SCHEDULE OF BENEFITS

AVMA Classic Plan for Area 3 including members who reside in the following states: CO, IL, MD, NH, OR, RI and VA

Marketed by

HealthPlan Services
ROUTE ORAL EVALUATION
D0120 Periodic oral evaluation - established patient.
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.
D0150 Comprehensive oral evaluation - new or established patient.
D0180 Comprehensive periodontal evaluation - new or established patient.

COMPREHENSIVE EVALUATION: D0150, D0180
• Coverage is limited to 1 of each of these procedures per 1 provider.
• In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per 1 benefit period.
• D0120, D0145, also contribute(s) to this limitation.
• If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

ROUTINE EVALUATION: D0120, D0145
• Coverage is limited to 2 of any of these procedures per 1 benefit period.
• D0150, D0180, also contribute(s) to this limitation.
• Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.

PROPHYLAXIS (CLEANING) AND FLUORIDE
D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1203 Topical application of fluoride (prophylaxis not included) - child.
D1204 Topical application of fluoride (prophylaxis not included) - adult.
D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.

FLUORIDE: D1203, D1204, D1206
• Coverage is limited to 1 of any of these procedures per 1 benefit period.
• Benefits are considered for persons age 18 and under.

PROPHYLAXIS: D1110, D1120
• Coverage is limited to 2 of any of these procedures per 1 benefit period.
• D4910, also contribute(s) to this limitation.
• An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

SPACE MAINTAINERS
D1510 Space maintainer - fixed - unilateral.
D1515 Space maintainer - fixed - bilateral.
D1520 Space maintainer - removable - unilateral.
D1525 Space maintainer - removable - bilateral.
D1550 Re-cementation of space maintainer.
D1555 Removal of fixed space maintainer.

SPACE MAINTAINER: D1510, D1515, D1520, D1525
• Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

APPLIANCE THERAPY
D8210 Removable appliance therapy.
D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220
• Coverage is limited to the correction of thumb-sucking.
LIMITED ORAL EVALUATION
D0140 Limited oral evaluation - problem focused.
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).

LIMITED ORAL EVALUATION: D0140, D0170
- Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

COMPLETE SERIES OR PANORAMIC FILM
D0210 Intraoral - complete series (including bitewings).
D0330 Panoramic film.

COMPLETE SERIES/PANORAMIC FILMS: D0210, D0330
- Coverage is limited to 1 of any of these procedures per 3 year(s).

OTHER XRAYS
D0220 Intraoral - periapical first film.
D0230 Intraoral - periapical each additional film.
D0240 Intraoral - occlusal film.
D0250 Extraoral - first film.
D0260 Extraoral - each additional film.

PERIAPICAL FILMS: D0220, D0230
- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

BITEWING FILMS
D0270 Bitewing - single film.
D0272 Bitewings - two films.
D0273 Bitewings - three films.
D0274 Bitewings - four films.
D0277 Vertical bitewings - 7 to 8 films.

BITEWING FILMS: D0270, D0272, D0273, D0274
- Coverage is limited to 2 of any of these procedures per 1 benefit period.
- D0277, also contribute(s) to this limitation.
- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

VERTICAL BITEWING FILM: D0277
- Coverage is limited to 1 examination per biopsy/excision.
- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

ORAL PATHOLOGY/LABORATORY
D0472 Accession of tissue, gross examination, preparation and transmission of written report.
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474
- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage is limited to 1 examination per biopsy/excision.

SEALANT
D1351 Sealant - per tooth.

SEALANT: D1351
- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits are considered for persons age 16 and under.
- Benefits are considered on permanent molars only.
- Coverage is allowed on the occlusal surface only.
TYPE 2 PROCEDURES

**AMALGAM RESTORATIONS (FILLINGS)**
- **D2140** Amalgam - one surface, primary or permanent.
- **D2150** Amalgam - two surfaces, primary or permanent.
- **D2160** Amalgam - three surfaces, primary or permanent.
- **D2161** Amalgam - four or more surfaces, primary or permanent.

**AMALGAM RESTORATIONS:** D2140, D2150, D2160, D2161
- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D9911, also contribute(s) to this limitation.

**RESIN RESTORATIONS (FILLINGS)**
- **D2330** Resin-based composite - one surface, anterior.
- **D2331** Resin-based composite - two surfaces, anterior.
- **D2332** Resin-based composite - three surfaces, anterior.
- **D2335** Resin-based composite - four or more surfaces or involving incisal angle (anterior).
- **D2391** Resin-based composite - one surface, posterior.
- **D2392** Resin-based composite - two surfaces, posterior.
- **D2393** Resin-based composite - three surfaces, posterior.
- **D2394** Resin-based composite - four or more surfaces, posterior.
- **D2410** Gold foil - one surface.
- **D2420** Gold foil - two surfaces.
- **D2430** Gold foil - three surfaces.

**COMPOSITE RESTORATIONS:** D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394
- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911, also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

**GOLD FOIL RESTORATIONS:** D2410, D2420, D2430
- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

**STAINLESS STEEL CROWN (PREFABRICATED CROWN)**
- **D2390** Resin-based composite crown, anterior.
- **D2930** Prefabricated stainless steel crown - primary tooth.
- **D2931** Prefabricated stainless steel crown - permanent tooth.
- **D2932** Prefabricated resin crown.
- **D2933** Prefabricated stainless steel crown with resin window.
- **D2934** Prefabricated esthetic coated stainless steel crown - primary tooth.

**STAINLESS STEEL CROWN:** D2390, D2930, D2931, D2932, D2933, D2934
- Replacement is limited to 1 of any of these procedures per 12 month(s).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

**RECEMENT**
- **D2910** Recement inlay, onlay, or partial coverage restoration.
- **D2915** Recement cast or prefabricated post and core.
- **D2920** Recement crown.
- **D6092** Recement implant/abutment supported crown.
- **D6093** Recement implant/abutment supported fixed partial denture.
- **D6930** Recement fixed partial denture.

**SEDATIVE FILLING**
- **D2940** Sedative filling.

**FULL MOUTH DEBRIDEMENT**
- **D4355** Full mouth debridement to enable comprehensive evaluation and diagnosis.

**FULL MOUTH DEBRIDEMENT:** D4355
- Coverage is limited to 1 of any of these procedures per 5 year(s).
TYPE 2 PROCEDURES

PERIODONTAL MAINTENANCE
D4910 Periodontal maintenance.
PERIODONTAL MAINTENANCE: D4910
  • Coverage is limited to 2 of any of these procedures per 1 benefit period.
  • D1110, D1120, also contribute(s) to this limitation.
  • Coverage is contingent upon evidence of full mouth active periodontal therapy. Benefits are not available if performed on the same date as any other periodontal procedure.

DENTURE REPAIR
D5510 Repair broken complete denture base.
D5520 Replace missing or broken teeth - complete denture (each tooth).
D5610 Repair resin denture base.
D5620 Repair cast framework.
D5630 Repair or replace broken clasp.
D5640 Replace broken teeth - per tooth.

DENTURE RELINES
D5730 Reline complete maxillary denture (chairside).
D5731 Reline complete mandibular denture (chairside).
D5740 Reline maxillary partial denture (chairside).
D5741 Reline mandibular partial denture (chairside).
D5750 Reline complete maxillary denture (laboratory).
D5751 Reline complete mandibular denture (laboratory).
D5760 Reline maxillary partial denture (laboratory).
D5761 Reline mandibular partial denture (laboratory).
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761
  • Coverage is limited to service dates more than 6 months after placement date.

NON-SURGICAL EXTRACTIONS
D7111 Extraction, coronal remnants - deciduous tooth.
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

SURGICAL EXTRACTIONS
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.
D7220 Removal of impacted tooth - soft tissue.
D7230 Removal of impacted tooth - partially bony.
D7240 Removal of impacted tooth - completely bony.
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.
D7250 Surgical removal of residual tooth roots (cutting procedure).

OTHER ORAL SURGERY
D7260 Oroantral fistula closure.
D7261 Primary closure of a sinus perforation.
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).
D7280 Surgical access of an unerupted tooth.
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.
D7283 Placement of device to facilitate eruption of impacted tooth.
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.
### TYPE 2 PROCEDURES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>D7320</td>
<td>Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.</td>
</tr>
<tr>
<td>D7321</td>
<td>Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.</td>
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<tr>
<td>D7340</td>
<td>Vestibuloplasty - ridge extension (secondary epithelialization).</td>
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<tr>
<td>D7350</td>
<td>Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).</td>
</tr>
<tr>
<td>D7410</td>
<td>Excision of benign lesion up to 1.25 cm.</td>
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<tr>
<td>D7411</td>
<td>Excision of benign lesion greater than 1.25 cm.</td>
</tr>
<tr>
<td>D7412</td>
<td>Excision of benign lesion, complicated.</td>
</tr>
<tr>
<td>D7413</td>
<td>Excision of malignant lesion up to 1.25 cm.</td>
</tr>
<tr>
<td>D7414</td>
<td>Excision of malignant lesion greater than 1.25 cm.</td>
</tr>
<tr>
<td>D7415</td>
<td>Excision of malignant lesion, complicated.</td>
</tr>
<tr>
<td>D7440</td>
<td>Excision of malignant tumor - lesion diameter up to 1.25 cm.</td>
</tr>
<tr>
<td>D7441</td>
<td>Excision of malignant tumor - lesion diameter greater than 1.25 cm.</td>
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<tr>
<td>D7450</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.</td>
</tr>
<tr>
<td>D7451</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.</td>
</tr>
<tr>
<td>D7460</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.</td>
</tr>
<tr>
<td>D7461</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.</td>
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<tr>
<td>D7465</td>
<td>Destruction of lesion(s) by physical or chemical method, by report.</td>
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<tr>
<td>D7471</td>
<td>Removal of lateral exostosis (maxilla or mandible).</td>
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<tr>
<td>D7472</td>
<td>Removal of torus palatinus.</td>
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<tr>
<td>D7473</td>
<td>Removal of torus mandibularis.</td>
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<tr>
<td>D7485</td>
<td>Surgical reduction of osseous tuberosity.</td>
</tr>
<tr>
<td>D7490</td>
<td>Radical resection of maxilla or mandible.</td>
</tr>
<tr>
<td>D7510</td>
<td>Incision and drainage of abscess - intraoral soft tissue.</td>
</tr>
<tr>
<td>D7520</td>
<td>Incision and drainage of abscess - extraoral soft tissue.</td>
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<tr>
<td>D7530</td>
<td>Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.</td>
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<tr>
<td>D7540</td>
<td>Removal of reaction producing foreign bodies, musculoskeletal system.</td>
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<tr>
<td>D7550</td>
<td>Partial ostectomy/sequestrectomy for removal of non-vital bone.</td>
</tr>
<tr>
<td>D7560</td>
<td>Maxillary sinusotomy for removal of tooth fragment or foreign body.</td>
</tr>
<tr>
<td>D7910</td>
<td>Suture of recent small wounds up to 5 cm.</td>
</tr>
<tr>
<td>D7911</td>
<td>Complicated suture - up to 5 cm.</td>
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<tr>
<td>D7912</td>
<td>Complicated suture - greater than 5 cm.</td>
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<tr>
<td>D7960</td>
<td>Frenulectomy (frenectomy or frenotomy) - separate procedure.</td>
</tr>
<tr>
<td>D7963</td>
<td>Frenuloplasty.</td>
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<tr>
<td>D7970</td>
<td>Excision of hyperplastic tissue - per arch.</td>
</tr>
<tr>
<td>D7972</td>
<td>Surgical reduction of fibrous tuberosity.</td>
</tr>
<tr>
<td>D7980</td>
<td>Sialolithotomy.</td>
</tr>
<tr>
<td>D7983</td>
<td>Closure of salivary fistula.</td>
</tr>
</tbody>
</table>

**REMOVAL OF BONE TISSUE:** D7471, D7472, D7473  
- Coverage is limited to 5 of any of these procedures per lifetime.

### BIOPSY OF ORAL TISSUE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D7285</td>
<td>Biopsy of oral tissue - hard (bone, tooth).</td>
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<tr>
<td>D7286</td>
<td>Biopsy of oral tissue - soft.</td>
</tr>
<tr>
<td>D7287</td>
<td>Exfoliative cytological sample collection.</td>
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<tr>
<td>D7288</td>
<td>Brush biopsy - transepithelial sample collection.</td>
</tr>
</tbody>
</table>

### PALLIATIVE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>D9110</td>
<td>Palliative (emergency) treatment of dental pain - minor procedure.</td>
</tr>
</tbody>
</table>

**PALLIATIVE TREATMENT:** D9110
TYPE 2 PROCEDURES

- Not covered in conjunction with other procedures, except diagnostic x-ray films.

ANESTHESIA-GENERAL/IV

D9220 Deep sedation/general anesthesia - first 30 minutes.
D9221 Deep sedation/general anesthesia - each additional 15 minutes.
D9241 Intravenous conscious sedation/analgesia - first 30 minutes.
D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes.

GENERAL ANESTHESIA: D9220, D9221, D9241, D9242
- Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of two additional units (D9221 or D9242) will be considered.

PROFESSIONAL CONSULT/VISIT/SERVICES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.
D9440 Office visit - after regularly scheduled hours.
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.

CONSULTATION: D9310
- Coverage is limited to 1 of any of these procedures per 1 provider.

OFFICE VISIT: D9430, D9440
- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

OCCLUSAL ADJUSTMENT

D9951 Occlusal adjustment - limited.
D9952 Occlusal adjustment - complete.

OCCLUSAL ADJUSTMENT: D9951, D9952
- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

MISCELLANEOUS

D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.
D2951 Pin retention - per tooth, in addition to restoration.
D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

DESENSITIZATION: D9911
- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.
INLAY RESTORATIONS
D2510 Inlay - metallic - one surface.
D2520 Inlay - metallic - two surfaces.
D2530 Inlay - metallic - three or more surfaces.
D2610 Inlay - porcelain/ceramic - one surface.
D2620 Inlay - porcelain/ceramic - two surfaces.
D2630 Inlay - porcelain/ceramic - three or more surfaces.
D2650 Inlay - resin-based composite - one surface.
D2651 Inlay - resin-based composite - two surfaces.
D2652 Inlay - resin-based composite - three or more surfaces.

ONLAY RESTORATIONS
D2542 Onlay - metallic - two surfaces.
D2543 Onlay - metallic - three surfaces.
D2544 Onlay - metallic - four or more surfaces.
D2642 Onlay - porcelain/ceramic - two surfaces.
D2643 Onlay - porcelain/ceramic - three surfaces.
D2644 Onlay - porcelain/ceramic - four or more surfaces.
D2662 Onlay - resin-based composite - two surfaces.
D2663 Onlay - resin-based composite - three surfaces.
D2664 Onlay - resin-based composite - four or more surfaces.

CROWNS SINGLE RESTORATIONS
D2710 Crown - resin-based composite (indirect).
D2720 Crown - resin with high noble metal.
D2721 Crown - resin with predominantly base metal.
D2722 Crown - resin with noble metal.
D2740 Crown - porcelain/ceramic substrate.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2780 Crown - 3/4 cast high noble metal.
D2782 Crown - 3/4 cast noble metal.
D2790 Crown - full cast high noble metal.
TYPE 3 PROCEDURES

D2791 Crown - full cast predominantly base metal.
D2792 Crown - full cast noble metal.
D2794 Crown - titanium.

CROWN:  D2710, D2712, D2720, D2740, D2750, D2751, D2752, D2770, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6616, D6617, D6618, D6619, D6620, D6621, D6622, D6623, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6756, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.

- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

CORE BUILD-UP
D2950 Core buildup, including any pins.
D6973 Core build up for retainer, including any pins.

POST AND CORE
D2952 Post and core in addition to crown, indirectly fabricated.
D2954 Prefabricated post and core in addition to crown.

FIXED CROWN AND PARTIAL DENTURE REPAIR
D2980 Crown repair, by report.
D6980 Fixed partial denture repair, by report.
D9120 Fixed partial denture sectioning.

ENDODONTICS MISCELLANEOUS
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoenamel junction and application of medicament.
D3221 Pulpal debridement, primary and permanent teeth.
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).
D3333 Internal root repair of perforation defects.
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).
D3430 Retrograde filling - per root.
D3450 Root amputation - per root.
D3920 Hemisection (including any root removal), not including root canal therapy.

ENDODONTIC THERAPY (ROOT CANALS)
D3310 Anterior (excluding final restoration).
D3320 Bicuspid (excluding final restoration).
D3330 Molar (excluding final restoration).
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
D3346 Retreatment of previous root canal therapy - anterior.
TYPE 3 PROCEDURES

D3347  Retreatment of previous root canal therapy - bicuspid.
D3348  Retreatment of previous root canal therapy - molar.

ROOT CANALS:  D3310, D3320, D3330, D3332
  •  Benefits are considered on permanent teeth only.
  •  Allowances include intraoperative films and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL:  D3346, D3347, D3348
  •  Coverage is limited to 1 of any of these procedures per 12 month(s).
  •  D3310, D3320, D3330, also contribute(s) to this limitation.
  •  Benefits are considered on permanent teeth only.
  •  Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative
    films and cultures but exclude final restoration.

SURGICAL ENDODONTICS
D3410  Apicoectomy/periradicular surgery - anterior.
D3421  Apicoectomy/periradicular surgery - bicuspid (first root).
D3425  Apicoectomy/periradicular surgery - molar (first root).
D3426  Apicoectomy/periradicular surgery (each additional root).

SURGICAL PERIODONTICS
D4210  Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.
D4211  Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.
D4240  Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.
D4241  Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant.
D4260  Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.
D4261  Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.
D4263  Bone replacement graft - first site in quadrant.
D4264  Bone replacement graft - each additional site in quadrant.
D4265  Biologic materials to aid in soft and osseous tissue regeneration.
D4270  Pedicle soft tissue graft procedure.
D4271  Free soft tissue graft procedure (including donor site surgery).
D4273  Subepithelial connective tissue graft procedures, per tooth.
D4274  Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).
D4275  Soft tissue allograft.
D4276  Combined connective tissue and double pedicle graft, per tooth.

BONE GRAFTS:  D4263, D4264, D4265
  •  Each quadrant is limited to 1 of each of these procedures per 3 year(s).
  •  Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY:  D4210, D4211
  •  Each quadrant is limited to 1 of each of these procedures per 3 year(s).
  •  Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY:  D4240, D4241, D4260, D4261
  •  Each quadrant is limited to 1 of each of these procedures per 3 year(s).
  •  Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS:  D4270, D4271, D4273, D4275, D4276
  •  Each quadrant is limited to 2 of any of these procedures per 3 year(s).
  •  Coverage is limited to treatment of periodontal disease.

CROWN LENGTHENING
D4249  Clinical crown lengthening - hard tissue.

NON-SURGICAL PERIODONTICS
D4341  Periodontal scaling and root planing - four or more teeth per quadrant.
TYPE 3 PROCEDURES

D4342  Periodontal scaling and root planing - one to three teeth, per quadrant.
D4381  Localized delivery of antimicrobial agents via a controlled release vehicle into
diseased crevicular tissue, per tooth, by report.
CHEMOTHERAPEUTIC AGENTS:  D4381
  •  Each quadrant is limited to 2 of any of these procedures per 2 year(s).
  •  A scaling and root planing or periodontal maintenance procedure must be performed in this quadrant within 2 years
    prior to the date of service for this procedure.
PERIODONTAL SCALING & ROOT PLANING:  D4341, D4342
  •  Each quadrant is limited to 1 of each of these procedures per 2 year(s).

PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)
D5110  Complete denture - maxillary.
D5120  Complete denture - mandibular.
D5130  Immediate denture - maxillary.
D5140  Immediate denture - mandibular.
D5211  Maxillary partial denture - resin base (including any conventional clasps, rests and
teeth).
D5212  Mandibular partial denture - resin base (including any conventional clasps, rests and
teeth).
D5213  Maxillary partial denture - cast metal framework with resin denture bases (including
any conventional clasps, rests and teeth).
D5214  Mandibular partial denture - cast metal framework with resin denture bases (including
any conventional clasps, rests and teeth).
D5225  Maxillary partial denture - flexible base (including any clasps, rests and teeth).
D5226  Mandibular partial denture - flexible base (including any clasps, rests and teeth).
D5281  Removable unilateral partial denture - one piece cast metal (including clasps and
teeth).
D5670  Replace all teeth and acrylic on cast metal framework (maxillary).
D5671  Replace all teeth and acrylic on cast metal framework (mandibular).
D5810  Interim complete denture (maxillary).
D5811  Interim complete denture (mandibular).
D5820  Interim partial denture (maxillary).
D5821  Interim partial denture (mandibular).
D5860  Overdenture - complete, by report.
D5861  Overdenture - partial, by report.
D6053  Implant/abutment supported removable denture for completely edentulous arch.
D6054  Implant/abutment supported removable denture for partially edentulous arch.
D6078  Implant/abutment supported fixed denture for completely edentulous arch.
D6079  Implant/abutment supported fixed denture for partially edentulous arch.
COMPLETE DENTURE:  D5110, D5120, D5130, D5140, D5860, D6053, D6078
  •  Replacement is limited to 1 of any of these procedures per 5 year(s).
  •  Frequency is waived for accidental injury.
  •  Allowances include adjustments within 6 months after placement date.  Procedures D5860, D6053, and D6078 are
    considered at an alternate benefit of a D5110/D5120.
PARTIAL DENTURE:  D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5670, D5671, D5681, D6054, D6079
  •  Replacement is limited to 1 of any of these procedures per 5 year(s).
  •  Frequency is waived for accidental injury.
  •  Allowances include adjustments within 6 months of placement date.  Procedures D5861, D6054, and D6079 are
    considered at an alternate benefit of a D5213/D5214.

DENTURE ADJUSTMENTS
D5410  Adjust complete denture - maxillary.
D5411  Adjust complete denture - mandibular.
D5421  Adjust partial denture - maxillary.
D5422  Adjust partial denture - mandibular.
DENTURE ADJUSTMENT:  D5410, D5411, D5421, D5422
  •  Coverage is limited to dates of service more than 6 months after placement date.
TYPE 3 PROCEDURES

ADD TOOTH/CLASP TO EXISTING PARTIAL
- D5650 Add tooth to existing partial denture.
- D5660 Add clasp to existing partial denture.

DENTURE REBASES
- D5710 Rebase complete maxillary denture.
- D5711 Rebase complete mandibular denture.
- D5720 Rebase maxillary partial denture.
- D5721 Rebase mandibular partial denture.

TISSUE CONDITIONING
- D5850 Tissue conditioning, maxillary.
- D5851 Tissue conditioning, mandibular.

PROSTHODONTICS - FIXED
- D6058 Abutment supported porcelain/ceramic crown.
- D6059 Abutment supported porcelain fused to metal crown (high noble metal).
- D6060 Abutment supported porcelain fused to metal crown (predominantly base metal).
- D6061 Abutment supported porcelain fused to metal crown (noble metal).
- D6062 Abutment supported cast metal crown (high noble metal).
- D6063 Abutment supported cast metal crown (predominantly base metal).
- D6064 Abutment supported cast metal crown (noble metal).
- D6065 Implant supported porcelain/ceramic crown.
- D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).
- D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal).
- D6068 Abutment supported retainer for porcelain/ceramic FPD.
- D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).
- D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).
- D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).
- D6072 Abutment supported retainer for cast metal FPD (high noble metal).
- D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).
- D6074 Abutment supported retainer for cast metal FPD (noble metal).
- D6075 Implant supported retainer for ceramic FPD.
- D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).
- D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).
- D6094 Abutment supported crown - (titanium).
- D6194 Abutment supported retainer crown for FPD - (titanium).
- D6205 Pontic - indirect resin based composite.
- D6210 Pontic - cast high noble metal.
- D6211 Pontic - cast predominantly base metal.
- D6212 Pontic - cast noble metal.
- D6214 Pontic - titanium.
- D6240 Pontic - porcelain fused to high noble metal.
- D6241 Pontic - porcelain fused to predominantly base metal.
- D6242 Pontic - porcelain fused to noble metal.
- D6245 Pontic - porcelain/ceramic.
- D6250 Pontic - resin with high noble metal.
- D6251 Pontic - resin with predominantly base metal.
- D6252 Pontic - resin with noble metal.
TYPE 3 PROCEDURES

D6545 Retainer - cast metal for resin bonded fixed prosthesis.
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
D6600 Inlay - porcelain/ceramic, two surfaces.
D6601 Inlay - porcelain/ceramic, three or more surfaces.
D6602 Inlay - cast high noble metal, two surfaces.
D6603 Inlay - cast high noble metal, three or more surfaces.
D6604 Inlay - cast predominantly base metal, two surfaces.
D6605 Inlay - cast predominantly base metal, three or more surfaces.
D6606 Inlay - cast noble metal, two surfaces.
D6607 Inlay - cast noble metal, three or more surfaces.
D6608 Onlay - porcelain/ceramic, two surfaces.
D6609 Onlay - porcelain/ceramic, three or more surfaces.
D6610 Onlay - cast high noble metal, two surfaces.
D6611 Onlay - cast high noble metal, three or more surfaces.
D6612 Onlay - cast predominantly base metal, two surfaces.
D6613 Onlay - cast predominantly base metal, three or more surfaces.
D6614 Onlay - cast noble metal, two surfaces.
D6615 Onlay - cast noble metal, three or more surfaces.
D6624 Inlay - titanium.
D6634 Onlay - titanium.
D6710 Crown - indirect resin based composite.
D6720 Crown - resin with high noble metal.
D6721 Crown - resin with predominantly base metal.
D6722 Crown - resin with noble metal.
D6740 Crown - porcelain/ceramic.
D6750 Crown - porcelain fused to high noble metal.
D6751 Crown - porcelain fused to predominantly base metal.
D6752 Crown - porcelain fused to noble metal.
D6780 Crown - 3/4 cast high noble metal.
D6790 Crown - full cast high noble metal.
D6791 Crown - full cast predominantly base metal.
D6792 Crown - full cast noble metal.
D6794 Crown - titanium.
D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 5 years.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, also contribute(s) to this limitation.

- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspids teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932 or D2934 has been performed within 12 months.
TYPE 3 PROCEDURES

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634
- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2560, D2580, D2611, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252
- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6094
- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194
- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

CAST POST AND CORE FOR PARTIALS
- D6970 Post and core in addition to fixed partial denture retainer, indirectly fabricated.
- D6972 Prefabricated post and core in addition to fixed partial denture retainer.