speech aid prosthesis, modification	Code denies - This service is considered medical in nature, please resubmit	None
D5982	Surgical stent	Code denies - The general service is not a covered benefit	None
D5983	Radiation carrier	Code denies - This service is considered medical in nature, please resubmit	None
D5984	Radiation shield	Code denies - This service is considered medical in nature, please resubmit	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5985	Radiation cone locator	Code denies - This service is considered medical in nature, please resubmit	None
D5986	Fluoride gel carrier	Code denies - The general service is not a covered benefit	None
D5987	Commissure splint	Code denies - This service is considered medical in nature, please resubmit	None
D5988	Surgical splint	Code denies - this service is considered medical in nature, please resubmit	None
D5991	Vesiculobullous disease medicament carrier	Code denies - This service is considered medical in nature, please resubmit	None
D5992	Adjust maxillofacial prosthetic appliance, by report	Code denies - This service is considered medical in nature, please resubmit	None
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Code denies - This service is considered medical in nature, please resubmit	None
D5995	periodontal medicament carrier with peripheral seal – laboratory processed - maxillary	Code denies - The removable prosthodontic service is not a covered benefit	None
D5996	periodontal medicament carrier with peripheral seal – laboratory processed - mandibular	Code denies - The removable prosthodontic service is not a covered benefit	None
D5999	Unspecified maxillofacial prosthesis, by report	Code denies - The general service is not a covered benefit	Detailed narrative

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## Implant Services

### Coverage

#### General Information

Benefits for single-tooth endosteal dental implants, single-tooth abutments, and single-tooth implant/abutment supported crowns are covered up to the member's annual maximum.

### Implant Services

Coverage for implant services has a maximum lifetime dollar amount and covers the surgical placement of endosteal implants with a minimum age qualification of 16 for the replacement of teeth 2-15 and teeth 18-31.

The implant rider does not cover the following services:

- Special preparatory radiographic or imaging studies (i.e., tomographic, CT, or MRI)
- Adjunctive periodontal (D4000 series) or surgical (D7000 series) procedures in preparation for implant placement, in association with implant placement, or in association with salvage attempts of a failing implant; *(covers implants only)*
- Maxillofacial prosthetic procedure D5982, surgical stent (implant positioning type); *(covers implants only)*

Please also note:

- Routine radiographs (i.e., periapical and panoramic) may be covered under the member's general dental insurance policy to the same extent and under the same conditions and guidelines as those applied to a natural tooth.
- The frequency limitation for dental implants is once per tooth (replacement) per 60 months.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>IMPLANT SERVICES</b>			
D6010	Surgical placement of implant body, endosteal implant	Endosteal implants, limited to four per member lifetime	Tooth area identification
D6011	Second stage implant surgery	Code denies - The Implant service is not covered benefit	Tooth identification
D6012	Surgical placement of interim implant body for transitional prosthesis, endosteal implant	Code denies - The Implant service is not covered benefit	Tooth identification
D6013	Surgical placement of mini implant.	Limited against the annual limit	Tooth identification
D6040	Surgical placement, eposteal implant	Code denies - The Implant service is not covered benefit	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6050	Surgical placement, transosteal implant	Code denies - The Implant service is not covered benefit	Tooth identification
D6051	Interim abutment	Code denies - The Implant service is not covered benefit	None
<b>IMPLANT-SUPPORTED PROSTHETICS</b>			
D6055	Dental implant connecting bar – implant supported or abutment supported	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6112, D6113)	None
D6056	Prefabricated abutment, including placement	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6112, D6113)	Tooth identification
D6057	Custom abutment, including placement	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6112, D6113)	Tooth identification
D6058	Abutment-supported porcelain/ceramic crown	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6059	Abutment-supported porcelain fused to metal crown (high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6060	Abutment-supported porcelain fused to metal crown (predominantly base metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6061	Abutment-supported porcelain fused to metal crown (noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6062	Abutment-supported cast metal crown (high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6063	Abutment-supported cast metal crown (predominantly base metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6064	Abutment-supported cast metal crown (noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6065	Implant-supported porcelain/ceramic crown	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6066	Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6068	Abutment supported retainer for porcelain/ceramic FPD	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6070	Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6073	Abutment-supported retainer for cast metal FPD (predominately base metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6074	Abutment-supported retainer for cast metal FPD (noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6075	Implant-supported retainer for ceramic FPD	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6076	Implant-supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6077	Implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
<b>OTHER IMPLANT SERVICES</b>			
D6080	Implant maintenance procedures when prosthesis are removed and reinserted, including cleansing of prosthesis and abutments.	Code denies - The Implant service is not covered benefit	None
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Code denies - The Implant service is not covered benefit	None



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6082	Implant supported crown – porcelain fused to predominantly base alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6083	Implant supported crown – porcelain fused to noble alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6085	Provisional implant crown	Code denies - This major service is not a covered benefit	None
D6086	Implant supported crown – predominantly base alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6087	Implant supported crown – noble alloys	Limited to one per tooth in seven-year period after placement	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6088	Implant supported crown – titanium and titanium alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6089	Accessing and retorquing loose implant screw – per screw	Same benefits and limitations as code D6092 major percentage after deductible	Tooth identification
D6090	Repair implant supported prosthesis, by report	Limited to one per tooth per member lifetime	Tooth identification
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Code denies - The Implant service is not covered benefit	Tooth identification
D6092	Re-cement or re-bond implant/abutment-supported crown	Limited against the annual limit	Tooth identification
D6093	Re-cement or re-bond implant/abutment-supported fixed partial denture	Limited against the annual limit	Tooth identification
D6094	Abutment supported crown, titanium	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification
D6095	Repair implant abutment, by report	Limited to one per tooth per member lifetime	Tooth identification
D6096	Remove broken implant retaining screw	Code denies - The Implant service is not covered benefit	Tooth identification
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6100	Implant removal, by report	Limited against the annual limit	Tooth identification
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	Code denies - The Implant service is not covered benefit	None
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 flat entry and closure	Code denies - The Implant service is not covered benefit	None
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.	Code denies - The Implant service is not covered benefit	None
D6104	Bone graft at time of implant placement	Code denies - The Implant service is not covered benefit	None
D6105	Removal of implant body not requiring bone removal nor flap elevation	Covered Benefit if Implant Rider – Same limitations apply	None
D6106	Guided tissue regeneration – resorbable barrier, per implant	Limited to once per quadrant in a five-year period	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	Limited to once per quadrant in a five-year period	None
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113)	None
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113)	None
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113)	None
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113)	None
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117)	None
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117)	None
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117)	None
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117)	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6118	Implant/abutment supported interim fixed denture for edentulous arch-mandibular	Code denies - The Implant service is not covered benefit	None
D6119	Implant/abutment supported interim fixed denture for edentulous arch-maxillary	Code denies - The Implant service is not covered benefit	None
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6121	Implant supported retainer for metal FPD – predominantly base alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6122	Implant supported retainer for metal FPD – noble alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6190	Radiographic/Surgical implant index, by report	Code denies - The Implant service is not covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6191	Semi-precision abutment - placement	Code denies - The Implant service is not covered benefit	None
D6192	Semi-precision attachment - placement	Code denies - The Implant service is not covered benefit	None
D6194	Abutment-supported retainer crown for FPD, titanium	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195)	Tooth identification
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Must have Implant Rider. Same limitations apply. Not covered if same provider, same implant site within 6 mos. of history of payment for initial prosthetic and maintenance services D6051 – D6199	Tooth identification
D6198	Remove interim implant component	Code denies - The Implant service is not covered benefit	Tooth identification
D6199	Unspecified implant procedure, by report	Code denies - The Implant service is not covered benefit	Tooth identification
<b>FIXED PARTIAL DENTURE PONTICS</b>			
D6205	Pontic – indirect resin-based composite	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6210	Pontic – cast high noble	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6211	Pontic – cast predominantly base metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6212	Pontic – cast noble metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6214	Pontic – titanium	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6240	Pontic – porcelain fused to high noble metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6241	Pontic – porcelain fused to predominantly base metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6242	Pontic – porcelain fused to noble metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6243	Pontic - porcelain fused to titanium and titanium alloys	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6245	Pontic – porcelain/ceramic	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6250	Pontic – resin with high noble metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6251	Pontic – resin with high noble metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification
D6252	Pontic – resin with noble metal	Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252)	Tooth identification



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression	Limited against the annual limit	Tooth identification
<b>FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS</b>			
D6545	Retainer – cast metal for resin-bonded fixed prosthesis	Limited against the annual limit	Tooth identification
D6548	Retainer – porcelain/ ceramic for resin-bonded fixed prosthesis	Limited against the annual limit	Tooth identification
D6549	Resin retainer – for resin bonded fixed prosthesis	Limited against the annual limit	Tooth identification
D6600	Retainer Inlay – porcelain/ceramic, 2 surfaces	Limited against the annual limit	Tooth identification, Surface identification
D6601	Retainer Inlay – porcelain/ceramic, 3 or more surfaces	Limited against the annual limit	Tooth identification, Surface identification
D6602	Retainer Inlay – high-noble metal, 2 surfaces	Limited against the annual limit	Tooth identification, Surface identification
D6603	Retainer Inlay – high-noble metal, 3 or more surfaces	Limited against the annual limit	Tooth identification, Surface identification
D6604	Retainer Inlay – cast, predominately base metal, 2 surfaces	Limited against the annual limit	Tooth identification, Pre-treatment recommended
D6605	Retainer Inlay – cast, predominately base metal, 3 or more surfaces	Limited against the annual limit	Tooth identification, Pre-treatment recommended
D6606	Retainer Inlay – cast noble metal, 2 surfaces	Limited against the annual limit	Tooth identification, Pre-treatment recommended
D6607	Retainer Inlay – cast noble metal, 3 or more surfaces	Limited against the annual limit	Tooth identification, Pre-treatment recommended
D6608	Retainer Onlay – porcelain ceramic, 2 surface	Limited against the annual limit	Tooth identification, Surface identification must include B or L surface
D6609	Retainer Onlay – porcelain ceramic, 3 or more surfaces	Limited against the annual limit	Tooth identification, Surface identification must include B or L surface

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6610	Retainer Onlay – cast high noble metal, 2 surface	Limited against the annual limit	Tooth identification, Surface identification must include B or L surface
D6611	Retainer Onlay – cast high noble, 3 or more surfaces	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification, Surface identification must include B or L surface
D6612	Retainer Onlay – cast predominately base metal, 2 surfaces	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification, Surface identification must include B or L surface
D6613	Retainer Onlay – cast predominately base metal, 3 or more surfaces	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification, Surface identification must include B or L surface
D6614	Retainer Onlay – cast noble metal, 2 surfaces	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification, Surface identification must include B or L surface

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6615	Retainer Onlay – cast noble metal, 3 or more surfaces	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification, Surface identification must include B or L surface
D6624	Retainer Inlay – titanium	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Surface identification must include B or L surface
D6634	Retainer Onlay – titanium	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification Surface identification must include B or L surface
<b>FIXED PARTIAL DENTURE RETAINERS – CROWNS</b>			
D6710	Retainer Crown – indirect resin-based composite	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6720	Retainer Crown – resin with high noble metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6721	Retainer Crown – resin with predominantly base metal	Once in a seven-year period after placement	Tooth identification
D6722	Retainer Crown – resin with noble metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6740	Retainer Crown – porcelain/ceramic	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6750	Retainer Crown – porcelain fused to high noble	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6751	Retainer Crown – porcelain fused to predominantly base metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6752	Retainer Crown – porcelain fused to noble metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6780	Retainer Crown – ¾ cast high noble metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6781	Retainer Crown – ¾ cast predominately base metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6782	Retainer Crown – ¾ cast noble metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6783	Retainer Crown – ¾ porcelain/ceramic	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6784	Retainer crown ¾ – titanium and titanium alloys	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6790	Retainer Crown – full cast high noble metal	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6791	Retainer Crown – full cast predominantly base metal	Limited to one per tooth in seven-year period (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6792	Retainer Crown – full cast noble metal	Limited to one per tooth in seven-year period (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	Code denies - This major service is not a covered benefit	Tooth identification
D6794	Retainer Crown – titanium	Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794)	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>			
D6920	Connector bar	Code denies - The fixed prosthodontic service is not a covered benefit	None
D6930	Re-cement or re-bond bridge		Tooth identification
D6940	Stress breaker	Code denies - The fixed prosthodontic service is not a covered benefit	None
D6950	Precision attachments	Code denies - The fixed prosthodontic service is not a covered benefit	None
D6980	Fixed partial denture (bridge) repair, necessitated by restorative material failure	allowed once per lifetime, per tooth	Tooth identification
D6985	Pediatric fixed partial denture	Code denies - The fixed prosthodontic service is not a covered benefit	Arch identification
D6999	Unspecified fixed prosthodontic procedure, by report	Limited against the annual limit	Detailed narrative

## Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Submissions Requirements: Participating Providers
<b>EXTRACTIONS:</b> Includes local anesthesia, suturing if needed, and routine post operative care. Bone grafts (D4263, D4264, D4265) and GTR membranes (D4266, D4267) are not covered in conjunction with oral surgery codes (D7000-D7999).			
D7111	Extraction – coronal remnants, deciduous tooth	One tooth per lifetime	Tooth identification
D7140	Extraction – erupted tooth or exposed root (elevation and/or forceps removal)	One tooth per lifetime	Tooth identification
<b>SURGICAL EXTRACTIONS (Includes local anesthesia, suturing, if needed, and routine postoperative care)</b>			
D7210	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	One tooth per lifetime	Tooth identification
D7220	Removal of impacted tooth – soft tissue	One tooth per lifetime	Tooth identification



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7230	Removal of impacted tooth – partially bony	One tooth per lifetime	Tooth identification
D7240	Removal of impacted tooth – completely bony	One tooth per lifetime	Tooth identification
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	One tooth per lifetime	Tooth identification
D7250	Surgical removal of residual tooth roots (cutting procedure)	One tooth per lifetime	Tooth identification
D7251	Coronectomy- intentional partial tooth removal, impacted teeth only	One tooth per lifetime	Tooth identification
<b>OTHER SURGICAL PROCEDURES</b>			
D7260	Oroantral fistula closure	Limited against the annual limit	None
D7261	Primary closure of a sinus perforation	Limited against the annual limit	None
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	Limited against the annual limit	Tooth identification
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Limited against the annual limit	Tooth identification
D7280	Surgical access of unerupted tooth	Limited against the annual limit	Tooth identification
D7282	Mobilization of erupted or mal-positioned tooth to aid eruption	Limited against the annual limit	Tooth identification
D7283	Placement of device to facilitate eruption of impacted tooth	Code denies - Ortho is not a covered benefit	Tooth identification
D7284	excisional biopsy of minor salivary glands	Code denies- Not a covered benefit	None
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Limited against the annual limit	None
D7286	Incisional biopsy of oral tissue – soft (all others)	Limited against the annual limit	None
D7287	Cytology exfoliative sample collection	Code denies - Inclusive to all CDT codes	None
D7288	Brush biopsy – transepithelial sample collection	Code denies - The oral surgery service is not a covered benefit	None
D7290	Surgical repositioning of teeth – grafting procedures are additional	Limited against the annual limit	Tooth identification
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Limited against the annual limit	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7292	Surgical placement of temporary anchorage device (screw retained plate) requiring flap	Code denies - Ortho is not a covered benefit	None
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	Code denies - Ortho is not a covered benefit	None
D7299	Removal of temporary anchorage device, requiring flap	Code denies - Ortho is not a covered benefit	None
D7300	Removal of temporary anchorage device without flap	Code denies - Ortho is not a covered benefit	None
<b>ALVEOPLASTY: SURGICAL PREPARATION OF RIDGE FOR DENTURES</b>			
D7310	Alveoplasty in conjunction with extractions – per quadrant	Limited against the annual limit	Tooth and Quadrant identification
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Limited against the annual limit	Tooth identification
D7320	Alveoplasty, not in conjunction with extractions – per quadrant	Limited against the annual limit	Tooth and Quadrant identification
D7321	Alveoplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Limited against the annual limit	Tooth identification
<b>VESTIBULOPLASTY</b>			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Limited against the annual limit	None
D7350	Vestibuloplasty – ridge extension (incl. soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Limited against the annual limit	None
D7293	Surgical placement of temporary anchorage device requiring flap	Code denies - Ortho is not a covered benefit	None
D7294	Surgical placement of temporary anchorage device without flap	Code denies - Ortho is not a covered benefit	None
D7295	Harvest of bone for use in autogenous grafting procedures	Code denies - The general service is not a covered benefit	Tooth identification
D7296	Corticotomy – 1 to 3 teeth or tooth spaces, per quadrant	Code denies - Ortho is not a covered benefit	Tooth identification
D7297	Corticotomy – 4 or more teeth or tooth spaces, per quadrant	Code denies - Ortho is not a covered benefit	Quadrant identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>SURGICAL EXCISION OF REACTIVE SOFT TISSUE LESIONS</b>			
D7410	Excision of benign lesion, up to 1.25 cm	Limited against the annual limit	None
D7411	Excision of benign lesion > 1.25 cm	Limited against the annual limit	None
D7412	Excision of benign lesion; complicated	Limited against the annual limit	None
D7413	Excision of malignant lesion, up to 1.25 cm	Limited against the annual limit	None
D7414	Excision of malignant lesion > 1.25 cm	Limited against the annual limit	None
D7415	Excision of malignant lesion, complicated	Limited against the annual limit	None
<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>			
D7440	Excision of malignant tumor-lesion, diameter up to 1.25 cm	Limited against the annual limit	None
D7441	Excision of malignant tumor-lesion, diameter >1.25 cm	Limited against the annual limit	None
D7450	Removal of benign odontogenic cyst or tumor lesion, diameter up to 1.25 cm	Limited against the annual limit	None
D7451	Removal of benign odontogenic cyst or tumor, lesion diameter > 1.25 cm	Limited against the annual limit	None
D7460	Removal of benign non-odontogenic cyst or tumor, lesion, diameter up to 1.25 cm	Code denies - The oral surgery service is not a covered benefit	None
D7461	Processing and interpretation of exfoliative cytologic smears, including preparation and transmission of written report	Code denies - The oral surgery service is not a covered benefit	None
D7465	Destruction of lesion(s) by physical or chemical methods, by report	Limited against the annual limit	None
<b>EXCISION OF BONE TISSUE</b>			
D7471	Removal of exostosis – per site	Limited against the annual limit	None
D7472	Removal of torus palatinus	Limited against the annual limit	None
D7473	Removal of torus mandibularis	Limited against the annual limit	None
D7485	Surgical reduction of osseous tuberosity	Limited against the annual limit	None
D7490	Radical resection of maxilla mandible	Code denies - The oral surgery service is not a covered benefit	None
<b>SURGICAL INCISION</b>			

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7509	Marsupialization of odontogenic cyst	Same Benefit coverage D7451	None
D7510	Incision and drainage of abscess – intraoral soft tissue	Limited against the annual limit	Tooth and Arch identification
D7511	Incision and drainage of abscess intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Limited against the annual limit	None
D7520	Incision and drainage of abscess – extraoral soft tissue	Code denies - the general service is not a covered benefit	None
D7521	Incision and drainage of abscess extraoral soft tissue complicated (includes drainage of multiple fascial spaces)	Code denies - the general service is not a covered benefit	None
D7530	Removal of foreign body, mucosa, skin, or subcutaneous alveolar tissue	Limited against the annual limit	None
D7540	Removal of reaction-producing foreign bodies – musculoskeletal system	Limited against the annual limit	None
D7550	Partial ostectomy, sequestrectomy for removal of nonvital bone	Limited against the annual limit	None
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Limited against the annual limit	None
<b>TREATMENT OF FRACTURES – SIMPLE</b>			
D7610	Maxilla – open reduction (teeth immobilized, if present)	Code denies - This service is considered medical in nature, please resubmit	None
D7620	Maxilla – closed reduction (teeth immobilized, if present)	Code denies - This service is considered medical in nature, please resubmit	None
D7630	Mandible – open reduction (teeth immobilized, if present)	Code denies - This service is considered medical in nature, please resubmit	None
D7640	Mandible – closed reduction (teeth immobilized, if present)	Code denies - This service is considered medical in nature, please resubmit	None
D7650	Malar and/or zygomatic arch – open reduction	Code denies - This service is considered medical in nature, please resubmit	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7660	Malar and/or zygomatic arch – closed reduction	Code denies - This service is considered medical in nature, please resubmit	None
D7670	Alveolus – closed reduction, may include stabilization of teeth	Code denies - This service is considered medical in nature, please resubmit	None
D7671	Alveolus – open reduction, may include stabilization of teeth	Code denies - This service is considered medical in nature, please resubmit	None
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Code denies - This service is considered medical in nature, please resubmit	None
<b>TREATMENT OF FRACTURES – COMPOUND</b>			
D7710	Maxilla – open reduction, stabilization of teeth	Code denies - This service is considered medical in nature, please resubmit	None
D7720	Maxilla – closed reduction	Code denies - This service is considered medical in nature, please resubmit	None
D7730	Mandible – open reduction	Code denies - This service is considered medical in nature, please resubmit	None
D7740	Mandible – closed reduction	Code denies - This service is considered medical in nature, please resubmit	None
D7750	Malar and/or zygomatic arch – open reduction	Code denies - This service is considered medical in nature, please resubmit	None
D7760	Malar and/or zygomatic arch – closed reduction	Code denies - This service is considered medical in nature, please resubmit	None
D7770	Alveolus – open reduction stabilization of teeth	Code denies - This service is considered medical in nature, please resubmit	None
D7771	Alveolus – closed reduction, stabilization of teeth	Code denies - This service is considered medical in nature, please resubmit	None
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Code denies - This service is considered medical in nature, please resubmit	None
<b>REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS: Procedures that are an integral part of the primary procedure should not be reported separately.</b>			
D7810	Open reduction of dislocation	Code denies - TMJ is not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7820	Closed reduction of dislocation	Code denies - TMJ is not a covered benefit	None
D7830	Manipulation under anesthesia	Code denies - TMJ is not a covered benefit	None
D7840	Condylectomy	Code denies - TMJ is not a covered benefit	None
D7850	Surgical disectomy; with or without implant	Code denies - TMJ is not a covered benefit	None
D7852	Disc repair	Code denies - TMJ is not a covered benefit	None
D7854	Synovectomy	Code denies - TMJ is not a covered benefit	None
D7856	Myotomy	Code denies - TMJ is not a covered benefit	None
D7858	Joint reconstruction	Code denies - TMJ is not a covered benefit	None
D7860	Arthrotomy	Code denies - TMJ is not a covered benefit	None
D7865	Arthroplasty	Code denies - TMJ is not a covered benefit	None
D7870	Arthrocentesis	Code denies - TMJ is not a covered benefit	None
D7871	Non-arthroscopic lysis and lavage	Code denies - TMJ is not a covered benefit	None
D7872	Arthroscopy – diagnosis	Code denies - TMJ is not a covered benefit	None
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	Code denies - TMJ is not a covered benefit	None
D7874	Arthroscopy – surgical: disc repositioning and stabilization	Code denies - TMJ is not a covered benefit	None
D7875	Arthroscopy – surgical: synovectomy	Code denies - TMJ is not a covered benefit	None
D7876	Arthroscopy – surgical: disectomy	Code denies - TMJ is not a covered benefit	None
D7877	Arthroscopy – surgical: debridement	Code denies - TMJ is not a covered benefit	None
D7880	Occlusal orthotic device, by report	Code denies - TMJ is not a covered benefit	None
D7881	Occlusal orthotic device adjustment	Code denies - TMJ is not a covered benefit	None
D7899	Unspecified TMD therapy, by report	Code denies - TMJ is not a covered benefit	None
<b>REPAIR OF TRAUMATIC WOUNDS</b>			
D7910	Suture of recent small wounds up to 5 cm	Limited against the annual limit	None
<b>COMPLICATED SUTURING – Reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure</b>			
D7911	Complicated suture up to 5 cm	Limited against the annual limit	None
D7912	Complicated suture > 5 cm	Limited against the annual limit	None
<b>OTHER REPAIR PROCEDURES</b>			
D7920	Skin grafts (identify defect covered, location, and type of graft)	Code denies - This service is considered medical in nature, please resubmit	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7921	Collection and application of autologous blood concentrate product	Code denies - This service is considered medical in nature, please resubmit	None
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Code denies - The oral surgery service is not a covered benefit	None
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Code denies- Not a covered benefit	None
D7940	Osteoplasty – for orthognathic deformities	Code denies - This service is considered medical in nature, please resubmit	None
D7941	Osteotomy – mandibular rami	Code denies - This service is considered medical in nature, please resubmit	None
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Code denies - This service is considered medical in nature, please resubmit	None
D7944	Osteotomy – segmented or sub-apical, per sextant or quadrant	Code denies - This service is considered medical in nature, please resubmit	None
D7945	Osteotomy – body of mandible	Code denies - This service is considered medical in nature, please resubmit	None
D7946	LeFort I (maxilla – total)	Code denies - This service is considered medical in nature, please resubmit	None
D7947	LeFort I (maxilla – segmented)	Code denies - This service is considered medical in nature, please resubmit	None
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Code denies - This service is considered medical in nature, please resubmit	None
D7949	LeFort II or LeFort II – with bone graft	Code denies - This service is considered medical in nature, please resubmit	None
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, autogenous or nonautogenous, by report	Limited against the annual limit	None
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Code denies - The Implant service is not covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7952	Sinus augmentation via a vertical approach	Code denies - The Implant service is not covered benefit	None
D7953	Bone replacement graft for ridge preservation – per site	Limited against the annual limit	None
D7955	Repair of maxillofacial soft and/or hard tissue defect	Limited against the annual limit	None
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	Limited to once per quadrant in a five-year period	None
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	Limited to once per quadrant in a five-year period	None
D7961	Buccal / labial frenectomy (frenulectomy)	Limited against the annual limit	Tooth identification; Detailed narrative
D7962	Lingual frenectomy (frenulectomy)	Limited against the annual limit	Tooth identification; Detailed narrative
D7963	Frenuloplasty	Limited against the annual limit	Tooth identification; Detailed narrative
D7970	Excision of hyperplastic tissue – per arch	Limited against the annual limit	Arch identification; Operative report
D7971	Excision of pericoronal gingiva	Limited against the annual limit	None
D7972	Surgical reduction of fibrous tuberosity	Limited against the annual limit	None
D7979	Non-surgical sialolithotomy	Code denies - This service is considered medical in nature, please resubmit	None
D7980	Sialolithotomy	Code denies - This service is considered medical in nature, please resubmit	None
D7981	Excision of salivary gland, by report	Code denies - This service is considered medical in nature, please resubmit	None
D7982	Sialodochoplasty	Code denies - This service is considered medical in nature, please resubmit	None
D7983	Closure of salivary fistula	Code denies - This service is considered medical in nature, please resubmit	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7990	Emergency tracheotomy	Code denies - This service is considered medical in nature, please resubmit	None
D7991	Coronoidectomy	Code denies - This service is considered medical in nature, please resubmit	None
D7994	Surgical placement: zygomatic implant	Code denies - The Implant service is not covered benefit	None
D7995	Synthetic graft, mandible or facial bones, by report	Limited against the annual limit	Tooth identification. Quadrant identification
D7996	Implant – mandible for augmentation purposes (excluding alveolar ridge), by report	Code denies - The general service is not a covered benefit	None
D7997	Appliance removal (not by dentist who place appliance), includes removal of archbar	Code denies - This service is considered medical in nature, please resubmit	None
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Code denies – TMJ is not a covered benefit	None
D7999	Unspecified oral surgery procedure, by report	Limited against the annual limit	None

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## Orthodontic Services

### Orthodontic Benefit Administration

#### Limited Orthodontic Treatment

Use these codes for treatment with a limited objective, not involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forgo more comprehensive therapy.

#### Interceptive Orthodontic Treatment

Use these codes for procedures to lessen the severity or future effects of a malformation and to eliminate its cause (e.g., the redirection of an ectopically erupted tooth, correction of isolated dental cross-bite, or recovery of recent minor space loss where overall space is adequate).

#### Comprehensive Orthodontic Treatment

Use these codes when there are multiple phases of treatment provided at different stages of dentofacial development. For example, use of an activator is generally stage one of a two-stage treatment; in this situation, placement of fixed appliances will generally be stage two of a two-stage treatment. List both treatment phases as comprehensive treatment modified by the stage of dental development.

### How to Submit Claims - Please follow these guidelines when submitting claims for orthodontic treatment:

#### Limited, Interceptive and Minor Treatment

Submit a claim with the appropriate CDT procedure code, including the total treatment fee and the placement date of the appliance. We will make payment after receipt of initial claim for treatment.

#### Comprehensive Treatment

One installment equal to 25% of the lifetime maximum; pro-rated payments continue monthly until the treatment has ended or a new treatment plan including complete treatment plan information is submitted. For patients whose comprehensive treatment started after their orthodontic benefits became effective, submit the claim with the appropriate CDT procedure code, including the treatment charge and the date treatment began. Payment will be prorated by comparing the banding date to the effective date of coverage and remaining length of treatment. (Accumulation transfers will be considered if provided by prior carrier.) If comprehensive treatment began before the patient's orthodontic benefits became effective, submit the monthly visits and your monthly fee using the appropriate CDT procedure code. When submitting claims for the services included in orthodontic records, itemize the appropriate CDT procedure code for each service (e.g., radiographs, evaluation, study models) with your usual fee. If you have questions regarding a patient's coverage, effective dates, or benefits, call the Dental Information Center at **1-888-224-5213**

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>ORTHODONTICS</b>			
D8010	Limited orthodontic treatment of primary dentition	Code denies - Ortho is not a covered benefit	None
D8020	Limited orthodontic treatment of transitional dentition	Code denies - Ortho is not a covered benefit	None
D8030	Limited orthodontic treatment of adolescent dentition	Code denies - Ortho is not a covered benefit	None
D8040	Limited orthodontic treatment of adult dentition	Code denies - Ortho is not a covered benefit	None
D8070	Comprehensive orthodontic treatment of transitional dentition	Code denies - Ortho is not a covered benefit	None
D8080	Comprehensive orthodontic treatment of adolescent dentition	Code denies - Ortho is not a covered benefit	None
D8090	Comprehensive orthodontic treatment of adult dentition	Code denies - Ortho is not a covered benefit	None
D8210	Removable appliance therapy to control harmful habits	Code denies - Ortho is not a covered benefit	None
D8220	Fixed appliance therapy to control harmful habits	Code denies - Ortho is not a covered benefit	None
<b>OTHER ORTHODONTIC SERVICES</b>			
D8660	Pre-orthodontic treatment examination to monitor growth and development	Code denies - Ortho is not a covered benefit	None
D8670	Periodic orthodontic treatment visit	Code denies - Ortho is not a covered benefit	None
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Code denies - Ortho is not a covered benefit	None
D8681	Removable orthodontic retainer adjustment	Code denies - Ortho is not a covered benefit	None
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Code denies - Ortho is not a covered benefit	None
D8696	Repair of orthodontic appliance – maxillary	Code denies - Ortho is not a covered benefit	Arch identification
D8697	Repair of orthodontic appliance – mandibular	Code denies - Ortho is not a covered benefit	Arch identification
D8698	Re-cement or re-bond fixed retainer – maxillary	Code denies - Ortho is not a covered benefit	Arch identification
D8699	Re-cement or re-bond fixed retainer - mandibular	Code denies - Ortho is not a covered benefit	Arch identification
D8701	Repair of fixed retainer, includes reattachment – maxillary	Code denies - Ortho is not a covered benefit	Arch identification
D8702	Repair of fixed retainer, includes reattachment – mandibular	Code denies - Ortho is not a covered benefit	Arch identification

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D8703	Replacement of lost or broken retainer – maxillary	Code denies - Ortho is not a covered benefit	Arch identification
D8704	Replacement of lost or broken retainer – mandibular	Code denies - Ortho is not a covered benefit	Arch identification
D8999	Unspecified orthodontic procedure, by report; Used for procedures not adequately described by a code	Code denies - Ortho is not a covered benefit	None

## Adjunctive Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<b>UNCLASSIFIED TREATMENT</b>			
D9110	Palliative treatment of dental pain – per visit	Limited against the annual limit	Tooth Quadrant or Arch identification
D9120	Fixed partial denture sectioning	Limited against the annual limit	Tooth identification
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	Code denies – TMJ is not a covered benefit	None
<b>ANESTHESIA</b>			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Code denies inclusive to all CDT codes	None
D9211	Regional block anesthesia	Code denies inclusive to all CDT codes	None
D9212	Trigeminal division block anesthesia	Code denies inclusive to all CDT codes	None
D9215	Local anesthesia in conjunction with operative or surgical procedures	Code denies inclusive to all CDT codes	None
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Code denies - The anesthesia service is not a covered benefit	None
D9222	Deep sedation/general anesthesia – first 15 minutes	Limited against the annual limit	None
D9223	Deep sedation/general anesthesia each 15 minute increment	Limited against the annual limit	None
D9230	Administration of nitrous oxide/anoxiolysis, analgesia	Code denies - The anesthesia service is not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	Limited against the annual limit	None
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	Limited against the annual limit	None
D9248	Non-intravenous (conscious) sedation. This includes non-IV minimal and moderate sedation.	Coverage for age 0-6 without review.	None
<b>PROFESSIONAL CONSULTATION</b>			
D9310	Consultation (diagnostic service by dentist or physician other than the practitioner providing treatment)	Code denies - The general service is not a covered benefit	None
D9311	Consultation with a medical health care professional	Code denies - The general service is not a covered benefit	None
<b>PROFESSIONAL VISITS</b>			
D9410	House call	Code denies - This diagnostic test and exam is not a covered benefit	None
D9420	Hospital or ambulatory surgical center call	Limited against the annual limit	None
D9430	Office visit for observation during regular scheduled hours – no other services performed	Limited against the annual limit	None
D9440	Office visit – after regularly scheduled hours	Limited against the annual limit	None
D9450	Case presentation, subsequent to detailed and extensive treatment planning	Code denies - The general service is not a covered benefit	None
<b>DRUGS</b>			
D9610	Therapeutic drug injection, by report	Code denies - The general service is not a covered benefit	None
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Code denies - The general service is not a covered benefit	None
D9613	Infiltration of sustained release therapeutic drug – per quadrant	Code denies - The general service is not a covered benefit	None
D9630	Other drugs and/or medicaments, by report	Code denies - The general service is not a covered benefit	None
<b>MISCELLANEOUS SERVICES</b>			

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D9910	Application of desensitizing medicament	Code denies - The general service is not a covered benefit	Tooth identification
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Code denies - The general service is not a covered benefit	Tooth identification
D9912	Pre-visit patient screening	Code denies - The general service is not a covered benefit	Tooth identification
D9920	Behavior management, by report	Code denies - The general service is not a covered benefit	None
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Code denies - The general service is not a covered benefit	None
D9932	Cleaning and inspection of removable complete denture, maxillary	Code denies - The general service is not a covered benefit	None
D9933	Cleaning and inspection of removable complete denture, mandibular	Code denies - The general service is not a covered benefit	None
D9934	Cleaning and inspection of removable partial denture, maxillary	Code denies - The general service is not a covered benefit	None
D9935	Cleaning and inspection of removable partial denture, mandibular	Code denies - The general service is not a covered benefit	None
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Code denies- The general service is not a covered benefit	None
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Code denies- The general service is not a covered benefit	None
D9941	Fabrication of athletic mouthguard	Code denies - The general service is not a covered benefit	None
D9942	Repair and/ or relines of occlusal guard	Code denies - The general service is not a covered benefit	None
D9943	Occlusal guard adjustment	Code denies - The general service is not a covered benefit	None
D9944	Occlusal guard – hard appliance, full arch	Code denies - The general service is not a covered benefit	Arch identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D9945	Occlusal guard – soft appliance, full arch	Code denies - The general service is not a covered benefit	Arch identification
D9946	Occlusal guard – hard appliance, partial arch	Code denies - The general service is not a covered benefit	Arch identification
D9947	Custom sleep apnea appliance fabrication and placement	Code denies - This service is considered medical in nature, please resubmit	None
D9948	Adjustment of custom sleep apnea appliance	Code denies - This service is considered medical in nature, please resubmit	None
D9949	Repair of custom sleep apnea appliance	Code denies - This service is considered medical in nature, please resubmit	None
D9950	Occlusion analysis - mounted case	Code denies - The general service is not a covered benefit	None
D9951	Occlusal adjustment - limited	Code denies - The general service is not a covered benefit	None
D9952	Occlusal adjustment - complete	Code denies - The general service is not a covered benefit	None
D9953	Reline custom sleep apnea appliance (indirect)	Not a covered benefit	None
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Code denies- Not a covered benefit	None
D9955	Oral appliance therapy (OAT) titration visit	Code denies- Not a covered benefit	None
D9956	Administration of home sleep apnea test	Code denies- Not a covered benefit	None
D9957	Screening for sleep related breathing disorders	Code denies- Not a covered benefit	None
D9961	Duplicate/copy patient's records	Code denies - The general service is not a covered benefit	None
D9970	Enamel microabrasion	Code denies - The general service is not a covered benefit	None
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	Code denies - The general service is not a covered benefit	None

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CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D9972	External bleaching – per arch performed in office	Code denies - The general service is not a covered benefit	None
D9973	External bleaching – per tooth	Code denies - The general service is not a covered benefit	None
D9974	Internal bleaching – per tooth	Code denies - The general service is not a covered benefit	None
D9975	External bleaching for home application per arch; includes materials and fabrication of custom trays	Code denies - The general service is not a covered benefit	None
D9985	Sales tax	Code denies - The general service is not a covered benefit	None
D9986	Missed appointment	Code denies - The general service is not a covered benefit	None
D9987	Cancelled appointment	Code denies - The general service is not a covered benefit	None
D9990	Certified translation or sign-language services per visit	Code denies - The general service is not a covered benefit	None
D9991	Dental case management – addressing appointment compliance barriers	Code denies - The general service is not a covered benefit	None
D9992	Dental case management – care coordination	Code denies - The general service is not a covered benefit	None
D9993	Dental case management – motivational interviewing	Code denies - The general service is not a covered benefit	None
D9994	Dental case management – patient education to improve oral health literacy	Code denies - The general service is not a covered benefit	None
D9995	Teledentistry- synchronous; real-time encounter	Code denies - The general service is not a covered benefit	Bill with D0140
D9996	Teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review	Code denies - The general service is not a covered benefit	None
D9997	Dental case management – patients with special health care needs	Limited against the annual limit	None



CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D9999	Unspecified adjunctive procedure by report	Code denies - The general service is not a covered benefit	Tooth Quadrant or Arch identification

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage. Not all Benefit plans include Enhanced benefits.

## Specific Benefit Limitations

### Integral Services

The integral services below are considered part of another service. No additional allowance will be paid if they are billed as a separate service.

1. Supragingival scaling integral to a prophylaxis
2. Prophylaxis on the same day as a periodontal maintenance visit (D4910) or periodontal treatment, including surgery
3. Prophylaxis on the same day as a scaling and root planing (D4341, D4342), regardless of the number of quadrants or teeth reported
4. Sealants on the same day and same surface as a resin restoration
5. Periapical X-rays taken on the same day as a panorex (D0330)
6. Periapical X-rays and/or bitewings taken on the same day as a full series (D0210)
7. Adjunctive procedures that are integral to crowns, inlays and onlays
8. Intraoral I&D (D7510) with root canal therapy
9. A diagnostic X-ray taken the same day as the initial root canal therapy is covered.
10. Pulpotomies, in conjunction with root canal therapy by the same dentist within forty-five (45) days prior to root canal therapy completion date, are integral to root canal therapy.
11. Payment is made for the most extensive periodontal surgical procedure that includes any lesser procedures on the same date. If procedures are fragmented, the lesser procedure will be denied as integral.
12. Scaling and root planing on the same date as surgical periodontal procedures
13. Periodontal maintenance when reported with scaling and root planing on the same date regardless of the number of quadrants or teeth reported
14. Periodontal maintenance on the same day and same dentist as surgical periodontal procedures
15. Complete or partial denture adjustments within six months of insertion
16. Recementation of crowns and bridges when provided within twelve (12) months following insertion by the same dentist (unless there is an indication of root canal therapy) and then it is covered once per twelve (12) months thereafter
17. Temporary cementation of crowns or bridges
18. Frenulectomy (D7960) when provided the same date, by the same dentist, and to the same area of the mouth is integral to soft tissue grafts.
19. Apical curettage and small odontogenic cysts are denied as being integral to apicoectomies.
20. Rebasing/relining of full or partial denture within six months of insertion by the same dentist
21. Small cysts are denied as being integral to extractions and surgical procedures in the same area of the mouth by the same dentist

22. Crown lengthening on the same day by the same dentist and same area as osseous surgery. The osseous surgery will be denied as being integral to the crown lengthening.
23. Palliative emergency treatment is denied as being integral to definitive treatment when provided on the same day.
24. Myofunctional therapy involving exercise / physical therapy is integral to orthodontic treatment.
25. Isolation of tooth with rubber dam
26. Local and block anesthesia

## **Service Limitations**

### **The following services are specifically limited with the following conditions:**

1. Sealants (D1351) and preventive resin restorations (D1352) are covered for dependent children through age fifteen (15) on permanent first and second molars and are limited to one per three-year period (a sealant cannot replace a preventive resin restoration).
2. Cephalometric X-rays (D0340) are covered once per lifetime with all others denying as integral service. Cephalometric X-rays are not covered at all unless the member's schedule of benefits specifically indicates coverage for orthodontic services (Service Category D).
3. If the allowance for the combination of multiple periapicals, bitewings or full series of X-rays exceeds the allowance for a full series, they will be combined to a full series.
4. Vertical bitewing X-rays (seven [7] to eight [8] films, D0277) are paid with the same benefit limitations as four bitewing X-rays (D0274).
5. Sedative restorations (D2940) are allowed as palliative treatment in emergency situations, otherwise they deny as not covered.
6. An allowance is made for pins (D2951) per restoration regardless of the number used, and pins without a restoration are not covered.
7. A crown must be necessary on its own merit, not just because it will support a partial.
8. Scaling and root planing for patients under age nineteen (19) requires diagnostic material submission and a Dental Advisor review.
9. Separate restorations may be allowed on same surface for anterior teeth. Separate lines represent separate restorations. Procedures related to a restoration are not paid as separate, including repairs/replacements for twelve (12) months.
10. Multiple posterior restorations are paid as one multi-surface restoration when provided on the same day by the same dentist regardless of being reported as separate restorations.
11. Pins and/or posts reported, in addition to build-up or post and core, are combined to the buildup or post and core.
12. Buildups involving posts must be preceded by root canal therapy.
13. Incomplete endodontic therapy (Code D3332) of an inoperable or fractured tooth is covered by report.

14. Apicoectomies, in absence of root canal therapy, are denied unless the canals are calcified. Apicoectomy is not allowed within thirty (30) days of root canal therapy.
15. The final apexification visit includes root canal therapy. If billed separately, the root canal therapy will be combined to the final visit.
16. Pulpotomies are covered only on deciduous teeth, through age five (5) for teeth D – G and N- O and through age eleven (11) for teeth A-C, H-J, K-M and R-T.
17. Relining and rebasing of full or partial dentures on the same day and the same dentist merges to the rebase procedure. (D5710, D5711, D5720, D5721).
18. Surgical extractions (D7210) denied for lack of coverage remain denied if submitted as simple extractions (D7111, D7140) unless, on an inquiry basis, X-rays substantiate that it is a simple extraction.
19. Vestibuloplasty on the same day as other surgical procedures requires Dental Advisor review.
20. Periodontal maintenance is covered if:
  - a. The patient has periodontal coverage.
  - b. It follows active periodontal treatment.
  - c. A routine prophylaxis has not been allowed on the same day.
  - d. The number of periodontal maintenance and prophylaxis procedures does not exceed four per year.
21. Diagnostic X-rays are not covered if there is no documentation in the patient's records indicating why the radiographs were ordered and/or what was diagnosed by the dentist upon reviewing the prescribed films.
22. Root canal retreatment (D3346, D3347, and D3348) is allowed only if it has been three (3) years following initial root canal therapy.
23. Removable space maintainers (D1510, D1515) and maintainer repairs are limited to one (1) in a three (3) year period.

## **Excluded Services**

### **The following services are specifically excluded with no coverage provided:**

1. A service, procedure or supply that is not Dentally Necessary or is not listed in the Schedule of Benefits
2. A service, procedure or supply that is not prescribed or rendered by or under the general supervision of a dentist
3. Any treatment, service or supply received for any illness or accidental injury arising out of, or in the course of employment or occupation for wage, profit or gain, or for injury or illness for which the member receives any benefits from motor vehicle no-fault law, regardless of any limitations in scope or coverage amount that may apply to his benefits claim under such law.
4. In the event a claim is paid and subsequently the member files a claim for workers' compensation benefits as to such claim, or the member settles a workers' compensation claim with any workers' compensation carrier, or otherwise receives any amount toward payment of such a claim under the Washington Workers' Compensation Law, state or federal workers'

- compensation, employers' liability or occupational disease law, or motor vehicle no-fault law, the member agrees to reimburse monies to the full extent on such claim
5. Conditions to which dental treatment is provided by a federal or state government agency (not including medical assistance) or are provided without cost to any member by a political subdivision or governmental authority (not including plans of insurance or other benefit plans provided by the federal or state governments to government employees and employees' dependents)
  6. Services of intentional self-inflicted injuries, including drug overdose, where act resulted from not medical condition (physical or mental)
  7. Disease contracted or injuries sustained while servicing in the military forces of any nation
  8. Any condition for which services, treatment or supplies of any kind are furnished or paid for under Title XVIII (Medicare) or the Social Security Act, as amended
  8. Services, procedures or supplies with respect to congenital mouth malformation or skeletal imbalance, including but not limited to:
    - a. Treatment related to disharmony of facial bone
    - b. Treatment related to or required as a result of orthognathic surgery
  9. Treatment, services or supplies that are cosmetic in nature or performed on an elective basis (e.g., teeth bleaching, crowns or veneers on teeth without decay or fracture which would otherwise not require a crown.)
  10. Restorative or prosthetic treatment necessitated by attrition, abrasion, or erosion
  11. Prescription drugs
  12. Local or block anesthesia, when billed separately
  13. General anesthesia (D9220, D9221) or IV conscious sedation (D9241, D9242), for a non-covered service, as well as simple extractions, or routine chair-side procedures
  14. Any experimental or investigational services or supplies or for any condition or complication arising from or related to the use of such experimental or investigational services or supplies. Asuris shall have full discretion to determine whether a dental treatment is experimental or investigational. Any dental treatment may be deemed experimental or investigational if:
    - a. Reliable evidence (as defined in the box below) shows that the majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure is that further studies or clinical trials are necessary to determine its efficacy, or its efficacy as compared with a standard means of treatment or diagnosis.
    - b. Reliable evidence shows that a majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure neither supports nor denies its use for a particular condition or disease.
    - c. Reliable evidence shows that the majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure should not be used as a first-line therapy for a particular condition or disease.

**Reliable Evidence shall mean only:**

- The member's dental records or other information from the treating Dentist(s) or from a consultant(s) regarding the member's dental history, treatment or condition.
  - The written protocol(s) under which the treatment or procedure is provided to the member.
  - Any consent document the member has executed or will be asked to execute, in order to receive the treatment or procedure.
  - Published reports and articles in the authoritative dental and scientific literature, signed by or published in the name of a recognized dental expert, regarding the treatment or procedure at issue as applied to the injury, illness or condition at issue; or
  - The written protocol(s) used by another facility studying substantially the same dental treatment or procedure
15. The cost to replace a lost, stolen or damaged prosthetic appliance
  16. House calls (D9410) and hospital calls (D9420) for dental services
  17. Services incurred prior to a member's effective date or after the termination date of coverage with Asuris
  18. Resorbable fillings (D3230, D3240) on endodontic treated deciduous teeth
  19. Any dental or medical services performed by a physician for services covered or otherwise provided to the member by a medical-surgical plan
  20. Services that the member incurs at no cost
  21. Service that are necessitated by lack of patient cooperation or failure to follow a professionally prescribed treatment plan
  22. Plaque control programs, oral hygiene or dietary instructions
  23. Any procedure deemed by the Dental Advisor to be of questionable efficacy
  24. Charges for broken appointments
  25. Any dental services or supplies required as the result of any accidental or traumatic injury
  26. Any dental services or supplies resulting from an injury or condition caused by another party
  27. Dental procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, the restoration of occlusion, or to alter vertical dimensions of occlusion (except when involving full or partial dentures)
  28. Non-intravenous conscious sedation (D9248), analgesia, anxiolysis or inhalation of nitrous oxide (D9230)
  29. Services by an immediate relative, defined as a spouse, parents, children, brother, sister or legal guardian of the person who received the services
  30. Duplicate, interim and temporary procedures, devices and appliances (e.g., when a dentist begins a crown and places a temporary crown, and then submits charges for a permanent crown, coverage for the temporary crown will be denied.)
  31. Procedures requiring the presence of a tooth will be denied if history indicates the tooth has been extracted (e.g., a crown is being reported and the tooth is listed as extracted in history).

32. Gold foil restorations (D2410, D2420, D2430)
33. If a course of treatment is performed by more than one (1) dentist, Asuris will pay only the charges that would have been made by a single dentist for those services.
34. Charges for the completion of any insurance forms
35. Applications of desensitizing medicaments, sub-gingival irrigations, and the localized delivery of chemotherapeutic agents (D4381)
36. Double abutments unless there is demonstrated clinical need.
37. Post removal (not in conjunction with endodontic therapy)
38. Autogenous, allogenic or synthetic grafts placed in extraction sites
39. Periodontal provisional splinting, intra-coronal or extra-coronal
40. Any services to restore tooth structure lost in order to rebuild or maintain occlusal surfaces die to mal-aligned or mal-occluded teeth, lost from wear or for stabilizing the teeth
41. Silicate cements
42. Tissue conditioning (D5850, D5851)
43. Athletic mouth guards (D9941)
44. Precision attachments (D5862, D6950)
45. Gross debridement (D4355)
46. Fiberotomies (D7291)
47. X-ray and intraoral imaging (D0260, D0290, D0310, D0320, D0321, D0322, D0350)
48. Tests/laboratory examination (D0415, D0425, D0472, D0473, D0474, D0480, D0520)
49. Nutritional counseling (D1310)
50. Tobacco counseling (D1320)
51. Replacement of fillings due to mercury sensitivity
52. Prefabricated resin crowns, prefabricated esthetic coated crowns, stainless steel crowns or stainless-steel crowns with resin windows for a primary tooth for patients aged 14 or older
53. Pulpectomy on a permanent tooth
54. Extraoral I & D
55. Direct (D3110) and indirect (D3120) pulp caps
56. Procedure for isolation of tooth with rubber dam
57. Bleaching of teeth (D9972, D9973, & D9974)
58. Intentional re-implantation (D3470)
59. Dressing change (D4920)

60. Maxillofacial prosthetics
61. Precious metal for partial dentures
62. Partial dentures are not covered for patients under age 14.
63. Specialized procedures (D5862, D6920, D6940, D6950, D6975)
64. Alveoplasty involving less than 5 teeth
65. Tooth transplantation (D7272) or tooth re-implantation (D7270)
66. Excision/destruction of lesions (D7410, D741, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461)
67. Treatment of simple and compound fractures (D7610 through D7580, D7710 through D7760, D7770, D7771, D7780)
68. Treatment and reduction of dislocation and management of TMJ/TMD (Temporomandibular Joint / Temporomandibular Joint Dysfunction) (D7810 through
69. D7899) including diagnostic X-rays, occlusal appliance, and/or splints
70. Consultations (D9310)
71. Drugs, medicaments, and/or injections (D9610, D9630)
72. Behavior management (D9920)
73. Occlusal analysis (D9950) and occlusal adjustments (D9951, D9952)
74. Pulpotomy on permanent tooth will deny as not covered unless there is an indication of an emergency, in which case it is paid as a palliative treatment. (Not covered within 45 days of RCT)
75. Bridges for patients under age fourteen (14)
76. Replacement of teeth if there is insufficient space
77. Root recovery (D7250) not completely covered by bone, if provided by the same dentist who extracted the tooth
78. Splinted crowns not replacing teeth; abutment crown(s) can be allowed if the tooth is diseased or badly broken down
79. Gross pulpal debridement (D3221)
80. Distal or proximal wedge procedure (D4274)
81. Procedures performed prior to coverage or placed after termination of coverage
82. Palliative emergency treatment (D9110) when definitive treatment is provided by the same dentist on the same day
83. Protective restorations (D2940) Problem focused (D0170)
84. Oral surgery procedures for jaw deformities, resections, etc. (D7920, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7955, D7972, D7980, D7981, D7982, D7983, D7990, D7991, D7995, D7996, and D7997)
85. Apically positioned flap procedure (D4245)
86. Enamel microabrasion (D9970)
87. Odontoplasty (D9971)
88. Sleep apnea appliances



89. Biologic materials to aid in soft and osseous tissues regeneration (D4265)
90. Provisional pontic (D6253)
91. Provisional retainer crown (D6793)
92. Pediatric partial denture-fixed (D6785)
93. Mobilization of erupted or malpositioned tooth to aid eruption (D7282)
94. Cytology sample collection (D7287)
95. A panoramic film or panorex (D0330) is not covered for children under the age of five (5)
96. Fixed partial denture resin crowns, retainer or pontics on permanent teeth
97. Hospital facility fees for dental services
98. Biopsy of oral tissue (D7285, D7286)
99. Sutures of small wounds and complicated sutures (D7910, D7911, D7912)
100. Laser Treatment for restorative procedures is inclusive; considered part of primary procedure, no exceptions

### **Non-Reimbursable Services**

- Denture insertion
- Periodontal charting
- Completion of claim forms
- Reports to referring providers
- Original soldering of bridge units
- Dressings by the treating dentist
- Separate lab charges in addition to crown
- Gold in addition to the cast gold restorations
- Finance charges on the amount paid by Asuris
- Reline in addition to a separate charge for a rebase
- Local or regional anesthetic in addition to operative procedures
- Alveoloplasty (alveolectomy) in conjunction with fewer than three extractions
- Sedative or temporary fillings performed on the same day as permanent restorations
- Root recovery in addition to a charge for the extraction of the same tooth by the same dentist
- Charges for full or partial denture relines or adjustments done less than six months after the initial placement
- Acid etch or a light-cured restoration in addition to charges for restorative procedures on the same tooth

- Root planing and scaling if those procedures follow curettage, gingivectomy or osseous surgery done in the same area within one year
- Any combination of the following Current Dental Terminology (CDT®) codes if performed on the same day: CDT D1110, D1120, D4210, D4211, D4260, D4261, D4341, D4342, D4355, D4346, D4910
- Any services normally considered part of overhead (e.g. sterilization, infection control, asepsis, personal protective equipment)
- Charges for advanced technology including but not limited to laser, robotics, computer assistance, etc., in addition to the charge for the procedure
- Claims (original or corrected) that are not submitted within the timely filing limits set forth in your participating agreement
- Services or procedures considered not clinically appropriate are not reimbursable by the plan. Services or procedures considered not clinically appropriate are not billable to the member without signed prior consent