2026

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# Dental Handbook

## Elderplan Plus Long-Term Care (HMO-POS D-SNP)

*Benefit Year 2026*

# Introduction to Elderplan Dental Handbook for Elderplan Plus Long-Term Care (HMO-POS D-SNP)

Benefit Year 2026

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

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

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

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

## Help Paying for Dental Care With Your Flex Card

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

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

## Know Your Dental Costs Before You Get Care

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

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

## DentaQuest Customer Services Department

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

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

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

They can help with:

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

## How Dental Coverage Decisions Are Made

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

To make a decision, we may review:

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

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

## When Coverage May Be Limited or Denied

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

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

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

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

## Alternative Treatment Options

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

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

## Understanding a Dental Denial

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

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

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

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

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

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

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

If you're temporarily outside the Elderplan Plus Long-Term Care service area and need urgent dental care, you're still covered for certain services. Urgent care refers to treatment for unexpected dental issues that can't wait until you return home—especially when it's needed to prevent serious problems with your dental health.

In these situations, your plan may reimburse for palliative treatment—care that helps relieve pain but doesn't fix the underlying issue—up to a set amount. For details on what's covered and how much may be reimbursed, please check your Dental Summary of Benefits.

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

You pay $0 coinsurance or copayment for in-network Medicare-covered Dental Benefits.

### What are Medicare covered services?

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

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

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

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

### What are supplemental benefits?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Supplemental Dental Benefits Limitations and Exclusions

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

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

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

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

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

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

elderplan homefirst®

For more information, call us toll-free

**1-877-891-6447**

8 a.m.–8 p.m., 7 days a week.

TTY/TDD users should call

**711**

Visit our website

**Elderplan.org**

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

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