

Group Benefits Proposal

- Dental

Prepared for
**Seminole County Board
of County Commissioners**

April 14, 2025

“A++” rated, providing flexible, affordable
benefits solutions for over a century.

www.reliancematrix.com



Contents

Executive Summary	3
Dental Plan Design Summary	4
Covered Procedure Summary	6
Dental Features/Benefits	8
Assumptions/Requirements	11
Limitations/Exclusions	13
About Reliance Standard	14
Procedure Pages	15

Proposal Date: April 14, 2025
Proposal Effective Date: January 1, 2026
Proposal Expiration Date: January 1, 2026

Sales Representative

Mo Elinsky

866-915-3288



LIFE INSURANCE COMPANY

Executive Summary

On behalf of Reliance Standard Life Insurance Company, I would like to thank Seminole County Board of County Commissioners for the opportunity to present this proposal for group insurance benefits.

Our goal is to provide you with a benefits plan that will enhance your ability to attract the employees you want, to keep them and to provide for their security in times of need. Our commitment to you is:

- A customized insurance plan that meets your goals and objectives,
- Quick, effective handling of all administrative, claims and underwriting matters,
- Cooperative and efficient service for you and your employees

Thank you again for the opportunity to insure the employees of Seminole County Board of County Commissioners. Please feel free to contact me directly with any questions you may have.

About This Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will control. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

- The terms of the proposal change;
- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of this proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.



LIFE INSURANCE COMPANY

Seminole County Board of County Commissioners

Plan Design Summary

Dental Summary

Proposed Effective Date: 1/1/2026

		Plan 1 (Low Plan)		Plan 2 (Middle Plan)	
Plan Benefit	Type 1	In Network	Out of Network	In Network	Out of Network
	Type 2	100%	80%	100%	80%
	Type 3	70%	50%	80%	80%
		40%	25%	50%	40%
Deductible		\$75/Calendar Year	\$100/Calendar Year	\$50/Calendar Year	\$100/Calendar Year
		Waived Type 1	Waived Type 1	Waived Type 1	Waived Type 1
		\$225/family	\$300/family	\$150/family	\$300/family
Maximum (per person)		\$750/Calendar Year	\$500/Calendar Year	\$1,000/Calendar Year	\$500/Calendar Year
PPO		PPO Two Tier®		PPO Two Tier®	
Allowance	Type 1	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee
	Type 2	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee
	Type 3	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee
Waiting Period		None	None	None	None
Annual Open Enrollment		Included	Included	Included	Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.					
Plan Benefit	No Ortho			50%	
Coverage for Adults				No	
Lifetime Maximum (per person)				\$1,000	
Waiting Period				None	
Takeover Benefit				Initial Insureds Only	

Monthly Rates

Employee (EE)	\$15.88	\$21.42
EE + 1 Dependent	\$27.79	\$38.05
EE + 2 or More Dependents	\$41.03	\$60.34

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please contact your local insurance representative for additional information regarding this proposal.

Employee Participation Requirements

Eligible Employees: 1,680

Minimum 60% between the three plans	Minimum 60% between the three plans
Voluntary	Voluntary



LIFE INSURANCE COMPANY

Confidential proposal for Group Dental
Prepared for Seminole County Board of County Commissioners

April 14, 2025

Page 4

Seminole County Board of County Commissioners

Plan Design Summary

Dental Summary

Proposed Effective Date: 1/1/2026

		Plan 3	
Plan Benefit		In Network	Out of Network
	Type 1	100%	100%
	Type 2	90%	80%
	Type 3	60%	50%
Deductible		\$50/Calendar Year	\$50/Calendar Year
		Waived Type 1	Waived Type 1
		\$150/family	\$150/family
Maximum (per person)		\$1,500/Calendar Year	\$1,500/Calendar Year
PPO		PPO Two Tier®	
Allowance	Type 1	Discounted Fee	90th U&C
	Type 2	Discounted Fee	90th U&C
	Type 3	Discounted Fee	90th U&C
Maximum Rewards		Included	Included
Waiting Period		None	None
Annual Open Enrollment		Included	Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.

Plan Benefit	50%
Coverage for Adults	No
Lifetime Maximum (per person)	\$1,000
Waiting Period	None
Takeover Benefit	Initial Insureds Only

Monthly Rates

Employee (EE)	\$49.01
EE + 1 Dependent	\$86.23
EE + 2 or More Dependents	\$126.48

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please contact your local insurance representative for additional information regarding this proposal.

Employee Participation Requirements

Eligible Employees: 1,680

	Minimum 60% between the three plans Voluntary
--	--



LIFE INSURANCE COMPANY

Confidential proposal for Group Dental
Prepared for Seminole County Board of County Commissioners

April 14, 2025

Page 5

Seminole County Board of County Commissioners

Covered Procedure Summary

Plan Design Summary	Plan 1		Plan 2	
	In Network 100/70/40 \$75/Calendar Year Waived Type 1 \$225/family \$750	Out of Network 80/50/25 \$100/Calendar Year Waived Type 1 \$300/family \$500	In Network 100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000	Out of Network 80/80/40 \$100/Calendar Year Waived Type 1 \$300/family \$500
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (2 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (2 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (2 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (2 per benefit period) Fluoride for Children 15 and under (2 per benefit period) Sealants (age 15 and under) Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Fillings for Cavities Restorative Composites (anterior and posterior teeth) Denture Repair Simple Extractions Anesthesia Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Fillings for Cavities Restorative Composites (anterior and posterior teeth) Denture Repair Simple Extractions Anesthesia Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Fillings for Cavities Restorative Composites (anterior and posterior teeth) Denture Repair Simple Extractions Anesthesia Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Fillings for Cavities Restorative Composites (anterior and posterior teeth) Denture Repair Simple Extractions Anesthesia Pre-Diagnostic Test (age 35 and over) (1 in 2 years)
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions

Current Dental Terminology © American Dental Association.

Seminole County Board of County Commissioners

Covered Procedure Summary

Plan Design Summary	Plan 3	
	In Network 100/90/60 \$50/Calendar Year Waived Type 1 \$150/family \$1,500	Out of Network 100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,500
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 15 and under (2 per benefit period) • Sealants (age 15 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 15 and under (2 per benefit period) • Sealants (age 15 and under) • Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia • Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia • Pre-Diagnostic Test (age 35 and over) (1 in 2 years)
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Current Dental Terminology © American Dental Association.



LIFE INSURANCE COMPANY

Seminole County Board of County Commissioners

Features/Benefits

Maximum Rewards

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Maximum Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Maximum Rewards and PPO Bonus combined

Groups with a program similar to Maximum Rewards on their previous plan are eligible for Maximum Rewards Credits. To qualify for Maximum Rewards Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to Reliance Standard. (Plan(s): 3)

Reliance Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected. (Plan(s): 3)

Enrollment data must include information for all dependents enrolling in the plan. (Plan(s): 3)

Dental Network Products

We have contracted with Ameritas to provide plan members access to a nationwide dental network as part of this dental plan. Networks are one way to help curb rising benefit costs while reducing out-of-pocket dollars.

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members have the freedom to select any dentist.
- With a network provider, out-of-pocket expenses are generally lower, because network providers agree to charge no more than the discounted fees established for covered procedures.
- Out-of-network dentist charges are usually higher than our discounted fees, so out-of-pocket expenses are likely higher with non-network dentists.

PPO Two-Tier

- Two-tier PPO approach gives employees the freedom to select any dentist.
- However, when plan members seek treatment from a provider, they benefit from richer benefits and network discounted fees, which reduce their out-of-pocket expenses.



LIFE INSURANCE COMPANY

Seminole County Board of County Commissioners

Features/Benefits

Maximum Allowable Charge/Maximum Allowable Benefit

- Plan members who select a network provider benefit from discounted fees for care. These fees are referred to as the Maximum Allowable Charge (MAC). MAC fees are the maximum amount a network provider will charge for a covered procedure and are typically 27% below the average dentist charges, or 30 - 70% below the 90th percentile, in a community.
- Members who select an out-of-network dentist will pay the difference between that dentist's normal charge and the Maximum Allowable Benefit (MAB). MAC and MAB amounts generally are the same. The difference is the remainder the member must pay after MAC/MAB benefits are applied.

Orthodontia – Initial Insureds Only

Reliance Standard Life will provide coverage on current orthodontic treatment programs and pay up to Reliance Standard Life's orthodontic maximum minus any benefits the plan member has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

Rx Savings - Extra value for plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, members just need to visit us at www.reliancematrix.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, plan members can visit www.reliancematrix.com and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Eyewear Savings Card to assist members without Internet access.

Seminole County Board of County Commissioners

Features/Benefits

U&C

- Utilizes the 90th percentile of U&C (9 out of 10 dentists' charges will fall at or below the amount RSL allows for a particular procedure).
- We use an internal claims database as well as data from a nationally recognized independent data source to ensure our allowances meet the highest industry standards.
- U&C allowances are updated approximately every 12 months.
- This plan utilizes the ZIP code of the dental provider in determining allowances. This ensures that plan members who live in a lower-cost rural area but choose a dentist in a high-cost metropolitan area (or vice versa) will be reimbursed based on the appropriate charges for the dentist's ZIP code area.

Composites on Molars

This dental proposal includes a benefit for composite fillings on the molars located in the back of the mouth. This complements the composite filling benefit we already offer on bicuspid, which are the teeth next to the molars. Dental composites consist of a core plastic material, also known as resin, mixed with fillers to achieve various levels of strength, wear resistance and color. The result is a more natural-looking, tooth-color filling.

For more than a century, amalgams (silver-color fillings) have been the first choice for fillings in molars, because of their superior strength and cost effectiveness. Molars are key to comfortably and thoroughly chewing food, and if a person suffers from bruxism (tooth grinding) the molars are always getting a workout, so molar strength is an important consideration.

However, advances in composite dental fillings have made them strong enough for back teeth. So with this strength, along with their natural look, composites have become a popular alternative. Ultimately, the choice of dental filling material should be decided between the patient and his/her dental professional. By selecting this enhanced benefit, employers would be giving their employees the freedom to choose either amalgam or composite fillings with fewer financial concerns.

Deductibles

After the date that \$225 in accumulated deductibles with network providers, or \$300 in accumulated deductibles with a non-network provider, has been met within a family, the entire deductible or any remaining portion of the deductible amount for any other family members will be waived for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): 1)

After the date that \$150 in accumulated deductibles with network providers, or \$300 in accumulated deductibles with a non-network provider, has been met within a family, the entire deductible or any remaining portion of the deductible amount for any other family members will be waived for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): 2)

After the date that \$150 in accumulated deductibles with network providers, or \$150 in accumulated deductibles with a non-network provider, has been met within a family, the entire deductible or any remaining portion of the deductible amount for any other family members will be waived for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): 3)



LIFE INSURANCE COMPANY

Seminole County Board of County Commissioners

Assumptions/Requirements

- Some states require that producers be appointed with Reliance Standard Life before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- **If you have received additional proposals on Reliance Standard Life products, final rates can vary based on plan design, submitted case information and expenses. Please check with your local Reliance Standard Life representative.**
- This proposal assumes a Section 125 plan year of January 1, 2026 to January 1, 2027.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If **Seminole County Board of County Commissioners** wishes to apply for group insurance based upon this proposal, **Seminole County Board of County Commissioners** may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Reliance Standard Life does not issue coverage to individuals residing in Europe.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Florida.
- For residents of New Mexico, coverage will be administered in accordance with the minimum benefit standards required by New Mexico law. Please consult your sales representative with questions regarding these requirements.



LIFE INSURANCE COMPANY

Seminole County Board of County Commissioners

Assumptions/Requirements

- If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on June 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision. (Plan(s): 1)
- If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision. (Plan(s): 2, 3)
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Entrant and subject to the Late Entrant provision.
- This proposal assumes a Section 125 plan year of January 1, 2026 to January 1, 2027. (Plan(s): 1, 2, 3)
- Our proposal assumes that the Reliance Standard Life dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid. (Plan(s): 1, 2, 3)
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Reliance Standard Life reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change. (Plan(s): 1, 2, 3)



LIFE INSURANCE COMPANY

Seminole County Board of County Commissioners

Limitations/Exclusions

Covered Dental Expenses will not include and no benefits will be payable for expenses incurred:

All Plans

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

Limitations for Plan(s) 2, 3

- for a Program which was begun on or after the member's 19th birthday.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.



LIFE INSURANCE COMPANY

Reliance Standard

Reliance Standard Life Insurance Company was incorporated in 1907 as Central Life Insurance of Illinois. Reliance Standard is domiciled in Illinois, and maintains its administrative offices in Philadelphia. Reliance Standard is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

Our Commitment to Service Excellence

Employee benefits consist of three parts - the coverage itself, implementation and on-going customer service. Reliance Standard has invested heavily in people and systems to make it easy to do business with us. We reduce your administration downtime with an easy-to-use online billing and enrollment system, backed by a National Service Organization spanning our entire network of sales and service offices. Our service and sales professionals are committed to assisting you in every step; from designing an affordable, customized benefit plan to assure smooth and effortless implementation, to assisting employees with questions and service requirements.

A Strong, Diversified Company

As a premier insurance carrier, Reliance Standard consistently earns strong financial ratings:

A.M. Best: "A++" (Superior) since November 2020 (Rating affirmed November 2022)
Standard & Poor's: "A+" (Strong) since July 2013 (Rating affirmed September 2022)

Reliance Standard Life Insurance Company is a member of the Tokio Marine Group. The Tokio Marine Group operates in the property and casualty insurance, reinsurance and life insurance sectors globally. The Group's main operating subsidiary, Tokio Marine & Nichido Fire (TMNF), was founded in 1879 and is the oldest and largest property and casualty insurer in Japan.

Comprehensive Benefits and Services

In business for over 100 years, Reliance Standard Life Insurance Company (Reliance Standard) is a leading insurance carrier specializing in innovative and flexible employee benefits solutions including disability income and group term life insurance, dental insurance, critical illness and accident insurance. Reliance Standard offers a complete suite of voluntary (employee paid) coverage options and services, as well as fully integrated absence management services. Our products and services are marketed through independent brokers and agents to employers of all sizes.



TABLE OF DENTAL PROCEDURES

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.

The attached is a list of dental procedures for which benefits are payable under this section is based upon the *Current Dental Terminology* © American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement dental prosthesis or prosthetic crown will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service. (Plan(s): 1, 2, 3)
- X-ray images, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured. (Plan(s): 1, 2, 3)
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed. (Plan(s): 1, 2, 3)

TYPE 1 PROCEDURES
Plan 1, Out-of-Panel
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

- 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 provider.
- ROUTINE EVALUATION: D0120, D0145
- Coverage is limited to 2 of any of these procedures per benefit period.
 - D0150, D0180 also contribute(s) to this limitation.
- COMPREHENSIVE EVALUATION: D0150, D0180
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.
- ROUTINE EVALUATION: D0120, D0145
- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.
-
- D0270 Bitewing - single radiographic image.
D0272 Bitewings - two radiographic images.
D0273 Bitewings - three radiographic images.
D0274 Bitewings - four radiographic images.
D0277 Vertical bitewings - 7 to 8 radiographic images.
BITEWINGS: D0270, D0272, D0273, D0274
- Coverage is limited to 1 of any of these procedures per benefit period.
 - D0277 also contribute(s) to this limitation.
- VERTICAL BITEWINGS: D0277
- Coverage is limited to 1 of any of these procedures per 3 year(s).
- BITEWINGS: D0270, D0272, D0273, D0274
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
- VERTICAL BITEWINGS: D0277
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
-
- D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1206 Topical application of fluoride varnish.
D1208 Topical application of fluoride-excluding varnish.
D9932 Cleaning and inspection of removable complete denture, maxillary.
D9933 Cleaning and inspection of removable complete denture, mandibular.
D9934 Cleaning and inspection of removable partial denture, maxillary.
D9935 Cleaning and inspection of removable partial denture, mandibular.
FLUORIDE: D1206, D1208
- Coverage is limited to 2 of any of these procedures per benefit period.
- PROPHYLAXIS: D1110, D1120
- Coverage is limited to 2 of any of these procedures per benefit period.
 - D4346, D4910 also contribute(s) to this limitation.
- CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935
- Coverage is limited to 2 of any of these procedures per benefit period.
- FLUORIDE: D1206, D1208
- Benefits are considered for persons age 15 and under.

TYPE 1 PROCEDURES

PROPHYLAXIS: D1110, D1120

- 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.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D1351 Sealant - per tooth.

D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.

D1353 Sealant repair - per tooth.

D1354 Application of caries arresting medicament-per tooth.

D1355 Caries preventive medicament application - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 36 month(s).
- D1354, D1355 also contribute(s) to this limitation.
- Benefits are considered for persons age 15 and under.
- Benefits are considered on permanent molars only, excluding 3rd molars (wisdom teeth).
- Coverage is allowed on the occlusal surface only.

D1510 Space maintainer-fixed, unilateral-per quadrant.

D1516 Space maintainer - fixed - bilateral, maxillary.

D1517 Space maintainer - fixed - bilateral, mandibular.

D1520 Space maintainer-removable, unilateral-per quadrant.

D1526 Space maintainer - removable - bilateral, maxillary.

D1527 Space maintainer - removable - bilateral, mandibular.

D1551 Re-cement or re-bond bilateral space maintainer-maxillary.

D1552 Re-cement or re-bond bilateral space maintainer-mandibular.

D1553 Re-cement or re-bond unilateral space maintainer-per quadrant.

D1556 Removal of fixed unilateral space maintainer-per quadrant.

D1557 Removal of fixed bilateral space maintainer-maxillary.

D1558 Removal of fixed bilateral space maintainer-mandibular.

D1575 Distal shoe space maintainer - fixed, unilateral-per quadrant.

SPACE MAINTAINER: D1510, D1515, D1520, D1525

- Benefits are considered for persons age 15 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

TYPE 2 PROCEDURES
Plan 1, Out-of-Panel
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

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.

D0210 Intraoral - comprehensive series of radiographic images.

D0330 Panoramic radiographic image.

COMPLETE SERIES/PANORAMIC: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 36 month(s).

D0220 Intraoral - periapical first radiographic image.

D0230 Intraoral - periapical each additional radiographic image.

D0240 Intraoral - occlusal radiographic image.

D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.

D0251 Extra-oral posterior dental radiographic image.

PERIAPICAL: D0220, D0230

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

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.

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, D2990, D9911 also contribute(s) to this limitation.

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 (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.

TYPE 2 PROCEDURES

D2990 Resin infiltration of incipient smooth surface lesions.

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

- 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.
- 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.

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.

D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.

D2920 Re-cement or re-bond crown.

D2921 Reattachment of tooth fragment, incisal edge or cusp.

D6092 Re-cement or re-bond implant/abutment supported crown.

D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.

D6930 Re-cement or re-bond fixed partial denture.

D2940 Placement of interim direct restoration.

D2991 Application of hydroxyapatite regeneration medicament - per tooth.

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.

D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 2 of any of these procedures per benefit period.
- D1110, D1120 also contribute(s) to this limitation.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

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.

D5511 Repair broken complete denture base, mandibular.

D5512 Repair broken complete denture base, maxillary.

D5520 Replace missing or broken teeth - complete denture - per tooth.

D5611 Repair resin partial denture base, mandibular.

D5612 Repair resin partial denture base, maxillary.

D5621 Repair cast partial framework, mandibular.

D5622 Repair cast partial framework, maxillary.

D5630 Repair or replace broken retentive/clasping materials per tooth.

D5640 Replace missing or broken teeth - partial denture - per tooth.

D5710 Rebase complete maxillary denture.

D5711 Rebase complete mandibular denture.

D5720 Rebase maxillary partial denture.

D5721 Rebase mandibular partial denture.

D5725 Rebase hybrid prosthesis.

TYPE 2 PROCEDURES

D5730 Reline complete maxillary denture (direct).
D5731 Reline complete mandibular denture (direct).
D5740 Reline maxillary partial denture (direct).
D5741 Reline mandibular partial denture (direct).
D5750 Reline complete maxillary denture (indirect).
D5751 Reline complete mandibular denture (indirect).
D5760 Reline maxillary partial denture (indirect).
D5761 Reline mandibular partial denture (indirect).
D5765 Soft liner for complete or partial removable denture-indirect.
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765

- Coverage is limited to service dates more than 6 months after placement date.

D5850 Tissue conditioning, maxillary.
D5851 Tissue conditioning, mandibular.

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

D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
D7286 Incisional biopsy of oral tissue - soft.
D7287 Exfoliative cytological sample collection.
D7288 Brush biopsy - transepithelial sample collection.

D9110 Palliative treatment of dental pain - per visit.
PALLIATIVE TREATMENT: D9110

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

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.
D9222 Deep sedation/general anesthesia - first 15 minutes.
D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.
D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.
D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.
GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

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 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.

D9944 Occlusal guard - hard appliance, full arch.
D9945 Occlusal guard - soft appliance, full arch.
D9946 Occlusal guard - hard appliance, partial arch.
OCCLUSAL GUARD: D9944, D9945, D9946

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits will not be available if performed for athletic purposes.

TYPE 2 PROCEDURES

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.

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.

TESTS: D0431

- Coverage is limited to 1 of any of these procedures per 2 year(s).
- Benefits are considered for persons from age 35 and over.

D0486 Laboratory accession of transepithelial cytologic 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, D2990 also contribute(s) to this limitation.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES
Plan 1, Out-of-Panel
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D2390 Resin-based composite crown, anterior.
D2928 Prefabricated porcelain/ceramic crown - permanent tooth.
D2929 Prefabricated porcelain/ceramic crown - primary tooth.
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, D2928, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).

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.
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

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.
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2710 Crown - resin-based composite (indirect).
D2712 Crown - 3/4 resin-based composite (indirect).
D2720 Crown - resin with high noble metal.
D2721 Crown - resin with predominantly base metal.
D2722 Crown - resin with noble metal.

TYPE 3 PROCEDURES

D2740 Crown - porcelain/ceramic.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2753 Crown-porcelain fused to titanium and titanium alloys.
D2780 Crown - 3/4 cast high noble metal.
D2781 Crown - 3/4 cast predominantly base metal.
D2782 Crown - 3/4 cast noble metal.
D2783 Crown - 3/4 porcelain/ceramic.
D2790 Crown - full cast high noble metal.
D2791 Crown - full cast predominantly base metal.
D2792 Crown - full cast noble metal.
D2794 Crown - titanium and titanium alloys.
CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, 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, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- 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, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months. Coverage is limited to necessary placement resulting from decay or traumatic injury.

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

D2952 Post and core in addition to crown, indirectly fabricated.

D2954 Prefabricated post and core in addition to crown.

D2980 Crown repair necessitated by restorative material failure.

D2981 Inlay repair necessitated by restorative material failure.

D2982 Onlay repair necessitated by restorative material failure.

D2983 Veneer repair necessitated by restorative material failure.

D6980 Fixed partial denture repair necessitated by restorative material failure.

D9120 Fixed partial denture sectioning.

D3110 Pulp cap - direct (excluding final restoration).

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.

D3221 Pulpal debridement, primary and permanent teeth.

D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.

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.).

TYPE 3 PROCEDURES

- D3352 Apexification/recalcification - interim medication replacement (apical closure/calccific repair of perforations, root resorption, pulp space disinfection, etc.).
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calccific repair of perforations, root resorption, etc.).
- D3357 Pulpal regeneration - completion of treatment.
- D3430 Retrograde filling - per root.
- D3450 Root amputation - per root.
- D3920 Hemisection (including any root removal), not including root canal therapy.
- D3921 Decoronation or submergence of an erupted tooth.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921

- Procedure D3333 is limited to permanent teeth only.

- D3310 Endodontic therapy, anterior tooth.
- D3320 Endodontic therapy, premolar tooth (excluding final restorations).
- D3330 Endodontic therapy, molar tooth (excluding final restorations).
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
- D3346 Retreatment of previous root canal therapy - anterior.
- D3347 Retreatment of previous root canal therapy - premolar.
- D3348 Retreatment of previous root canal therapy - molar.

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.

ROOT CANALS: D3310, D3320, D3330, D3332

- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

- D3355 Pulpal regeneration - initial visit.
- D3356 Pulpal regeneration - interim medication replacement.
- D3410 Apicoectomy - anterior.
- D3421 Apicoectomy - premolar (first root).
- D3425 Apicoectomy - molar (first root).
- D3426 Apicoectomy (each additional root).
- D3471 Surgical repair of root resorption - anterior.
- D3472 Surgical repair of root resorption - premolar.
- D3473 Surgical repair of root resorption - molar.
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.

- D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4263 Bone replacement graft - retained natural tooth - first site in quadrant.
- D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.
- D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.
- D4270 Pedicle soft tissue graft procedure.

TYPE 3 PROCEDURES

- D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).
- D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.
- D4276 Combined connective tissue and pedicle graft, per tooth.
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- 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.
- 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.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

D4249 Clinical crown lengthening - hard tissue.

D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

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.

ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

D5110 Complete denture - maxillary.

D5120 Complete denture - mandibular.

D5130 Immediate denture - maxillary.

D5140 Immediate denture - mandibular.

D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

TYPE 3 PROCEDURES

- D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).
- D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).
- D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).
- D5228 Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth).
- D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.
- D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.
- D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.
- D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.
- 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 (including retentive/clasping materials, rests, and teeth), maxillary.
- D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.
- D5863 Overdenture - complete maxillary.
- D5864 Overdenture - partial maxillary.
- D5865 Overdenture - complete mandibular.
- D5866 Overdenture - partial mandibular.
- D5876 Add metal substructure to acrylic full denture (per arch).
- D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.
- D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.
- D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.
- D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.
- D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.
- D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.
- D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.
- D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.
- D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.
- D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Replacement is limited to 1 of any of these procedures per 60 month(s).
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Replacement is limited to 1 of any of these procedures per 60 month(s).
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Frequency is waived for accidental injury.
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Frequency is waived for accidental injury.
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a

TYPE 3 PROCEDURES

D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

D5650 Add tooth to existing partial denture - per tooth.

D5660 Add clasp to existing partial denture-per tooth.

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 crown - porcelain fused to high noble alloys.

D6067 Implant supported crown - high noble alloys.

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 FPD - porcelain fused to high noble alloys.

D6077 Implant supported retainer for metal FPD - high noble alloy.

D6082 Implant supported crown-porcelain fused to predominantly base alloys.

D6083 Implant supported crown-porcelain fused to noble alloys.

D6084 Implant supported crown-porcelain fused to titanium and titanium alloys.

D6086 Implant supported crown-predominantly base alloys.

D6087 Implant supported crown-noble alloys.

D6088 Implant supported crown-titanium and titanium alloys.

D6094 Abutment supported crown - titanium and titanium alloys.

D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys.

D6098 Implant supported retainer-porcelain fused to predominantly base alloys.

D6099 Implant supported retainer for FPD-porcelain fused to noble alloys.

D6120 Implant supported retainer-porcelain fused to titanium and titanium alloys.

D6121 Implant supported retainer for metal FPD-predominantly base alloys.

D6122 Implant supported retainer for metal FPD-noble alloys.

D6123 Implant supported retainer for metal FPD-titanium and titanium alloys.

D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys.

D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys.

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 and titanium alloys.

D6240 Pontic - porcelain fused to high noble metal.

D6241 Pontic - porcelain fused to predominantly base metal.

D6242 Pontic - porcelain fused to noble metal.

D6243 Pontic-porcelain fused to titanium and titanium alloys.

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.
- D6549 Resin retainer - for resin bonded fixed prosthesis.
- D6600 Retainer inlay - porcelain/ceramic, two surfaces.
- D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
- D6602 Retainer inlay - cast high noble metal, two surfaces.
- D6603 Retainer inlay - cast high noble metal, three or more surfaces.
- D6604 Retainer inlay - cast predominantly base metal, two surfaces.
- D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.
- D6606 Retainer inlay - cast noble metal, two surfaces.
- D6607 Retainer inlay - cast noble metal, three or more surfaces.
- D6608 Retainer onlay - porcelain/ceramic, two surfaces.
- D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
- D6610 Retainer onlay - cast high noble metal, two surfaces.
- D6611 Retainer onlay - cast high noble metal, three or more surfaces.
- D6612 Retainer onlay - cast predominantly base metal, two surfaces.
- D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
- D6614 Retainer onlay - cast noble metal, two surfaces.
- D6615 Retainer onlay - cast noble metal, three or more surfaces.
- D6624 Retainer inlay - titanium.
- D6634 Retainer onlay - titanium.
- D6710 Retainer crown - indirect resin based composite.
- D6720 Retainer crown - resin with high noble metal.
- D6721 Retainer crown - resin with predominantly base metal.
- D6722 Retainer crown - resin with noble metal.
- D6740 Retainer crown - porcelain/ceramic.
- D6750 Retainer crown - porcelain fused to high noble metal.
- D6751 Retainer crown - porcelain fused to predominantly base metal.
- D6752 Retainer crown - porcelain fused to noble metal.
- D6753 Retainer crown-porcelain fused to titanium and titanium alloys.
- D6780 Retainer crown - 3/4 cast high noble metal.
- D6781 Retainer crown - 3/4 cast predominantly base metal.
- D6782 Retainer crown - 3/4 cast noble metal.
- D6783 Retainer crown - 3/4 porcelain/ceramic.
- D6784 Retainer crown 3/4-titanium and titanium alloys.
- D6790 Retainer crown - full cast high noble metal.
- D6791 Retainer crown - full cast predominantly base metal.
- D6792 Retainer crown - full cast noble metal.
- D6794 Retainer crown - titanium and titanium alloys.
- D6940 Stress breaker.
- FIXED PARTIAL CROWN:** D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794
- Replacement is limited to 1 of any of these procedures per 60 month(s).
 - D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.
- FIXED PARTIAL INLAY:** D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624
- Replacement is limited to 1 of any of these procedures per 60 month(s).
 - D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- FIXED PARTIAL ONLAY:** D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634
- Replacement is limited to 1 of any of these procedures per 60 month(s).
 - D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794,

TYPE 3 PROCEDURES

D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- 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, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

TYPE 3 PROCEDURES

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.

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 Removal of residual tooth roots (cutting procedure).

D7251 Coronectomy - intentional partial tooth removal, impacted teeth only.

D7252 Partial extraction for immediate implant placement.

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 Exposure 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.

D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.

D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.

D7340 Vestibuloplasty - ridge extension (secondary epithelialization).

D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).

D7410 Excision of benign lesion up to 1.25 cm.

D7411 Excision of benign lesion greater than 1.25 cm.

D7412 Excision of benign lesion, complicated.

D7413 Excision of malignant lesion up to 1.25 cm.

D7414 Excision of malignant lesion greater than 1.25 cm.

D7415 Excision of malignant lesion, complicated.

D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.

D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.

D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.

D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.

D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.

D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.

D7465 Destruction of lesion(s) by physical or chemical method, by report.

D7471 Removal of lateral exostosis (maxilla or mandible).

D7472 Removal of torus palatinus.

D7473 Removal of torus mandibularis.

TYPE 3 PROCEDURES

- D7485 Reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7509 Marsupialization of odontogenic cyst.
- D7510 Incision and drainage of abscess - intraoral soft tissue.
- D7520 Incision and drainage of abscess - extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture - up to 5 cm.
- D7912 Complicated suture - greater than 5 cm.
- D7961 Buccal/labial frenectomy (frenulectomy).
- D7962 Lingual frenectomy (frenulectomy).
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue - per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7979 Non-surgical sialolithotomy.
- D7980 Surgical sialolithotomy.
- D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

TYPE 1 PROCEDURES
Plan 1, In-Panel
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

- 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 provider.
- ROUTINE EVALUATION: D0120, D0145
- Coverage is limited to 2 of any of these procedures per benefit period.
 - D0150, D0180 also contribute(s) to this limitation.
- COMPREHENSIVE EVALUATION: D0150, D0180
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.
- ROUTINE EVALUATION: D0120, D0145
- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.
-
- D0270 Bitewing - single radiographic image.
D0272 Bitewings - two radiographic images.
D0273 Bitewings - three radiographic images.
D0274 Bitewings - four radiographic images.
D0277 Vertical bitewings - 7 to 8 radiographic images.
BITEWINGS: D0270, D0272, D0273, D0274
- Coverage is limited to 1 of any of these procedures per benefit period.
 - D0277 also contribute(s) to this limitation.
- VERTICAL BITEWINGS: D0277
- Coverage is limited to 1 of any of these procedures per 3 year(s).
- BITEWINGS: D0270, D0272, D0273, D0274
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
- VERTICAL BITEWINGS: D0277
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
-
- D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1206 Topical application of fluoride varnish.
D1208 Topical application of fluoride-excluding varnish.
D9932 Cleaning and inspection of removable complete denture, maxillary.
D9933 Cleaning and inspection of removable complete denture, mandibular.
D9934 Cleaning and inspection of removable partial denture, maxillary.
D9935 Cleaning and inspection of removable partial denture, mandibular.
FLUORIDE: D1206, D1208
- Coverage is limited to 2 of any of these procedures per benefit period.
- PROPHYLAXIS: D1110, D1120
- Coverage is limited to 2 of any of these procedures per benefit period.
 - D4346, D4910 also contribute(s) to this limitation.
- CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935
- Coverage is limited to 2 of any of these procedures per benefit period.
- FLUORIDE: D1206, D1208
- Benefits are considered for persons age 15 and under.
- PROPHYLAXIS: D1110, D1120

TYPE 1 PROCEDURES

- 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.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D1351 Sealant - per tooth.

D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.

D1353 Sealant repair - per tooth.

D1354 Application of caries arresting medicament-per tooth.

D1355 Caries preventive medicament application - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 36 month(s).
- D1354, D1355 also contribute(s) to this limitation.
- Benefits are considered for persons age 15 and under.
- Benefits are considered on permanent molars only, excluding 3rd molars (wisdom teeth).
- Coverage is allowed on the occlusal surface only.

D1510 Space maintainer-fixed, unilateral-per quadrant.

D1516 Space maintainer - fixed - bilateral, maxillary.

D1517 Space maintainer - fixed - bilateral, mandibular.

D1520 Space maintainer-removable, unilateral-per quadrant.

D1526 Space maintainer - removable - bilateral, maxillary.

D1527 Space maintainer - removable - bilateral, mandibular.

D1551 Re-cement or re-bond bilateral space maintainer-maxillary.

D1552 Re-cement or re-bond bilateral space maintainer-mandibular.

D1553 Re-cement or re-bond unilateral space maintainer-per quadrant.

D1556 Removal of fixed unilateral space maintainer-per quadrant.

D1557 Removal of fixed bilateral space maintainer-maxillary.

D1558 Removal of fixed bilateral space maintainer-mandibular.

D1575 Distal shoe space maintainer - fixed, unilateral-per quadrant.

SPACE MAINTAINER: D1510, D1516, D1520, D1525

- Benefits are considered for persons age 15 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

TYPE 2 PROCEDURES
Plan 1, In-Panel
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

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.

D0210 Intraoral - comprehensive series of radiographic images.

D0330 Panoramic radiographic image.

COMPLETE SERIES/PANORAMIC: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 36 month(s).

D0220 Intraoral - periapical first radiographic image.

D0230 Intraoral - periapical each additional radiographic image.

D0240 Intraoral - occlusal radiographic image.

D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.

D0251 Extra-oral posterior dental radiographic image.

PERIAPICAL: D0220, D0230

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

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.

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, D2990, D9911 also contribute(s) to this limitation.

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 (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.

TYPE 2 PROCEDURES

D2990 Resin infiltration of incipient smooth surface lesions.

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

- 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.
- 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.

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.

D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.

D2920 Re-cement or re-bond crown.

D2921 Reattachment of tooth fragment, incisal edge or cusp.

D6092 Re-cement or re-bond implant/abutment supported crown.

D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.

D6930 Re-cement or re-bond fixed partial denture.

D2940 Placement of interim direct restoration.

D2991 Application of hydroxyapatite regeneration medicament - per tooth.

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.

D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 2 of any of these procedures per benefit period.
- D1110, D1120 also contribute(s) to this limitation.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

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.

D5511 Repair broken complete denture base, mandibular.

D5512 Repair broken complete denture base, maxillary.

D5520 Replace missing or broken teeth - complete denture - per tooth.

D5611 Repair resin partial denture base, mandibular.

D5612 Repair resin partial denture base, maxillary.

D5621 Repair cast partial framework, mandibular.

D5622 Repair cast partial framework, maxillary.

D5630 Repair or replace broken retentive/clasping materials per tooth.

D5640 Replace missing or broken teeth - partial denture - per tooth.

D5710 Rebase complete maxillary denture.

D5711 Rebase complete mandibular denture.

D5720 Rebase maxillary partial denture.

D5721 Rebase mandibular partial denture.

D5725 Rebase hybrid prosthesis.

TYPE 2 PROCEDURES

D5730 Reline complete maxillary denture (direct).
D5731 Reline complete mandibular denture (direct).
D5740 Reline maxillary partial denture (direct).
D5741 Reline mandibular partial denture (direct).
D5750 Reline complete maxillary denture (indirect).
D5751 Reline complete mandibular denture (indirect).
D5760 Reline maxillary partial denture (indirect).
D5761 Reline mandibular partial denture (indirect).
D5765 Soft liner for complete or partial removable denture-indirect.
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765

- Coverage is limited to service dates more than 6 months after placement date.

D5850 Tissue conditioning, maxillary.
D5851 Tissue conditioning, mandibular.

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

D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
D7286 Incisional biopsy of oral tissue - soft.
D7287 Exfoliative cytological sample collection.
D7288 Brush biopsy - transepithelial sample collection.

D9110 Palliative treatment of dental pain - per visit.
PALLIATIVE TREATMENT: D9110

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

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.
D9222 Deep sedation/general anesthesia - first 15 minutes.
D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.
D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.
D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.
GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

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 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.

D9944 Occlusal guard - hard appliance, full arch.
D9945 Occlusal guard - soft appliance, full arch.
D9946 Occlusal guard - hard appliance, partial arch.
OCCLUSAL GUARD: D9944, D9945, D9946

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits will not be available if performed for athletic purposes.

TYPE 2 PROCEDURES

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.

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.

TESTS: D0431

- Coverage is limited to 1 of any of these procedures per 2 year(s).
- Benefits are considered for persons from age 35 and over.

D0486 Laboratory accession of transepithelial cytologic 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, D2990 also contribute(s) to this limitation.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES

Plan 1, In-Panel

BENEFIT PERIOD - Calendar Year

For Additional Limitations - See Limitations

D2390 Resin-based composite crown, anterior.
D2928 Prefabricated porcelain/ceramic crown - permanent tooth.
D2929 Prefabricated porcelain/ceramic crown - primary tooth.
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, D2928, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).

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.
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

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.
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2710 Crown - resin-based composite (indirect).
D2712 Crown - 3/4 resin-based composite (indirect).
D2720 Crown - resin with high noble metal.
D2721 Crown - resin with predominantly base metal.
D2722 Crown - resin with noble metal.

TYPE 3 PROCEDURES

D2740 Crown - porcelain/ceramic.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2753 Crown-porcelain fused to titanium and titanium alloys.
D2780 Crown - 3/4 cast high noble metal.
D2781 Crown - 3/4 cast predominantly base metal.
D2782 Crown - 3/4 cast noble metal.
D2783 Crown - 3/4 porcelain/ceramic.
D2790 Crown - full cast high noble metal.
D2791 Crown - full cast predominantly base metal.
D2792 Crown - full cast noble metal.
D2794 Crown - titanium and titanium alloys.
CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, 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, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- 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, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months. Coverage is limited to necessary placement resulting from decay or traumatic injury.

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

D2952 Post and core in addition to crown, indirectly fabricated.

D2954 Prefabricated post and core in addition to crown.

D2960 Labial veneer (resin laminate) - direct.

D2961 Labial veneer (resin laminate) - indirect.

D2962 Labial veneer (porcelain laminate) - indirect.

LABIAL VENEERS: D2960, D2961, D2962

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.

D2980 Crown repair necessitated by restorative material failure.

D2981 Inlay repair necessitated by restorative material failure.

D2982 Onlay repair necessitated by restorative material failure.

D2983 Veneer repair necessitated by restorative material failure.

D6980 Fixed partial denture repair necessitated by restorative material failure.

D9120 Fixed partial denture sectioning.

D3110 Pulp cap - direct (excluding final restoration).

TYPE 3 PROCEDURES

- D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
- D3221 Pulpal debridement, primary and permanent teeth.
- D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.
- 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, pulp space disinfection, etc.).
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).
- D3357 Pulpal regeneration - completion of treatment.
- D3430 Retrograde filling - per root.
- D3450 Root amputation - per root.
- D3920 Hemisection (including any root removal), not including root canal therapy.
- D3921 Decoronation or submergence of an erupted tooth.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921

- Procedure D3333 is limited to permanent teeth only.

- D3310 Endodontic therapy, anterior tooth.
- D3320 Endodontic therapy, premolar tooth (excluding final restorations).
- D3330 Endodontic therapy, molar tooth (excluding final restorations).
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
- D3346 Retreatment of previous root canal therapy - anterior.
- D3347 Retreatment of previous root canal therapy - premolar.
- D3348 Retreatment of previous root canal therapy - molar.

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.

ROOT CANALS: D3310, D3320, D3330, D3332

- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

- D3355 Pulpal regeneration - initial visit.
- D3356 Pulpal regeneration - interim medication replacement.
- D3410 Apicoectomy - anterior.
- D3421 Apicoectomy - premolar (first root).
- D3425 Apicoectomy - molar (first root).
- D3426 Apicoectomy (each additional root).
- D3471 Surgical repair of root resorption - anterior.
- D3472 Surgical repair of root resorption - premolar.
- D3473 Surgical repair of root resorption - molar.
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.

- D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.

TYPE 3 PROCEDURES

- D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4263 Bone replacement graft - retained natural tooth - first site in quadrant.
- D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.
- D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.
- D4270 Pedicle soft tissue graft procedure.
- D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).
- D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.
- D4276 Combined connective tissue and pedicle graft, per tooth.
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- 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.
- 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.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

- D4249 Clinical crown lengthening - hard tissue.

- D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

- 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.

ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

TYPE 3 PROCEDURES

D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

D5110 Complete denture - maxillary.

D5120 Complete denture - mandibular.

D5130 Immediate denture - maxillary.

D5140 Immediate denture - mandibular.

D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).

D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).

D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).

D5228 Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth).

D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.

D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.

D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.

D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.

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 (including retentive/clasping materials, rests, and teeth), maxillary.

D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.

D5863 Overdenture - complete maxillary.

D5864 Overdenture - partial maxillary.

D5865 Overdenture - complete mandibular.

D5866 Overdenture - partial mandibular.

D5876 Add metal substructure to acrylic full denture (per arch).

D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.

D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.

D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.

D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.

D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.

D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.

D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.

D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.

D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.

D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

TYPE 3 PROCEDURES

- Replacement is limited to 1 of any of these procedures per 60 month(s).

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Replacement is limited to 1 of any of these procedures per 60 month(s).

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Frequency is waived for accidental injury.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Frequency is waived for accidental injury.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

D5650 Add tooth to existing partial denture - per tooth.

D5660 Add clasp to existing partial denture-per tooth.

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 crown - porcelain fused to high noble alloys.

D6067 Implant supported crown - high noble alloys.

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 FPD - porcelain fused to high noble alloys.

D6077 Implant supported retainer for metal FPD - high noble alloy.

D6082 Implant supported crown-porcelain fused to predominantly base alloys.

D6083 Implant supported crown-porcelain fused to noble alloys.

D6084 Implant supported crown-porcelain fused to titanium and titanium alloys.

D6086 Implant supported crown-predominantly base alloys.

D6087 Implant supported crown-noble alloys.

D6088 Implant supported crown-titanium and titanium alloys.

D6094 Abutment supported crown - titanium and titanium alloys.

D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys.

D6098 Implant supported retainer-porcelain fused to predominantly base alloys.

D6099 Implant supported retainer for FPD-porcelain fused to noble alloys.

D6120 Implant supported retainer-porcelain fused to titanium and titanium alloys.

D6121 Implant supported retainer for metal FPD-predominantly base alloys.

D6122 Implant supported retainer for metal FPD-noble alloys.

D6123 Implant supported retainer for metal FPD-titanium and titanium alloys.

D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys.

D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys.

TYPE 3 PROCEDURES

- 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 and titanium alloys.
 - D6240 Pontic - porcelain fused to high noble metal.
 - D6241 Pontic - porcelain fused to predominantly base metal.
 - D6242 Pontic - porcelain fused to noble metal.
 - D6243 Pontic-porcelain fused to titanium and titanium alloys.
 - D6245 Pontic - porcelain/ceramic.
 - D6250 Pontic - resin with high noble metal.
 - D6251 Pontic - resin with predominantly base metal.
 - D6252 Pontic - resin with noble metal.
 - D6545 Retainer - cast metal for resin bonded fixed prosthesis.
 - D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
 - D6549 Resin retainer - for resin bonded fixed prosthesis.
 - D6600 Retainer inlay - porcelain/ceramic, two surfaces.
 - D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
 - D6602 Retainer inlay - cast high noble metal, two surfaces.
 - D6603 Retainer inlay - cast high noble metal, three or more surfaces.
 - D6604 Retainer inlay - cast predominantly base metal, two surfaces.
 - D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.
 - D6606 Retainer inlay - cast noble metal, two surfaces.
 - D6607 Retainer inlay - cast noble metal, three or more surfaces.
 - D6608 Retainer onlay - porcelain/ceramic, two surfaces.
 - D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
 - D6610 Retainer onlay - cast high noble metal, two surfaces.
 - D6611 Retainer onlay - cast high noble metal, three or more surfaces.
 - D6612 Retainer onlay - cast predominantly base metal, two surfaces.
 - D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
 - D6614 Retainer onlay - cast noble metal, two surfaces.
 - D6615 Retainer onlay - cast noble metal, three or more surfaces.
 - D6624 Retainer inlay - titanium.
 - D6634 Retainer onlay - titanium.
 - D6710 Retainer crown - indirect resin based composite.
 - D6720 Retainer crown - resin with high noble metal.
 - D6721 Retainer crown - resin with predominantly base metal.
 - D6722 Retainer crown - resin with noble metal.
 - D6740 Retainer crown - porcelain/ceramic.
 - D6750 Retainer crown - porcelain fused to high noble metal.
 - D6751 Retainer crown - porcelain fused to predominantly base metal.
 - D6752 Retainer crown - porcelain fused to noble metal.
 - D6753 Retainer crown-porcelain fused to titanium and titanium alloys.
 - D6780 Retainer crown - 3/4 cast high noble metal.
 - D6781 Retainer crown - 3/4 cast predominantly base metal.
 - D6782 Retainer crown - 3/4 cast noble metal.
 - D6783 Retainer crown - 3/4 porcelain/ceramic.
 - D6784 Retainer crown 3/4-titanium and titanium alloys.
 - D6790 Retainer crown - full cast high noble metal.
 - D6791 Retainer crown - full cast predominantly base metal.
 - D6792 Retainer crown - full cast noble metal.
 - D6794 Retainer crown - titanium and titanium alloys.
 - D6940 Stress breaker.
- FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794
- Replacement is limited to 1 of any of these procedures per 60 month(s).
 - D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.

TYPE 3 PROCEDURES

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, 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, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

TYPE 3 PROCEDURES

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- 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, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- 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, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.

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 Removal of residual tooth roots (cutting procedure).

D7251 Coronectomy - intentional partial tooth removal, impacted teeth only.

D7252 Partial extraction for immediate implant placement.

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 Exposure 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 Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.

D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.

D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.

D7340 Vestibuloplasty - ridge extension (secondary epithelialization).

D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).

D7410 Excision of benign lesion up to 1.25 cm.

D7411 Excision of benign lesion greater than 1.25 cm.

TYPE 3 PROCEDURES

- D7412 Excision of benign lesion, complicated.
- D7413 Excision of malignant lesion up to 1.25 cm.
- D7414 Excision of malignant lesion greater than 1.25 cm.
- D7415 Excision of malignant lesion, complicated.
- D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.
- D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.
- D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7465 Destruction of lesion(s) by physical or chemical method, by report.
- D7471 Removal of lateral exostosis (maxilla or mandible).
- D7472 Removal of torus palatinus.
- D7473 Removal of torus mandibularis.
- D7485 Reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7509 Marsupialization of odontogenic cyst.
- D7510 Incision and drainage of abscess - intraoral soft tissue.
- D7520 Incision and drainage of abscess - extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture - up to 5 cm.
- D7912 Complicated suture - greater than 5 cm.
- D7961 Buccal/labial frenectomy (frenulectomy).
- D7962 Lingual frenectomy (frenulectomy).
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue - per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7979 Non-surgical sialolithotomy.
- D7980 Surgical sialolithotomy.
- D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

TYPE 1 PROCEDURES
Plan 2
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

- 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 provider.
- ROUTINE EVALUATION: D0120, D0145
- Coverage is limited to 2 of any of these procedures per benefit period.
 - D0150, D0180 also contribute(s) to this limitation.
- COMPREHENSIVE EVALUATION: D0150, D0180
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.
- ROUTINE EVALUATION: D0120, D0145
- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.
-
- D0270 Bitewing - single radiographic image.
D0272 Bitewings - two radiographic images.
D0273 Bitewings - three radiographic images.
D0274 Bitewings - four radiographic images.
D0277 Vertical bitewings - 7 to 8 radiographic images.
BITEWINGS: D0270, D0272, D0273, D0274
- Coverage is limited to 1 of any of these procedures per benefit period.
 - D0277 also contribute(s) to this limitation.
- VERTICAL BITEWINGS: D0277
- Coverage is limited to 1 of any of these procedures per 3 year(s).
- BITEWINGS: D0270, D0272, D0273, D0274
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
- VERTICAL BITEWINGS: D0277
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
-
- D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1206 Topical application of fluoride varnish.
D1208 Topical application of fluoride-excluding varnish.
D9932 Cleaning and inspection of removable complete denture, maxillary.
D9933 Cleaning and inspection of removable complete denture, mandibular.
D9934 Cleaning and inspection of removable partial denture, maxillary.
D9935 Cleaning and inspection of removable partial denture, mandibular.
FLUORIDE: D1206, D1208
- Coverage is limited to 2 of any of these procedures per benefit period.
- PROPHYLAXIS: D1110, D1120
- Coverage is limited to 2 of any of these procedures per benefit period.
 - D4346, D4910 also contribute(s) to this limitation.
- CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935
- Coverage is limited to 2 of any of these procedures per benefit period.
- FLUORIDE: D1206, D1208
- Benefits are considered for persons age 15 and under.
- PROPHYLAXIS: D1110, D1120

TYPE 1 PROCEDURES

- 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.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D1351 Sealant - per tooth.

D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.

D1353 Sealant repair - per tooth.

D1354 Application of caries arresting medicament-per tooth.

D1355 Caries preventive medicament application - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 36 month(s).
- D1354, D1355 also contribute(s) to this limitation.
- Benefits are considered for persons age 15 and under.
- Benefits are considered on permanent molars only, excluding 3rd molars (wisdom teeth).
- Coverage is allowed on the occlusal surface only.

D1510 Space maintainer-fixed, unilateral-per quadrant.

D1516 Space maintainer - fixed - bilateral, maxillary.

D1517 Space maintainer - fixed - bilateral, mandibular.

D1520 Space maintainer-removable, unilateral-per quadrant.

D1526 Space maintainer - removable - bilateral, maxillary.

D1527 Space maintainer - removable - bilateral, mandibular.

D1551 Re-cement or re-bond bilateral space maintainer-maxillary.

D1552 Re-cement or re-bond bilateral space maintainer-mandibular.

D1553 Re-cement or re-bond unilateral space maintainer-per quadrant.

D1556 Removal of fixed unilateral space maintainer-per quadrant.

D1557 Removal of fixed bilateral space maintainer-maxillary.

D1558 Removal of fixed bilateral space maintainer-mandibular.

D1575 Distal shoe space maintainer - fixed, unilateral-per quadrant.

SPACE MAINTAINER: D1510, D1515, D1520, D1525

- Benefits are considered for persons age 15 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

TYPE 2 PROCEDURES
Plan 2
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

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.

D0210 Intraoral - comprehensive series of radiographic images.

D0330 Panoramic radiographic image.

COMPLETE SERIES/PANORAMIC: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 36 month(s).

D0220 Intraoral - periapical first radiographic image.

D0230 Intraoral - periapical each additional radiographic image.

D0240 Intraoral - occlusal radiographic image.

D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.

D0251 Extra-oral posterior dental radiographic image.

PERIAPICAL: D0220, D0230

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

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.

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, D2990, D9911 also contribute(s) to this limitation.

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 (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.

TYPE 2 PROCEDURES

D2990 Resin infiltration of incipient smooth surface lesions.

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

- 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.
- 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.

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.

D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.

D2920 Re-cement or re-bond crown.

D2921 Reattachment of tooth fragment, incisal edge or cusp.

D6092 Re-cement or re-bond implant/abutment supported crown.

D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.

D6930 Re-cement or re-bond fixed partial denture.

D2940 Placement of interim direct restoration.

D2991 Application of hydroxyapatite regeneration medicament - per tooth.

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.

D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 2 of any of these procedures per benefit period.
- D1110, D1120 also contribute(s) to this limitation.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

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.

D5511 Repair broken complete denture base, mandibular.

D5512 Repair broken complete denture base, maxillary.

D5520 Replace missing or broken teeth - complete denture - per tooth.

D5611 Repair resin partial denture base, mandibular.

D5612 Repair resin partial denture base, maxillary.

D5621 Repair cast partial framework, mandibular.

D5622 Repair cast partial framework, maxillary.

D5630 Repair or replace broken retentive/clasping materials per tooth.

D5640 Replace missing or broken teeth - partial denture - per tooth.

D5710 Rebase complete maxillary denture.

D5711 Rebase complete mandibular denture.

D5720 Rebase maxillary partial denture.

D5721 Rebase mandibular partial denture.

D5725 Rebase hybrid prosthesis.

TYPE 2 PROCEDURES

D5730 Reline complete maxillary denture (direct).
D5731 Reline complete mandibular denture (direct).
D5740 Reline maxillary partial denture (direct).
D5741 Reline mandibular partial denture (direct).
D5750 Reline complete maxillary denture (indirect).
D5751 Reline complete mandibular denture (indirect).
D5760 Reline maxillary partial denture (indirect).
D5761 Reline mandibular partial denture (indirect).
D5765 Soft liner for complete or partial removable denture-indirect.
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765

- Coverage is limited to service dates more than 6 months after placement date.

D5850 Tissue conditioning, maxillary.
D5851 Tissue conditioning, mandibular.

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

D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
D7286 Incisional biopsy of oral tissue - soft.
D7287 Exfoliative cytological sample collection.
D7288 Brush biopsy - transepithelial sample collection.

D9110 Palliative treatment of dental pain - per visit.
PALLIATIVE TREATMENT: D9110

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

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.
D9222 Deep sedation/general anesthesia - first 15 minutes.
D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.
D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.
D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.
GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

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 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.

D9944 Occlusal guard - hard appliance, full arch.
D9945 Occlusal guard - soft appliance, full arch.
D9946 Occlusal guard - hard appliance, partial arch.
OCCLUSAL GUARD: D9944, D9945, D9946

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits will not be available if performed for athletic purposes.

TYPE 2 PROCEDURES

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.

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.

TESTS: D0431

- Coverage is limited to 1 of any of these procedures per 2 year(s).
- Benefits are considered for persons from age 35 and over.

D0486 Laboratory accession of transepithelial cytologic 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, D2990 also contribute(s) to this limitation.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES

Plan 2

BENEFIT PERIOD - Calendar Year

For Additional Limitations - See Limitations

D2390 Resin-based composite crown, anterior.
D2928 Prefabricated porcelain/ceramic crown - permanent tooth.
D2929 Prefabricated porcelain/ceramic crown - primary tooth.
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, D2928, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).

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.
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

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.
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2710 Crown - resin-based composite (indirect).
D2712 Crown - 3/4 resin-based composite (indirect).
D2720 Crown - resin with high noble metal.
D2721 Crown - resin with predominantly base metal.
D2722 Crown - resin with noble metal.

TYPE 3 PROCEDURES

- D2740 Crown - porcelain/ceramic.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2753 Crown-porcelain fused to titanium and titanium alloys.
D2780 Crown - 3/4 cast high noble metal.
D2781 Crown - 3/4 cast predominantly base metal.
D2782 Crown - 3/4 cast noble metal.
D2783 Crown - 3/4 porcelain/ceramic.
D2790 Crown - full cast high noble metal.
D2791 Crown - full cast predominantly base metal.
D2792 Crown - full cast noble metal.
D2794 Crown - titanium and titanium alloys.

CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, 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, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- 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, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months. Coverage is limited to necessary placement resulting from decay or traumatic injury.

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

D2952 Post and core in addition to crown, indirectly fabricated.

D2954 Prefabricated post and core in addition to crown.

D2960 Labial veneer (resin laminate) - direct.

D2961 Labial veneer (resin laminate) - indirect.

D2962 Labial veneer (porcelain laminate) - indirect.

LABIAL VENEERS: D2960, D2961, D2962

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.

D2980 Crown repair necessitated by restorative material failure.

D2981 Inlay repair necessitated by restorative material failure.

D2982 Onlay repair necessitated by restorative material failure.

D2983 Veneer repair necessitated by restorative material failure.

D6980 Fixed partial denture repair necessitated by restorative material failure.

D9120 Fixed partial denture sectioning.

D3110 Pulp cap - direct (excluding final restoration).

TYPE 3 PROCEDURES

- D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
- D3221 Pulpal debridement, primary and permanent teeth.
- D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.
- 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, pulp space disinfection, etc.).
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).
- D3357 Pulpal regeneration - completion of treatment.
- D3430 Retrograde filling - per root.
- D3450 Root amputation - per root.
- D3920 Hemisection (including any root removal), not including root canal therapy.
- D3921 Decoronation or submergence of an erupted tooth.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921

- Procedure D3333 is limited to permanent teeth only.

- D3310 Endodontic therapy, anterior tooth.
- D3320 Endodontic therapy, premolar tooth (excluding final restorations).
- D3330 Endodontic therapy, molar tooth (excluding final restorations).
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
- D3346 Retreatment of previous root canal therapy - anterior.
- D3347 Retreatment of previous root canal therapy - premolar.
- D3348 Retreatment of previous root canal therapy - molar.

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.

ROOT CANALS: D3310, D3320, D3330, D3332

- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

- D3355 Pulpal regeneration - initial visit.
- D3356 Pulpal regeneration - interim medication replacement.
- D3410 Apicoectomy - anterior.
- D3421 Apicoectomy - premolar (first root).
- D3425 Apicoectomy - molar (first root).
- D3426 Apicoectomy (each additional root).
- D3471 Surgical repair of root resorption - anterior.
- D3472 Surgical repair of root resorption - premolar.
- D3473 Surgical repair of root resorption - molar.
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.

- D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.

TYPE 3 PROCEDURES

- D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4263 Bone replacement graft - retained natural tooth - first site in quadrant.
- D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.
- D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.
- D4270 Pedicle soft tissue graft procedure.
- D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).
- D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.
- D4276 Combined connective tissue and pedicle graft, per tooth.
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- 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.
- 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.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

- D4249 Clinical crown lengthening - hard tissue.

- D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

- 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.

ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

TYPE 3 PROCEDURES

D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

D5110 Complete denture - maxillary.
D5120 Complete denture - mandibular.
D5130 Immediate denture - maxillary.
D5140 Immediate denture - mandibular.
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).
D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).
D5228 Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth).
D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.
D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.
D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.
D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.
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 (including retentive/clasping materials, rests, and teeth), maxillary.
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.
D5863 Overdenture - complete maxillary.
D5864 Overdenture - partial maxillary.
D5865 Overdenture - complete mandibular.
D5866 Overdenture - partial mandibular.
D5876 Add metal substructure to acrylic full denture (per arch).
D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.
D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.
D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.
D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.
D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.
D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.
D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.
D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.
D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

TYPE 3 PROCEDURES

- Replacement is limited to 1 of any of these procedures per 60 month(s).

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Replacement is limited to 1 of any of these procedures per 60 month(s).

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Frequency is waived for accidental injury.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Frequency is waived for accidental injury.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

D5650 Add tooth to existing partial denture - per tooth.

D5660 Add clasp to existing partial denture-per tooth.

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 crown - porcelain fused to high noble alloys.

D6067 Implant supported crown - high noble alloys.

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 FPD - porcelain fused to high noble alloys.

D6077 Implant supported retainer for metal FPD - high noble alloy.

D6082 Implant supported crown-porcelain fused to predominantly base alloys.

D6083 Implant supported crown-porcelain fused to noble alloys.

D6084 Implant supported crown-porcelain fused to titanium and titanium alloys.

D6086 Implant supported crown-predominantly base alloys.

D6087 Implant supported crown-noble alloys.

D6088 Implant supported crown-titanium and titanium alloys.

D6094 Abutment supported crown - titanium and titanium alloys.

D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys.

D6098 Implant supported retainer-porcelain fused to predominantly base alloys.

D6099 Implant supported retainer for FPD-porcelain fused to noble alloys.

D6120 Implant supported retainer-porcelain fused to titanium and titanium alloys.

D6121 Implant supported retainer for metal FPD-predominantly base alloys.

D6122 Implant supported retainer for metal FPD-noble alloys.

D6123 Implant supported retainer for metal FPD-titanium and titanium alloys.

D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys.

D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys.

TYPE 3 PROCEDURES

- 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 and titanium alloys.
 - D6240 Pontic - porcelain fused to high noble metal.
 - D6241 Pontic - porcelain fused to predominantly base metal.
 - D6242 Pontic - porcelain fused to noble metal.
 - D6243 Pontic-porcelain fused to titanium and titanium alloys.
 - D6245 Pontic - porcelain/ceramic.
 - D6250 Pontic - resin with high noble metal.
 - D6251 Pontic - resin with predominantly base metal.
 - D6252 Pontic - resin with noble metal.
 - D6545 Retainer - cast metal for resin bonded fixed prosthesis.
 - D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
 - D6549 Resin retainer - for resin bonded fixed prosthesis.
 - D6600 Retainer inlay - porcelain/ceramic, two surfaces.
 - D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
 - D6602 Retainer inlay - cast high noble metal, two surfaces.
 - D6603 Retainer inlay - cast high noble metal, three or more surfaces.
 - D6604 Retainer inlay - cast predominantly base metal, two surfaces.
 - D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.
 - D6606 Retainer inlay - cast noble metal, two surfaces.
 - D6607 Retainer inlay - cast noble metal, three or more surfaces.
 - D6608 Retainer onlay - porcelain/ceramic, two surfaces.
 - D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
 - D6610 Retainer onlay - cast high noble metal, two surfaces.
 - D6611 Retainer onlay - cast high noble metal, three or more surfaces.
 - D6612 Retainer onlay - cast predominantly base metal, two surfaces.
 - D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
 - D6614 Retainer onlay - cast noble metal, two surfaces.
 - D6615 Retainer onlay - cast noble metal, three or more surfaces.
 - D6624 Retainer inlay - titanium.
 - D6634 Retainer onlay - titanium.
 - D6710 Retainer crown - indirect resin based composite.
 - D6720 Retainer crown - resin with high noble metal.
 - D6721 Retainer crown - resin with predominantly base metal.
 - D6722 Retainer crown - resin with noble metal.
 - D6740 Retainer crown - porcelain/ceramic.
 - D6750 Retainer crown - porcelain fused to high noble metal.
 - D6751 Retainer crown - porcelain fused to predominantly base metal.
 - D6752 Retainer crown - porcelain fused to noble metal.
 - D6753 Retainer crown-porcelain fused to titanium and titanium alloys.
 - D6780 Retainer crown - 3/4 cast high noble metal.
 - D6781 Retainer crown - 3/4 cast predominantly base metal.
 - D6782 Retainer crown - 3/4 cast noble metal.
 - D6783 Retainer crown - 3/4 porcelain/ceramic.
 - D6784 Retainer crown 3/4-titanium and titanium alloys.
 - D6790 Retainer crown - full cast high noble metal.
 - D6791 Retainer crown - full cast predominantly base metal.
 - D6792 Retainer crown - full cast noble metal.
 - D6794 Retainer crown - titanium and titanium alloys.
 - D6940 Stress breaker.
- FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794
- Replacement is limited to 1 of any of these procedures per 60 month(s).
 - D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.

TYPE 3 PROCEDURES

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, 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, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

TYPE 3 PROCEDURES

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- 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, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- 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, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.

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 Removal of residual tooth roots (cutting procedure).

D7251 Coronectomy - intentional partial tooth removal, impacted teeth only.

D7252 Partial extraction for immediate implant placement.

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 Exposure 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 Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.

D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.

D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.

D7340 Vestibuloplasty - ridge extension (secondary epithelialization).

D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).

D7410 Excision of benign lesion up to 1.25 cm.

D7411 Excision of benign lesion greater than 1.25 cm.

TYPE 3 PROCEDURES

- D7412 Excision of benign lesion, complicated.
- D7413 Excision of malignant lesion up to 1.25 cm.
- D7414 Excision of malignant lesion greater than 1.25 cm.
- D7415 Excision of malignant lesion, complicated.
- D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.
- D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.
- D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7465 Destruction of lesion(s) by physical or chemical method, by report.
- D7471 Removal of lateral exostosis (maxilla or mandible).
- D7472 Removal of torus palatinus.
- D7473 Removal of torus mandibularis.
- D7485 Reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7509 Marsupialization of odontogenic cyst.
- D7510 Incision and drainage of abscess - intraoral soft tissue.
- D7520 Incision and drainage of abscess - extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture - up to 5 cm.
- D7912 Complicated suture - greater than 5 cm.
- D7961 Buccal/labial frenectomy (frenulectomy).
- D7962 Lingual frenectomy (frenulectomy).
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue - per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7979 Non-surgical sialolithotomy.
- D7980 Surgical sialolithotomy.
- D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

TYPE 1 PROCEDURES
Plan 3
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

- 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 provider.
- ROUTINE EVALUATION: D0120, D0145
- Coverage is limited to 2 of any of these procedures per benefit period.
 - D0150, D0180 also contribute(s) to this limitation.
- COMPREHENSIVE EVALUATION: D0150, D0180
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.
- ROUTINE EVALUATION: D0120, D0145
- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.
- D0210 Intraoral - comprehensive series of radiographic images.
D0330 Panoramic radiographic image.
COMPLETE SERIES/PANORAMIC: D0210, D0330
- Coverage is limited to 1 of any of these procedures per 36 month(s).
- D0220 Intraoral - periapical first radiographic image.
D0230 Intraoral - periapical each additional radiographic image.
D0240 Intraoral - occlusal radiographic image.
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.
D0251 Extra-oral posterior dental radiographic image.
PERIAPICAL: D0220, D0230
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
- D0270 Bitewing - single radiographic image.
D0272 Bitewings - two radiographic images.
D0273 Bitewings - three radiographic images.
D0274 Bitewings - four radiographic images.
D0277 Vertical bitewings - 7 to 8 radiographic images.
BITEWINGS: D0270, D0272, D0273, D0274
- Coverage is limited to 1 of any of these procedures per benefit period.
 - D0277 also contribute(s) to this limitation.
- VERTICAL BITEWINGS: D0277
- Coverage is limited to 1 of any of these procedures per 3 year(s).
- BITEWINGS: D0270, D0272, D0273, D0274
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
- VERTICAL BITEWINGS: D0277
- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
- D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1206 Topical application of fluoride varnish.

TYPE 1 PROCEDURES

- D1208 Topical application of fluoride-excluding varnish.
D9932 Cleaning and inspection of removable complete denture, maxillary.
D9933 Cleaning and inspection of removable complete denture, mandibular.
D9934 Cleaning and inspection of removable partial denture, maxillary.
D9935 Cleaning and inspection of removable partial denture, mandibular.

FLUORIDE: D1206, D1208

- Coverage is limited to 2 of any of these procedures per benefit period.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 2 of any of these procedures per benefit period.
- D4346, D4910 also contribute(s) to this limitation.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Coverage is limited to 2 of any of these procedures per benefit period.

FLUORIDE: D1206, D1208

- Benefits are considered for persons age 15 and under.

PROPHYLAXIS: D1110, D1120

- 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.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

- D1351 Sealant - per tooth.
D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.
D1353 Sealant repair - per tooth.
D1354 Application of caries arresting medicament-per tooth.
D1355 Caries preventive medicament application - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 36 month(s).
- D1354, D1355 also contribute(s) to this limitation.
- Benefits are considered for persons age 15 and under.
- Benefits are considered on permanent molars only, excluding 3rd molars (wisdom teeth).
- Coverage is allowed on the occlusal surface only.

- D1510 Space maintainer-fixed, unilateral-per quadrant.
D1516 Space maintainer - fixed - bilateral, maxillary.
D1517 Space maintainer - fixed - bilateral, mandibular.
D1520 Space maintainer-removable, unilateral-per quadrant.
D1526 Space maintainer - removable - bilateral, maxillary.
D1527 Space maintainer - removable - bilateral, mandibular.
D1551 Re-cement or re-bond bilateral space maintainer-maxillary.
D1552 Re-cement or re-bond bilateral space maintainer-mandibular.
D1553 Re-cement or re-bond unilateral space maintainer-per quadrant.
D1556 Removal of fixed unilateral space maintainer-per quadrant.
D1557 Removal of fixed bilateral space maintainer-maxillary.
D1558 Removal of fixed bilateral space maintainer-mandibular.
D1575 Distal shoe space maintainer - fixed, unilateral-per quadrant.

SPACE MAINTAINER: D1510, D1515, D1520, D1525

- Benefits are considered for persons age 15 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

TYPE 2 PROCEDURES
Plan 3
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

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.

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.

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, D2990, D9911 also contribute(s) to this limitation.

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 (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.

D2990 Resin infiltration of incipient smooth surface lesions.

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

- 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.
- 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.

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.

D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.

D2920 Re-cement or re-bond crown.

D2921 Reattachment of tooth fragment, incisal edge or cusp.

D6092 Re-cement or re-bond implant/abutment supported crown.

D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.

D6930 Re-cement or re-bond fixed partial denture.

TYPE 2 PROCEDURES

D2940 Placement of interim direct restoration.
D2991 Application of hydroxyapatite regeneration medicament - per tooth.

D3110 Pulp cap - direct (excluding final restoration).

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
D3221 Pulpal debridement, primary and permanent teeth.
D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.
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, pulp space disinfection, etc.).
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).
D3357 Pulpal regeneration - completion of treatment.
D3430 Retrograde filling - per root.
D3450 Root amputation - per root.
D3920 Hemisection (including any root removal), not including root canal therapy.
D3921 Decoronation or submergence of an erupted tooth.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921

- Procedure D3333 is limited to permanent teeth only.

D3310 Endodontic therapy, anterior tooth.
D3320 Endodontic therapy, premolar tooth (excluding final restorations).
D3330 Endodontic therapy, molar tooth (excluding final restorations).
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
D3346 Retreatment of previous root canal therapy - anterior.
D3347 Retreatment of previous root canal therapy - premolar.
D3348 Retreatment of previous root canal therapy - molar.

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.

ROOT CANALS: D3310, D3320, D3330, D3332

- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

D3355 Pulpal regeneration - initial visit.
D3356 Pulpal regeneration - interim medication replacement.
D3410 Apicoectomy - anterior.
D3421 Apicoectomy - premolar (first root).
D3425 Apicoectomy - molar (first root).
D3426 Apicoectomy (each additional root).
D3471 Surgical repair of root resorption - anterior.
D3472 Surgical repair of root resorption - premolar.
D3473 Surgical repair of root resorption - molar.
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.
D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.
D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.

TYPE 2 PROCEDURES

- D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4263 Bone replacement graft - retained natural tooth - first site in quadrant.
- D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.
- D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.
- D4270 Pedicle soft tissue graft procedure.
- D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).
- D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.
- D4276 Combined connective tissue and pedicle graft, per tooth.
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- 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.
- 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.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

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.

ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

TYPE 2 PROCEDURES

D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.

D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 2 of any of these procedures per benefit period.
- D1110, D1120 also contribute(s) to this limitation.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

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.

D5511 Repair broken complete denture base, mandibular.

D5512 Repair broken complete denture base, maxillary.

D5520 Replace missing or broken teeth - complete denture - per tooth.

D5611 Repair resin partial denture base, mandibular.

D5612 Repair resin partial denture base, maxillary.

D5621 Repair cast partial framework, mandibular.

D5622 Repair cast partial framework, maxillary.

D5630 Repair or replace broken retentive/clasping materials per tooth.

D5640 Replace missing or broken teeth - partial denture - per tooth.

D5710 Rebase complete maxillary denture.

D5711 Rebase complete mandibular denture.

D5720 Rebase maxillary partial denture.

D5721 Rebase mandibular partial denture.

D5725 Rebase hybrid prosthesis.

D5730 Reline complete maxillary denture (direct).

D5731 Reline complete mandibular denture (direct).

D5740 Reline maxillary partial denture (direct).

D5741 Reline mandibular partial denture (direct).

D5750 Reline complete maxillary denture (indirect).

D5751 Reline complete mandibular denture (indirect).

D5760 Reline maxillary partial denture (indirect).

D5761 Reline mandibular partial denture (indirect).

D5765 Soft liner for complete or partial removable denture-indirect.

DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765

- Coverage is limited to service dates more than 6 months after placement date.

D5850 Tissue conditioning, maxillary.

D5851 Tissue conditioning, mandibular.

TYPE 2 PROCEDURES

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

- D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.
- 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 Removal of residual tooth roots (cutting procedure).
- D7251 Coronectomy - intentional partial tooth removal, impacted teeth only.
- D7252 Partial extraction for immediate implant placement.

- 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 Exposure 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.
- D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.
- D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.
- D7340 Vestibuloplasty - ridge extension (secondary epithelialization).
- D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).
- D7410 Excision of benign lesion up to 1.25 cm.
- D7411 Excision of benign lesion greater than 1.25 cm.
- D7412 Excision of benign lesion, complicated.
- D7413 Excision of malignant lesion up to 1.25 cm.
- D7414 Excision of malignant lesion greater than 1.25 cm.
- D7415 Excision of malignant lesion, complicated.
- D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.
- D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.
- D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7465 Destruction of lesion(s) by physical or chemical method, by report.
- D7471 Removal of lateral exostosis (maxilla or mandible).
- D7472 Removal of torus palatinus.
- D7473 Removal of torus mandibularis.
- D7485 Reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7509 Marsupialization of odontogenic cyst.
- D7510 Incision and drainage of abscess - intraoral soft tissue.
- D7520 Incision and drainage of abscess - extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture - up to 5 cm.

TYPE 2 PROCEDURES

- D7912 Complicated suture - greater than 5 cm.
- D7961 Buccal/labial frenectomy (frenulectomy).
- D7962 Lingual frenectomy (frenulectomy).
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue - per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7979 Non-surgical sialolithotomy.
- D7980 Surgical sialolithotomy.
- D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

- D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
- D7286 Incisional biopsy of oral tissue - soft.
- D7287 Exfoliative cytological sample collection.
- D7288 Brush biopsy - transepithelial sample collection.

- D9110 Palliative treatment of dental pain - per visit.

PALLIATIVE TREATMENT: D9110

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

- D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.
- D9222 Deep sedation/general anesthesia - first 15 minutes.
- D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.
- D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.
- D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.

GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

- 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 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.

- D9944 Occlusal guard - hard appliance, full arch.
- D9945 Occlusal guard - soft appliance, full arch.
- D9946 Occlusal guard - hard appliance, partial arch.

OCCLUSAL GUARD: D9944, D9945, D9946

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits will not be available if performed for athletic purposes.

- 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.

TYPE 2 PROCEDURES

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.

TESTS: D0431

- Coverage is limited to 1 of any of these procedures per 2 year(s).
- Benefits are considered for persons from age 35 and over.

D0486 Laboratory accession of transepithelial cytologic 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, D2990 also contribute(s) to this limitation.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES
Plan 3
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D2390 Resin-based composite crown, anterior.
D2928 Prefabricated porcelain/ceramic crown - permanent tooth.
D2929 Prefabricated porcelain/ceramic crown - primary tooth.
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, D2928, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).

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.
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

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.
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2710 Crown - resin-based composite (indirect).
D2712 Crown - 3/4 resin-based composite (indirect).
D2720 Crown - resin with high noble metal.
D2721 Crown - resin with predominantly base metal.
D2722 Crown - resin with noble metal.

TYPE 3 PROCEDURES

D2740 Crown - porcelain/ceramic.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2753 Crown-porcelain fused to titanium and titanium alloys.
D2780 Crown - 3/4 cast high noble metal.
D2781 Crown - 3/4 cast predominantly base metal.
D2782 Crown - 3/4 cast noble metal.
D2783 Crown - 3/4 porcelain/ceramic.
D2790 Crown - full cast high noble metal.
D2791 Crown - full cast predominantly base metal.
D2792 Crown - full cast noble metal.
D2794 Crown - titanium and titanium alloys.
CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, 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, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- 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, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months. Coverage is limited to necessary placement resulting from decay or traumatic injury.

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

D2952 Post and core in addition to crown, indirectly fabricated.

D2954 Prefabricated post and core in addition to crown.

D2960 Labial veneer (resin laminate) - direct.

D2961 Labial veneer (resin laminate) - indirect.

D2962 Labial veneer (porcelain laminate) - indirect.

LABIAL VENEERS: D2960, D2961, D2962

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.

D2980 Crown repair necessitated by restorative material failure.

D2981 Inlay repair necessitated by restorative material failure.

D2982 Onlay repair necessitated by restorative material failure.

D2983 Veneer repair necessitated by restorative material failure.

D6980 Fixed partial denture repair necessitated by restorative material failure.

D9120 Fixed partial denture sectioning.

D4249 Clinical crown lengthening - hard tissue.

TYPE 3 PROCEDURES

- D5110 Complete denture - maxillary.
 - D5120 Complete denture - mandibular.
 - D5130 Immediate denture - maxillary.
 - D5140 Immediate denture - mandibular.
 - D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).
 - D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).
 - D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
 - D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
 - D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).
 - D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).
 - D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
 - D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
 - D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
 - D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
 - D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).
 - D5228 Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth).
 - D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.
 - D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.
 - D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.
 - D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.
 - 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 (including retentive/clasping materials, rests, and teeth), maxillary.
 - D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.
 - D5863 Overdenture - complete maxillary.
 - D5864 Overdenture - partial maxillary.
 - D5865 Overdenture - complete mandibular.
 - D5866 Overdenture - partial mandibular.
 - D5876 Add metal substructure to acrylic full denture (per arch).
 - D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.
 - D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.
 - D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.
 - D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.
 - D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.
 - D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.
 - D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.
 - D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.
 - D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.
 - D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Replacement is limited to 1 of any of these procedures per 60 month(s).
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Replacement is limited to 1 of any of these procedures per 60 month(s).

TYPE 3 PROCEDURES

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Frequency is waived for accidental injury.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Frequency is waived for accidental injury.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

D5650 Add tooth to existing partial denture - per tooth.

D5660 Add clasp to existing partial denture-per tooth.

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 crown - porcelain fused to high noble alloys.

D6067 Implant supported crown - high noble alloys.

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 FPD - porcelain fused to high noble alloys.

D6077 Implant supported retainer for metal FPD - high noble alloy.

D6082 Implant supported crown-porcelain fused to predominantly base alloys.

D6083 Implant supported crown-porcelain fused to noble alloys.

D6084 Implant supported crown-porcelain fused to titanium and titanium alloys.

D6086 Implant supported crown-predominantly base alloys.

D6087 Implant supported crown-noble alloys.

D6088 Implant supported crown-titanium and titanium alloys.

D6094 Abutment supported crown - titanium and titanium alloys.

D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys.

D6098 Implant supported retainer-porcelain fused to predominantly base alloys.

D6099 Implant supported retainer for FPD-porcelain fused to noble alloys.

D6120 Implant supported retainer-porcelain fused to titanium and titanium alloys.

D6121 Implant supported retainer for metal FPD-predominantly base alloys.

D6122 Implant supported retainer for metal FPD-noble alloys.

D6123 Implant supported retainer for metal FPD-titanium and titanium alloys.

D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys.

D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys.

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 and titanium alloys.

TYPE 3 PROCEDURES

D6240 Pontic - porcelain fused to high noble metal.
 D6241 Pontic - porcelain fused to predominantly base metal.
 D6242 Pontic - porcelain fused to noble metal.
 D6243 Pontic-porcelain fused to titanium and titanium alloys.
 D6245 Pontic - porcelain/ceramic.
 D6250 Pontic - resin with high noble metal.
 D6251 Pontic - resin with predominantly base metal.
 D6252 Pontic - resin with noble metal.
 D6545 Retainer - cast metal for resin bonded fixed prosthesis.
 D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
 D6549 Resin retainer - for resin bonded fixed prosthesis.
 D6600 Retainer inlay - porcelain/ceramic, two surfaces.
 D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
 D6602 Retainer inlay - cast high noble metal, two surfaces.
 D6603 Retainer inlay - cast high noble metal, three or more surfaces.
 D6604 Retainer inlay - cast predominantly base metal, two surfaces.
 D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.
 D6606 Retainer inlay - cast noble metal, two surfaces.
 D6607 Retainer inlay - cast noble metal, three or more surfaces.
 D6608 Retainer onlay - porcelain/ceramic, two surfaces.
 D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
 D6610 Retainer onlay - cast high noble metal, two surfaces.
 D6611 Retainer onlay - cast high noble metal, three or more surfaces.
 D6612 Retainer onlay - cast predominantly base metal, two surfaces.
 D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
 D6614 Retainer onlay - cast noble metal, two surfaces.
 D6615 Retainer onlay - cast noble metal, three or more surfaces.
 D6624 Retainer inlay - titanium.
 D6634 Retainer onlay - titanium.
 D6710 Retainer crown - indirect resin based composite.
 D6720 Retainer crown - resin with high noble metal.
 D6721 Retainer crown - resin with predominantly base metal.
 D6722 Retainer crown - resin with noble metal.
 D6740 Retainer crown - porcelain/ceramic.
 D6750 Retainer crown - porcelain fused to high noble metal.
 D6751 Retainer crown - porcelain fused to predominantly base metal.
 D6752 Retainer crown - porcelain fused to noble metal.
 D6753 Retainer crown-porcelain fused to titanium and titanium alloys.
 D6780 Retainer crown - 3/4 cast high noble metal.
 D6781 Retainer crown - 3/4 cast predominantly base metal.
 D6782 Retainer crown - 3/4 cast noble metal.
 D6783 Retainer crown - 3/4 porcelain/ceramic.
 D6784 Retainer crown 3/4-titanium and titanium alloys.
 D6790 Retainer crown - full cast high noble metal.
 D6791 Retainer crown - full cast predominantly base metal.
 D6792 Retainer crown - full cast noble metal.
 D6794 Retainer crown - titanium and titanium alloys.
 D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794,

TYPE 3 PROCEDURES

D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, 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, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

TYPE 3 PROCEDURES

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- 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, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- 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, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.