Dental Benefit Details

2027

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* apply to the 2027 plan benefit packages shown on the following page(s). For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* apply to the 2027 plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
MI	H7435001000	Wellcare Meridian Dual Align (HMO D-SNP)
MI	H7435002000	Wellcare Meridian Health Dual Liberty (HMO D-SNP)

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2027 *Evidence of Coverage* for any applicable cost sharing and benefit maximum. Dental codes marked with an asterisk (*) are covered under Medicaid.

Dental 2027 Schedule of Benefits

Code	Code Description	Periodicity	Prior Auth
Diagnostic Services			
D0120*	Routine periodic exam completed during check-up	2 of (D0120) every plan year, not within 6 months of D0150	N
D0140*	Limited exam to evaluate a problem	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	N
D0150*	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	1 of (D0150) every 3 plan years; not within 3 plan years of D0120	N
D0160	Detailed and extensive problem focused exam	2 of (D0140, D0160, D9310) every plan year	N
D0180*	Comprehensive Periodontal Evaluation	2 of (D0180) every plan year; not on same date as D0120 or D0150	N
D0210*	Intraoral, complete series of radiographic images	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
D0220*	Intraoral, periapical, first radiographic image	1 of (D0220) per date of service. Maximum number of x-rays on a single date of services limited to a complete mouth series	N
D0230*	Intraoral, periapical, each add additional radiographic image	4 of (D0230) per date of service. Maximum reimbursement for x-rays on a single date of services limited to the allowed reimbursement for a complete mouth series	N
D0240*	Intraoral, occlusal radiographic image	1 of (D0240) every plan year	N

Code	Code Description	Periodicity	Prior Auth
D0270*	Bitewing, single radiographic image	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series	N
D0272*	Bitewings, two radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series	N
D0273*	Bitewings, three radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series	N
D0274*	Bitewings, four radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series	N
D0277	Vertical bitewings – 7 to 8 radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of services limited to the allowed reimbursement for a complete mouth series	N
D0330*	Panoramic radiographic image	1 of (D0210, D0330, D0701, D0709) every 3 plan years. Maximum reimbursement for x-rays on a single date of services limited to the allowed reimbursement for a complete mouth series	N
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 of (D0350) every 3 plan years	N
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709)	N

Code	Code Description	Periodicity	Prior Auth
D0460	Pulp Vitality Test	1 of (D0460) per visit	N
D0701	Panoramic radiographic image - image capture only	1 of (D0701) every 3 plan years; 1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
D0703	2-D photographic image - image capture only	1 of (D0703) every 3 plan years	N
D0706	Intraoral - occlusal radiographic image - image capture only	2 of (D0706) every plan year	N
D0707	Intraoral - periapical radiographic image - image capture only	1 of (D0707) per date of service	N
D0708	Intraoral - bitewing radiographic image - image capture only	2 of (D0708) every plan year	N
D0709	Intraoral - complete series of radiographic images - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
D1110*	Prophylaxis, adult	2 of (D1110) every plan year	N
D1206*	Fluoride varnish	1 of (D1206, D1208) every plan year	N
D1208*	Topical application of fluoride, excluding varnish	1 of (D1206, D1208) every plan year	N
D1355	Application of a caries preventive medicament	One of (D1355) per tooth per 6 months	N
Comprehensive Services			
D2140*	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2150*	Amalgam, two surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2160*	Amalgam, three surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N

Code	Code Description	Periodicity	Prior Auth
D2161*	Amalgam, four or more surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2330*	Resin-based composite, one surface, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2331*	Resin-based composite, two surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2332*	Resin-based composite, three surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2335*	Resin-based composite, four or more surfaces, involving incisal angle	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2390*	Resin-based composite crown, anterior	1 of (D2390) per tooth, every 2 plan years. Must have at least 50% remaining bone support	N
D2391*	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2392*	Resin-based composite, two surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2393*	Resin-based composite, three surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2394*	Resin-based composite, four or more surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2710*	Crown, resin-based composite (indirect)	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N

Code	Code Description	Periodicity	Prior Auth
D2720	Crown, resin-based composite (indirect)	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2721	Crown, resin with predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2722*	Crown, resin with noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N

Code	Code Description	Periodicity	Prior Auth
D2740*	Crown, porcelain/ceramic	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2750*	Crown - porcelain fused to high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2751*	Crown, porcelain fused to predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N

Code	Code Description	Periodicity	Prior Auth
D2752*	Crown, porcelain fused to noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2753*	Crown, porcelain fused to titanum alloy	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2790*	Crown - full cast high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N

Code	Code Description	Periodicity	Prior Auth
D2791*	Crown, full cast predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2792*	Crown, full cast noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D2794*	Crown - titanium	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N

Code	Code Description	Periodicity	Prior Auth
D2910*	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery	N
D2915*	Re-cement or re-bond indirectly fabricated/prefabricated post & core	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery	N
D2920*	Re-cement or re-bond crown	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery	N
D2928	Prefabricated porcelain/ceramic crown	1 of (D2928, D2931) every 3 plan years per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum	N
D2931*	Prefabricated stainless steel crown, permanent tooth	1 of (D2928, D2931) every 3 plan years per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum	N
D2950*	Core buildup, including any pins when required	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	N
D2951*	Pin retention, per tooth, in addition to restoration	1 of (D2951) per tooth every 7 plan years	N
D2952*	Post and core in addition to crown, indirectly fabricated	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	N
D2953	Each additional indirectly fabricated post, same tooth	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown	N
D2954*	Prefabricated post and core in addition to crown	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	N
D2955	Post removal	1 (D2955) per tooth every 7 plan years.	N

Code	Code Description	Periodicity	Prior Auth
D2957	Each additional prefabricated post, same tooth	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	N
D2971	Additional procedure to customize a crown to fit under an existing partial denture framework	1 (D2971) per tooth every 7 plan years.	N
D2980	Crown repair necessitated by restorative material failure	1 of (D2980) per tooth every 3 plan years	N
D3110*	Pulp cap, direct (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3120	Pulp cap, indirect (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3220*	Therapeutic pulpotomy (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3310*	Endodontic therapy, anterior tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3320*	Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3330*	Endodontic therapy, molar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3331	Treatment of root canal obstruction; non-surgical access	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	N
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	N
D3333	Internal root repair of perforation defects	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	N

Code	Code Description	Periodicity	Prior Auth
D3346*	Retreatment of previous root canal therapy, anterior	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	N
D3347*	Retreatment of previous root canal therapy, premolar	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	N
D3348*	Retreatment of previous root canal therapy, molar	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	N
D3351*	Apexification/recalcification, initial visit	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	N
D3352*	Apexification/recalcification, interim medication replacement	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	N
D3353*	Apexification/recalcification, final visit	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	N
D3410*	Apicoectomy, anterior	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3421*	Apicoectomy, premolar (first root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3425*	Apicoectomy, molar (first root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N

Code	Code Description	Periodicity	Prior Auth
D3426*	Apicoectomy, (each additional root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3430*	Retrograde filling, per root	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3450	Root amputation, per root	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime	N
D3470	Intentional reimplantation (including necessary splinting)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime	N
D3920	Hemisection, not including root canal therapy	1 of (D3920-D3921) per tooth per lifetime	N
D3921	Decoronation or submergence of an erupted tooth	1 of (D3920-D3921) per tooth per lifetime	N
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years	N
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years	N
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 of (D4212) per tooth per lifetime	N
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound	1 of (D4240-D4245) per quadrant every 3 plan years	N
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound	1 of (D4240-D4245) per quadrant every 3 plan years	N
D4245	Apically positioned flap	1 of (D4240-D4245) per quadrant every 3 plan years	N
D4249	Clinical crown lengthening, hard tissue	1 of (D4249) per tooth per lifetime	N
D4260	Osseous surgery, four or more teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years	N

Code	Code Description	Periodicity	Prior Auth
D4261	Osseous surgery, one to three teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years	N
D4270	Pedicle soft tissue graft procedure	1 of (D4270-D4285) per tooth every 3 plan years	N
D4273	Autogenous connective tissue graft procedure, first tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4274	Mesial/distal wedge procedure, single tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4275	Non-autogenous connective tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4276	Combined connective tissue and pedicle graft, per tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4277	Free soft tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4278	Free soft tissue graft, each additional tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years	N
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years	N
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	1 of (D4322-D4323) per arch every 3 plan years	N
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	1 of (D4322-D4323) per arch every 3 plan years	N
D4341*	Scaling and root planing	1 of (D4341-D4342) per quadrant every 2 plan years; only two quadrants allowed on same date of service	N
D4342*	Scaling and root planing	1 of (D4341-D4342) per quadrant every 2 plan years; only two quadrants allowed on same date of service	N

Code	Code Description	Periodicity	Prior Auth
D4346*	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 (D4346) every 2 plan years, not allowed within six months of D1110, D4341, D4342, D4355, or D4910	N
D4355*	full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	1 of (D4355) every 2 plan years not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180	N
D4381	Localized delivery of antimicrobial agent/per tooth	8 of (D4381) every 2 plan years; at least 28 days after D4341 or D4342; requires evidence of pockets 5 mm or greater with persistent inflammation	N
D4910*	Periodontal maintenance	2 of (D4910) every plan year; not within 90 days of D1110	N
D4920	Unscheduled dressing change (other than treating dentist or staff)	1 of (D4920) every plan year per procedure	N
D5110*	Complete denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	N
D5120*	Complete denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	N
D5130*	Immediate denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	N
D5140*	Immediate denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	N
D5211*	Maxillary partial denture, resin base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	N
D5212*	Mandibular partial denture, resin base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	N
D5213*	Maxillary partial denture, cast metal, resin base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	N

Code	Code Description	Periodicity	Prior Auth
D5214*	Mandibular partial denture, cast metal, resin base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	N
D5225*	Maxillary partial denture, flexible base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	N
D5226*	Mandibular partial denture, flexible base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	N
D5284	Unilateral removeable partial denture, flexible base, per quadrant	1 of (D5110, D5120, D5130,D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and lower jaw.	N
D5286	Unilateral removable partial denture, resin base, per quadrant	1 of (D5110, D5120, D5130,D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and lower jaw.	N
D5410*	Adjust complete denture, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5411*	Adjust complete denture, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5421*	Adjust partial denture, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5422*	Adjust partial denture, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5511*	Repair broken complete denture base, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N

Code	Code Description	Periodicity	Prior Auth
D5512*	Repair broken complete denture base, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5520*	Replace missing or broken teeth, complete denture	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; Only 1 of (D5660) per arch every plan year; Only 1 of any (D5670-D5671) per arch every 2 plan years	N
D5611*	Repair resin partial denture base, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5612*	Repair resin partial denture base, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5621*	Repair cast partial framework, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5622*	Repair cast partial framework, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5630*	Repair or replace broken retentive clasping, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5640*	Replace broken teeth, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5650*	Add tooth to existing partial denture	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture	N

Code	Code Description	Periodicity	Prior Auth
		if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	
D5660*	Add clasp to existing partial denture, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5710*	Rebase complete maxillary denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5711*	Rebase complete mandibular denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5720*	Rebase maxillary partial denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5721*	Rebase mandibular partial denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5730*	Reline complete maxillary denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N

Code	Code Description	Periodicity	Prior Auth
D5731*	Reline complete mandibular denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5740*	Reline maxillary partial denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5741*	Reline mandibular partial denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5750*	Reline complete maxillary denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5751*	Reline complete mandibular denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5760*	Reline maxillary partial denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5761*	Reline mandibular partial denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5765	Soft liner for complete or partial removable denture - indirect	1 of (D5765) per arch every 2 plan years, not within six months of denture delivery	N
D5850	Tissue conditioning, maxillary	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5851	Tissue conditioning, mandibular	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N

Code	Code Description	Periodicity	Prior Auth
D6210	Pontic, cast high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6211	Pontic, cast predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6212	Pontic, cast noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y

Code	Code Description	Periodicity	Prior Auth
D6214	Pontic - titanium	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6240	Pontic - porcelain fused to high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6241	Pontic, porcelain fused to predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y

Code	Code Description	Periodicity	Prior Auth
D6242	Pontic, porcelain fused to noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6243	Pontic - porcelain fused to titanium and titanium alloys	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6245	Pontic, porcelain/ceramic	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y

Code	Code Description	Periodicity	Prior Auth
D6250	Pontic - resin with high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D6251	Pontic, resin with predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N
D6252	Pontic, resin with noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	N

Code	Code Description	Periodicity	Prior Auth
D6740	Retainer crown, porcelain/ceramic	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6750	Crown - Porcelain Fused To High Noble Metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6751	Retainer crown, porcelain fused to predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y

Code	Code Description	Periodicity	Prior Auth
D6752	Retainer crown, porcelain fused to noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6790	Crown - Porcelain Fused To High Noble Metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y

Code	Code Description	Periodicity	Prior Auth
D6791	Retainer crown, full cast predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6792	Retainer crown, full cast noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y
D6794	Retainer crown - titanium	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied.	Y

Code	Code Description	Periodicity	Prior Auth
D6930*	Re-cement or re-bond fixed partial denture	1 of (D6930) per tooth every 2 plan years; not payable within 6 months of delivery	N
D7140*	Extraction, erupted tooth or exposed root	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7210*	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7220*	Removal of impacted tooth, soft tissue	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7230*	Removal of impacted tooth, partially bony	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7240*	Removal of impacted tooth, completely bony	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7241	Removal impacted tooth, complete bony, complication	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7250*	Removal of residual tooth roots (cutting procedure)	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	N
D7260*	Oroantral fistula closure	1 of (D7260, D7261) per quadrant per date of service	N

Code	Code Description	Periodicity	Prior Auth
D7261*	Primary closure of a sinus perforation	1 of (D7260, D7261) per quadrant per date of service	N
D7270*	Tooth reimplantation and/or stabilization, accident	1 of (D7270-D7282) per tooth per lifetime	N
D7272	Tooth transplantation	1 of (D7270-D7282) per tooth per lifetime	N
D7280	Exposure of an unerupted tooth	1 of (D7270-D7282) per tooth per lifetime	Y
D7282	Mobilization of erupted/malpositioned tooth	1 of (D7270-D7282) per tooth per lifetime	Y
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	N
D7286	Incisional biopsy of oral tissue, soft	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	N
D7287	Exfoliative cytological sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	N
D7288	Brush biopsy, transepithelial sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	N
D7310*	Alveoloplasty with extractions, four or more teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.	N
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.	N
D7320*	Alveoloplasty, w/o extractions, four or more teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or	N

Code	Code Description	Periodicity	Prior Auth
		partial denture with an edentulous space of at least three contiguous teeth.	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.	N
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	1 of (D7340, D7350) per quadrant every 5 plan years	N
D7350	Vestibuloplasty, ridge extension	1 of (D7340, D7350) per quadrant every 5 plan years	N
D7410	Excision of benign lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7411	Excision of benign lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7412	Excision of benign lesion, complicated	1 of (D7410-D7465) per date of service	N
D7413	Excision of malignant lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7414	Excision of malignant lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7415	Excision of malignant lesion, complicated	1 of (D7410-D7465) per date of service	N
D7440	Excision of malignant tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7441	Excision of malignant tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N

Code	Code Description	Periodicity	Prior Auth
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7465	Destruction of lesion(s) by physical or chemical method, by report	1 of (D7410-D7465) per date of service	N
D7471*	Removal of lateral exostosis, maxilla or mandible	1 of (D7471) per arch per lifetime	N
D7472*	Removal of torus palatinus	1 of (D7472) per lifetime	N
D7473*	Removal of torus mandibularis	1 of (D7473) per quadrant per lifetime	N
D7485*	Reduction of osseous tuberosity	1 of (D7485) per quadrant per lifetime	N
D7509	Marsupialization of odontogenic cyst	1 of (D7509) per date of service	N
D7510*	Incision & drainage of abscess, intraoral soft tissue	1 of (D7510-D7540) per date of service	N
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	1 of (D7510-D7540) per date of service	N
D7520	Incision & drainage of abscess, intraoral soft tissue, complicated	1 of (D7510-D7540) per date of service	N
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	1 of (D7510-D7540) per date of service	N
D7530	Remove foreign body, mucosa, skin, tissue	1 of (D7510-D7540) per date of service	N
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	1 of (D7510-D7540) per date of service	N
D7970*	Excision of hyperplastic tissue, per arch	1 of (D7970) per arch every 5 plan years	N

Code	Code Description	Periodicity	Prior Auth
D7971*	Excision of pericoronal gingiva	1 of (D7971) per tooth per lifetime	N
D7972*	Surgical Reduction of Fibrous Tuberosity	1 of (D7972) per maxillary quadrant per lifetime	N
D9110*	Palliative (emergency) treatment, minor procedure	1 of (D9110) per plan year	N
D9120	Fixed Partial Denture Sectioning	1 of (D9120) per plan year	N
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	1 of (D9219) per date of service when in conjunction with a requested D9222 or D9239	N
D9222*	Deep sedation/general anesthesia, first 15 minute increment	1 of (D9222, D9230, D9239, D9248) per date of service	N
D9223*	Deep sedation/general anesthesia, each subsequent 15 minute increment	7 of (D9223, D9243) per date of service	N
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	1 of (D9222, D9230, D9239, D9248) per date of service	N
D9239*	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	1 of (D9222, D9230, D9239, D9248) per date of service	N
D9243*	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	7 of (D9223, D9243) per date of service	N
D9248*	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	1 of (D9222, D9230, D9239, D9248) per date of service	N
D9310*	Consultation, other than requesting dentist	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	N
D9410	House/Extended Care Facility Call	1 of (D9410, D9420, D9997) per date of service	N
D9420*	Hospital or ambulatory surgical center call	1 of (D9410, D9420, D9997) per date of service	N

Code	Code Description	Periodicity	Prior Auth
D9430	Office visit, observation, regular hours, no other services	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	N
D9440	Office visit, after regularly scheduled hours	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	N
D9610	Therapeutic Parenteral Drug, Single Administration	1 of (D9610, D9612) per date of service	N
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 of (D9610, D9612) per date of service	N
D9911	Application of desensitizing resin for cervical, root surface, per tooth	1 of (D9911) per tooth every 2 plan years	N
D9930*	Treatment of complications, post surgical, unusual, by report	1 of (D9930) per date of service	N
D9932	Cleaning and inspection of removable complete denture, maxillary	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	N
D9933	Cleaning and inspection of removable complete denture, mandibular	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	N
D9934	Cleaning and inspection of removable partial denture, maxillary	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	N
D9935	Cleaning and inspection of removable partial denture, mandibular	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	N
D9942	Repair and/or Reline of Occlusal Guard	1 of (D9942) every 2 plan years, not within six months of appliance delivery	N
D9944	Occlusal guard, hard appliance, full arch	1 of (D9944-D9946) every 5 plan years	Y
D9945	Occlusal guard, soft appliance, full arch	1 of (D9944-D9946) every 5 plan years	N
D9946	Occlusal guard, hard appliance, partial arch	1 of (D9944-D9946) every 5 plan years	Y

Code	Code Description	Periodicity	Prior Auth
D9951	Occlusal adjustment, limited	1 of (D9951) every 2 plan years	N
D9995	Teledentistry - synchronous; real-time encounter	1 of (D9995-D9996) per date of service.	N
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1 of (D9995-D9996) per date of service.	N
D9997	Dental Case Management - patients with special needs	1 of (D9410, D9420, D9997) per date of service.	N

Limitations:

- Optional treatment: If you select a more expensive service than is customarily provided, an alternate benefit allowance may be made for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost.
  - When posterior teeth are missing in both quadrants of the same arch, a benefit request for one or more posterior fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.

- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service

This page is intentionally left blank