

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Diagnostic Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D0120</b>	Periodic oral evaluation – established patient	0-20		No	Limited to two periodic oral evaluations every 12 months in an office setting. Children are also eligible for one periodic oral evaluation performed in a school setting per school year (08/31/xxxx – 07/31/xxxx). Completion of a mandated school exam form is considered part of the oral examination.	
<b>D0140</b>	Limited oral evaluation – problem focused	0-20		No	One of (D0140, D9110) per Day(s) Per Business. Limited emergency exam that is medically necessary to treat pain, infection, swelling, uncontrolled bleeding, or traumatic injury. Not covered with D9110 on same date of service.	Description of emergency and services provided with claim
<b>D0150</b>	Comprehensive oral evaluation new or established patient	0-20		No	One per lifetime per Business.	
<b>D0210</b>	Intraoral – completed series of radiographic images	6-20		No	One (D0210, D0277 or D0330) per 36 Month(s) Per patient.	
<b>D0220</b>	Intraoral – periapical first radiographic images	0-20		No	One per Day per Business. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0230</b>	Intraoral – periapical each additional radiographic images	0-20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0270</b>	Bitewing – single radiographic image	0-20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0272</b>	Bitewings-Two Films	2-20		No	One of (D0272, D0274) per 12 Month per Business. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0274</b>	Bitewings-Four Films	10-20		No	One of (D0272, D0274) per 12 Month per Business. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0277</b>	Vertical Bitewings – 7-8 Films	6-20		No	One of (D0210, D0277, D0330) per 36 Month per patient. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D0330</b>	Panoramic Film	6-20		No	One of (D0210, D0277, D0330) per 36 Month per patient. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0601</b>	Caries risk assessment and documentation, with a finding of low risk	0-20		No		
<b>D0602</b>	Caries risk assessment and documentation, with a finding of moderate risk	0-20		No		
<b>D0603</b>	Caries risk assessment and documentation, with a finding of high risk	0-20		No		

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Preventive Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D1120</b>	Prophylaxis - child	0-20		No	Limited to one of (D1120, D4355) per 6 months in an office setting. Children are also eligible for one prophylaxis performed in a school setting per school year (08/31/XXXX – 07/31/XXXX) Removal of plaque, calculus, and stains from the tooth surfaces, intended to control local irrational factors.	
<b>D1206</b>	Topical application of fluoride varnish	0-2		No	Three (3) of (D1206, D1208) per 12 months per patient in an office setting.	
<b>D1206</b>	Topical application of fluoride	0-20			Limited to one of (D1206, D1208) per 6 months in an office setting. Children are also eligible for one topical application of fluoride in a school setting per school year (08/31/XXXX – 07/31/XXXX).	
<b>D1208</b>	Topical application of fluoride - excluding varnish	0-2		No	Three of (D1206, D1208) per 12 Months per patient ages 0 to 2 in an office setting.	
<b>D1208</b>	Topical application of fluoride - excluding varnish	3-20		No	Limited to one of (D1206, D1208) per 6 months in an office setting. Children are also eligible for one fluoride varnish in a school setting per school year (08/31/XXXX – 07/31/XXXX).	
<b>D1351</b>	Sealant - per tooth	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31 30, 31	No	Limited to one per two years, per tooth; regardless of place of service. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.	
<b>D1354</b>	Interim caries arresting medicament application, per tooth	0-20	Teeth 1-32, A-T	No	Maximum of four (4) teeth per day; Maximum two (2) applications per year per tooth; Maximum lifetime of six (6) applications per tooth. Not allowed with history of any prior or same day D2000, D3000 code on the same tooth.	
<b>D1510</b>	Space maintainer-fixed-unilateral	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One per Lifetime per Business per quadrant per appliance.	

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D1516</b>	Space maintainer - fixed – bilateral, maxillary	0-20		No	One per Lifetime per Business.	
<b>D1517</b>	Space maintainer - fixed – bilateral, mandibular	0-20		No	One per Lifetime per Business.	
<b>D1520</b>	Space maintainer-removable-unilateral	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One per Lifetime per Business per quadrant per appliance.	
<b>D1526</b>	Space maintainer-removable-bilateral, maxillary	0-20		No	One per Lifetime per Business.	
<b>D1527</b>	Space maintainer-removable- bilateral, mandibular	0-20	Per Arch (01, 02, LA, UA)	No	One per Lifetime per Business.	
<b>D1551</b>	Re-cement or re-bond space maintainer - Maxillary	0-20		No	One per 6 months per patient. Not allowed with 6 months of placement.	
<b>D1552</b>	Re-cement or re-bond space maintainer - Mandibular	0-20		No	One per 6 months per patient. Not allowed with 6 months of placement.	
<b>D1553</b>	Re-cement or re-bond space maintainer – per Quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One per 6 months per patient. Not allowed with 6 months of placement.	

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Restorative Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D2140</b>	Amalgam - one surface, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2150</b>	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2160</b>	Amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2161</b>	Amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2161, D2335, D2394) per 12 months per patient per tooth.	
<b>D2330</b>	Resin-based composite – one surface, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2331</b>	Resin-based composite – two surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2332</b>	Resin-based composite – three surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2335</b>	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2161, D2335, D2394) per 12 months per patient per tooth.	
<b>D2391</b>	Resin-based composite – one surface, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface. Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.	

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
<b>D2392</b>	Resin-based composite – two surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2393</b>	Resin-based composite – three surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2394</b>	Resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2161, D2335, D2394) 12 months per patient per tooth.	
<b>D2542</b>	Onlay - metallic - two surfaces	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative x-ray(s)
<b>D2543</b>	Onlay - metallic - three surfaces	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative x-ray(s)
<b>D2544</b>	Onlay - metallic – four or more surfaces	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative x-ray(s)
<b>D2642</b>	Onlay- porcelain/ceramic - two surfaces	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative x-ray(s)

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D2643</b>	Onlay- porcelain/ceramic - three surfaces	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative x-ray(s)
<b>D2644</b>	Onlay- porcelain/ceramic – four or more surfaces	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative x-ray(s)
<b>D2740</b>	Crown - porcelain/ceramic substrate	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray
<b>D2750</b>	Crown - porcelain fused to high noble metal	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray
<b>D2751</b>	Crown - porcelain fused to predominantly base metal	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
<b>D2752</b>	Crown - porcelain fused to noble metal	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray
<b>D2753</b>	Crown- Porcelain Fused to Titanium and Titanium Alloys	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray
<b>D2790</b>	Crown - full cast high noble metal	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray
<b>D2791</b>	Crown - full cast predominantly base metal	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray
<b>D2792</b>	Crown - full cast noble metal	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	Pre-operative X-ray
<b>D2910</b>	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	Teeth 1 - 32	No		

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
<b>D2915</b>	Re-cement or re-bond indirectly fabricated or prefabricated post and core	0-20	Teeth 1 - 32	No	Not allowed within 6 months of D2954 (Prefabricated Post and Core in Addition to Crown) by the same provider or provider group.	
<b>D2920</b>	Re-cement or re-bond crown	0-20	Teeth 1 - 32, A - T	No	Not allowed within 6 months of D2740 – D2792, by the same provider or provider group.	
<b>D2930</b>	Prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No	One of (D2930, D2932, D2933, D2934) per Lifetime per tooth.	
<b>D2931</b>	Prefabricated stainless steel crown-permanent tooth	0-20	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per patient per tooth. Authorization required for three or more crowns. Not compensated with construction of permanent crown.	Pre-operative X-ray
<b>D2932</b>	Prefabricated resin crown	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	One of (D2930, D2932, D2933, D2934) per lifetime per patient per tooth. Authorization required for three or more crowns. Not compensated with construction of permanent crown.	Pre-operative X-ray
<b>D2933</b>	Prefabricated stainless steel crown with resin window	0-20	Teeth C - H, M - R	No	One of (D2930, D2932, D2933, D2934) per Lifetime per tooth.	
<b>D2934</b>	Prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth A - T	No	One of (D2930, D2932, D2933, D2934) per Lifetime per tooth	
<b>D2940</b>	Protective restoration	0-20	Teeth 1 - 32, A - T	No	Not allowed within any 2000 or 3000 series code other than D3110 or D3120 which are non-covered services.	
<b>D2950</b>	Core buildup, including any pins when required	0-20	Teeth 1 - 32	No	One of (D2950, D2954) per 60 months per patient per tooth for All Permanent Teeth.	
<b>D2951</b>	Pin retention - per tooth, in addition to restoration	0-20	Teeth 1 - 32	No	Not allowed with (D2950, D2954) on the same date of service.	
<b>D2954</b>	Prefabricated post and core in addition to crown	0-20	Teeth 1 - 32	Yes	One (D2950, D2954) per 60 months per patient per tooth for All Permanent Teeth.	Final fill periapical X-ray

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Endodontic Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D3220</b>	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth A - T	No	Not reimbursable when performed in conjunction with a root canal – Primary Teeth Only.	
<b>D3222</b>	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D3222, D3351, D3352, D3353) per Lifetime per tooth. D3222 covered for trauma cases only.	Narrative of medical necessity, pre-op X-ray(s)
<b>D3230</b>	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0-20	Teeth C - H, M - R	No		
<b>D3310</b>	Endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3310, D3320, D3330, D3351, D3352, D3353) per Lifetime per tooth.	
<b>D3320</b>	Endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3310, D3320, D3330, D3351, D3352, D3353) per Lifetime per tooth.	
<b>D3330</b>	Endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3310, D3320, D3330, D3351, D3352, D3353) per Lifetime per tooth.	
<b>D3351</b>	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	Yes	One of (D3222, D3310, D3320, D3330, D3351,) per Lifetime per tooth.	
<b>D3352</b>	Apexification/recalcification - interim medication replacement	0-20	Teeth 1 - 32	Yes	One of (D3222, D3310, D3320, D3330, D3352) per Lifetime per tooth.	Pre-operative X-ray(s)
<b>D3353</b>	Apexification/recalcification – final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	Yes	One of (D3222, D3310, D3320, D3330, D3353) per Lifetime per tooth.	Pre and post-operative X-ray(s)
<b>D3410</b>	Apicoectomy - anterior	0-20	Teeth 6 - 11, 22 - 27	Yes	One of D3410 per Lifetime per tooth. Not payable concurrently with root canal treatment of tooth.	Pre-operative X-ray(s)

**Exhibit A  
Benefits Covered for Children under the Age of 21**

**Periodontic Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D4210</b>	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting
<b>D4211</b>	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting
<b>D4240</b>	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting
<b>D4241</b>	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting
<b>D4249</b>	Clinical crown lengthening - hard tissue	0-20	Teeth 1 - 32	Yes	One of (D4249) per Lifetime Per patient per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period.	pre-op X-ray(s), perio charting
<b>D4260</b>	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting
<b>D4261</b>	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting
<b>D4263</b>	Bone replacement graft - first site in quadrant	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
<b>D4264</b>	Bone replacement graft – each additional site in quadrant	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
<b>D4270</b>	Pedicle soft tissue graft procedure	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D4273</b>	Subepithelial connective tissue graft procedure	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
<b>D4274</b>	Distal or proximal wedge procedure	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
<b>D4277</b>	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	0-20	Teeth 1 - 32, 51 - 82	Yes		pre-op X-ray(s), perio charting
<b>D4278</b>	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	0-20	Teeth 1 - 32, 51 - 82	Yes		pre-op X-ray(s), perio charting
<b>D4320</b>	Provision splinting - intracoronal	0-20	Per Arch (01, 02, LA, UA)	Yes		pre-op X-ray(s), perio charting
<b>D4321</b>	Provision splinting - extracoronal	0-20	Per Arch (01, 02, LA, UA)	Yes		pre-op X-ray(s), perio charting
<b>D4341</b>	Periodontal scaling and root planing - four or more teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.	pre-op X-ray(s), perio charting
<b>D4342</b>	Periodontal scaling and root planing - one to three teeth per quadrant		Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4342, D4341) per 24 months per quadrant. One full mouth service is covered every 24 months.	pre-op X-ray(s), perio charting
<b>D4355</b>	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	0-20		No	One of (D1120, D4355) per 6 months per patient in an office setting.	
<b>D4910</b>	Periodontal maintenance procedures	0-20		Yes	Only covered after active therapy has been performed.	pre-op X-ray(s), perio charting

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Prosthodontics Services, Removable**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5110</b>	Complete denture - maxillary	0-20	Per Arch (01, LA)	Yes	One of (D5110, D5130) per 60 months per patient per arch.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5120</b>	Ccomplete denture - mandibular	0-20	Per Arch (02, UA)	Yes	One of (D5120, D5140) per 60 months per patient per arch.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5130</b>	Immediate denture - maxillary	0-20		Yes	One of (D5130) per Lifetime per patient.	Full Mouth X-ray
<b>D5140</b>	Immediate denture - mandibular	0-20		Yes	One of (D5140) per Lifetime per patient.	Full Mouth X-ray
<b>D5211</b>	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5211 or D5213) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5212</b>	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5212 or D5214) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5213</b>	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5211 or D5213) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5214</b>	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5212 or D5214) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5221</b>	Immediate Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5222</b>	Immediate Mandibular Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5223	Immediate Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date
D5224	Immediate Mandibular Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	0-20		Yes	One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224) per 60 months per patient.	
D5511	Repair broken complete denture base, Mandibular	0-20		No		
D5512	Repair broken complete denture base, Maxillary	0-20		No		
D5520	Replace missing or broken teeth - complete denture (each tooth)	0-20	Teeth 1 - 32	No		
D5611	Repair resin partial denture base, Mandibular	0-20		No		
D5612	Repair resin partial denture base, Maxillary	0-20		No		
D5621	Repair cast partial framework, Mandibular	0-20		No		
D5622	Repair cast partial framework, Maxillary	0-20		No		
D5630	Repair or replace broken retentive/clasping materials – per tooth	0-20	Teeth 1 - 32	No		
D5640	Replace broken teeth-per tooth	0-20	Teeth 1 - 32	No		
D5650	Add tooth to existing partial denture	0-20	Teeth 1 - 32	No		
D5730	Reline complete maxillary denture (chairside)	0-20		Yes	One of (D5730, D5750) per 24 months per patient.	Date of denture placement
D5731	Reline complete mandibular denture (chairside)	0-20		Yes	One of (D5731, D5751) per 24 months per patient.	Date of denture placement
D5740	Reline maxillary partial denture (chairside)	0-20		Yes	One of (D5740, D5760) per 24 months per patient.	Date of denture placement

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5741</b>	Reline mandibular partial denture (chairside)	0-20		Yes	One of (D5741, D5761) per 24 months per patient.	Date of denture placement
<b>D5750</b>	Reline complete maxillary denture (laboratory)	0-20		Yes	One of (D5730, D5750) per 24 months per patient.	Date of denture placement
<b>D5751</b>	Reline complete mandibular denture (laboratory)	0-20		Yes	One of (D5731, D5751) per 24 months per patient.	Date of denture placement
<b>D5760</b>	Reline maxillary partial denture (laboratory)	0-20		Yes	One of (D5740, D5760) per 24 months per patient.	Date of denture placement
<b>D5761</b>	Reline mandibular partial denture (laboratory)	0-20		Yes	One of (D5741, D5761) per 24 months per patient.	Date of denture placement

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Maxillofacial Prosthetic Services, Removable**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5911</b>	facial moulage (sectional)	0-20		Yes		narrative of medical necessity
<b>D5912</b>	facial moulage (complete)	0-20		Yes		narrative of medical necessity
<b>D5913</b>	nasal prosthesis	0-20		Yes		narrative of medical necessity
<b>D5914</b>	auricular prosthesis	0-20		Yes		narrative of medical necessity
<b>D5915</b>	orbital prosthesis	0-20		Yes		narrative of medical necessity
<b>D5916</b>	ocular prosthesis	0-20		Yes		narrative of medical necessity
<b>D5919</b>	facial prosthesis	0-20		Yes		narrative of medical necessity
<b>D5922</b>	nasal septal prosthesis	0-20		Yes		narrative of medical necessity
<b>D5923</b>	ocular prosthesis, interim	0-20		Yes		narrative of medical necessity
<b>D5924</b>	cranial prosthesis	0-20		Yes		narrative of medical necessity
<b>D5925</b>	facial augment implant prosthesis	0-20		Yes		narrative of medical necessity
<b>D5926</b>	nasal prosthesis, replacement	0-20		Yes		narrative of medical necessity
<b>D5927</b>	auricular prosthesis, replace	0-20		Yes		narrative of medical necessity
<b>D5928</b>	orbital prosthesis, replace	0-20		Yes		narrative of medical necessity
<b>D5929</b>	facial prosthesis, replacement	0-20		Yes		narrative of medical necessity
<b>D5931</b>	obturator prosthesis, surgical	0-20		Yes		narrative of medical necessity
<b>D5932</b>	obturator prosthesis, definitive	0-20		Yes		narrative of medical necessity
<b>D5933</b>	obturator prosthesis, modification	0-20		Yes		narrative of medical necessity
<b>D5934</b>	mandibular resection prosthesis with guide flange	0-20		Yes		narrative of medical necessity
<b>D5935</b>	mandibular resection prosthesis without guide flange	0-20		Yes		narrative of medical necessity
<b>D5936</b>	obturator prosthesis, interim	0-20		Yes		narrative of medical necessity
<b>D5937</b>	trismus appliance (not for TMD treatment)	0-20		Yes	Not for TMD treatment.	narrative of medical necessity
<b>D5951</b>	feeding aid	0-20		Yes		narrative of medical necessity

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5952</b>	speech aid prosthesis, pediatric	0-20		Yes		narrative of medical necessity
<b>D5953</b>	speech aid prosthesis, adult	0-20		Yes		narrative of medical necessity
<b>D5954</b>	palatal augment prosthesis	0-20		Yes		narrative of medical necessity
<b>D5955</b>	palatal lift prosthesis, definitive	0-20		Yes		narrative of medical necessity
<b>D5958</b>	palatal lift prosthesis, interim	0-20		Yes		narrative of medical necessity
<b>D5959</b>	palatal lift prosthesis, modification	0-20		Yes		narrative of medical necessity
<b>D5960</b>	speech aid prosthesis, modification	0-20		Yes		narrative of medical necessity
<b>D5982</b>	surgical stent	0-20		Yes		narrative of medical necessity
<b>D5983</b>	radiation carrier	0-20		Yes		narrative of medical necessity
<b>D5984</b>	radiation shield	0-20		Yes		narrative of medical necessity
<b>D5985</b>	radiation cone locator	0-20		Yes		narrative of medical necessity
<b>D5986</b>	fluoride gel carrier	0-20		Yes		narrative of medical necessity
<b>D5987</b>	commissure splint	0-20		Yes		narrative of medical necessity
<b>D5988</b>	surgical splint	0-20		Yes		narrative of medical necessity
<b>D5999</b>	unspecified maxillofacial prosthesis, by report	0-20		Yes		narrative of medical necessity

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Maxillofacial Prosthetic Services, Fixed**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D6210</b>	pontic - cast high noble metal	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6211</b>	pontic-cast base metal	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6212</b>	pontic - cast noble metal	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6240</b>	pontic-porcelain fused-high noble metal	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6241</b>	pontic-porcelain fused to base predominantly metal	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6242</b>	pontic-porcelain fused-noble metal	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6251</b>	pontic-resin with base metal	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6721</b>	Retainer crown-resin with base metal	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6750</b>	Retainer crown-porcelain fused high noble	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6751</b>	Retainer crown-porcelain fused to predominantly base metal	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D6752</b>	Retainer crown-porcelain fused noble metal	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6753</b>	Retainer Crown – Porcelain fused to titanium and titanium alloys	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6790</b>	Retainer crown-full cast high noble metal	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6791</b>	Retainer crown-full cast predominantly base metal	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6792</b>	Retainer crown - full cast noble metal	0-20	Teeth 5 - 12, 21 - 28	Yes	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray(s). Prior placement date (if applicable)
<b>D6930</b>	re-cement or re-bond fixed partial denture	0-20	Teeth 5 - 12, 21 - 28	No	Not billable by same provider within 6 months of placement.	
<b>D6999</b>	fixed prosthodontic procedure	0-20	Teeth 1 - 32	Yes	Description of service and narrative of medical necessity.	narr. of med. necessity, pre-op X-ray(s)

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D7140</b>	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
<b>D7210</b>	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	
<b>D7220</b>	removal of impacted tooth-soft tissue	0-20	Teeth 1 - 32, 51 - 82	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7230</b>	removal of impacted tooth-partially bony	0-20	Teeth 1 - 32, 51 - 82	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7240</b>	removal of impacted tooth-completely bony	0-20	Teeth 1 - 32, 51 - 82	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7250</b>	surgical removal of residual tooth roots (cutting procedure)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7270</b>	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	Yes	Narrative with claim for prepayment review.	narrative of medical necessity
<b>D7280</b>	Surgical access of an unerupted tooth	0-20	Teeth 1 - 32	Yes	To expose crown of an impacted tooth not intended to be extracted. For orthodontic reasons.	pre-op X-ray(s)
<b>D7283</b>	placement of device to facilitate eruption of impacted tooth	0-20	Teeth 1 - 32	Yes	One of D7283 per Lifetime per patient per tooth. Allowed only on approved orthodontic cases per lifetime.	pre-op X-ray(s)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
<b>D7310</b>	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30,40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per Lifetime Per patient per quadrant.	pre-op X-ray(s)
<b>D7311</b>	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30,40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per Lifetime Per patient per quadrant.	pre-op X-ray(s)
<b>D7320</b>	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7320, D7321) per Lifetime Per patient per quadrant.	Diagnostic models
<b>D7321</b>	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30,40, LL, LR, UL, UR)	Yes	One of (D7320, D7321) per Lifetime Per patient per quadrant.	Diagnostic models
<b>D7450</b>	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes		Pathology report
<b>D7451</b>	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes		Pathology report
<b>D7460</b>	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes		Pathology report
<b>D7461</b>	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes		Pathology report
<b>D7510</b>	incision and drainage of abscess - intraoral soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7510, D7511) per Day(s) Per patient per tooth. Not allowed on the same date of service as D7140-D7250 (extractions).	narr. of med. necessity, pre-op X-ray(s)
<b>D7511</b>	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0-20		Yes	One of (D7510, D7511) per Day(s) Per patient.	narr. of med. necessity, pre-op X-ray(s)
<b>D7610</b>	maxilla - open reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7620</b>	maxilla - closed reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7630	mandible-open reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7640	mandible - closed reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7710	maxilla - open reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7720	maxilla - closed reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7730	mandible - open reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7740	mandible - closed reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7810	open reduction of dislocation	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7820	closed reduction dislocation	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	0-20		Yes	One of (D7960, D7963) per Lifetime Per patient per arch.	narr. of med. necessity, model or photo
D7963	frenuloplasty	0-20		Yes	One of (D7960, D7963) per Lifetime Per patient per arch.	Narrative of medical necessity and photos
D7999	unspecified oral surgery procedure, by report	0-20		Yes		narrative of medical necessity

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Orthodontics**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D8080</b>	Initial Orthodontic Appliance Placement	0-20		Yes	One per Lifetime per patient.	Study model or OrthoCad, X-rays
<b>D8660</b>	Initial Examination, Records, Radiographs & Facial Photographs	0-20		Yes	One per Lifetime per patient.	Study model or OrthoCad, X-rays
<b>D8670</b>	Periodic Adjustments (11 Maximum)	0-20		Yes	Maximum of 1 per 45 days regardless of number of visits within 45 day period.	
<b>D8680</b>	Removal of Appliances, Construction and Placement of Retainers	0-20		Yes	One per Lifetime per patient.	Date of de-banding with claim form
<b>D8999</b>	Initial Orthodontic Evaluation/Study Models	0-20		Yes	Only covered if previous case fails to qualify.	Narrative of medical necessity

**Exhibit A**  
**Benefits Covered for Children under the Age of 21**  
**Adjunctive General Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D9110</b>	palliative (emergency) treatment of dental pain - minor procedure	0-20		No	One of (D0140, D9110) per day per Business. Not covered with D0140 on same date of service.	
<b>D9222</b>	deep sedation/general anesthesia – first 15 minute increment	0-20		Yes	One of (D9222, D9239) per Day Per patient. Permit B is required. Not allowed on the same date of service with D9230, D9243 or D9248.	narrative of medical necessity
<b>D9223</b>	deep sedation/general anesthesia – each 15 minute increment	0-20		Yes	Permit B is required. Not allowed on the same date of service with D9230, D9239, D9243 or D9248. Each 15-minute increment is based on medical necessity.	narrative of medical necessity
<b>D9230</b>	inhalation of nitrous oxide/analgesia, anxiolysis	0-20		No	Not allowed on the same date of service as D9222, D9223, D9239, D9243 or D9248.	narrative of medical necessity
<b>D9239</b>	intravenous moderate (conscious) sedation/analgesia – first 15 minute increment	0-20		Yes	One of (D9222, D9239) per Day Per Business. Permit A or B is required. Not allowed on the same date of service with D9223, D9230, or D9248.	narrative of medical necessity
<b>D9243</b>	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	0-20		Yes	Permit A or B is required. Not allowed on the same date of service with D9222, D9230, -or D9248. Each 15-minute increment is based on medical necessity.	narrative of medical necessity
<b>D9248</b>	non-intravenous moderate (conscious) sedation	0-20		Yes	Limited to patients who are extremely apprehensive, mentally or physically handicapped, or those having extensive treatment in a single appointment. Permit A or B is required. Not allowed on same date of service as D9222, D9223, D9230, or D9243.	narrative of medical necessity
<b>D9310</b>	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0-20		No		narrative of medical necessity
<b>D9610</b>	therapeutic drug injection	0-20		Yes	Name of drug and amount administered.	narrative of medical necessity

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D9630</b>	Other Drugs and Medicaments by report	0-20		Yes	Name of drug and amount administered.	narrative of medical necessity
<b>D9999</b>	unspecified adjunctive procedure, by report	0-20		Yes	Description of service and narrative of medical necessity.	narrative of medical necessity

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Diagnostic Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D0120</b>	Period oral evaluation – established patient	21 and older		No	One of (D0120, D0150) per 12 Month(s) Per patient	
<b>D0140</b>	Limited oral evaluation – problem focused	21 and older		No	One of (D0140, D9110) per Day(s) Per Business. Limited emergency exam will only be covered when to treat pain, infection, swelling, uncontrolled bleeding, or traumatic injury. Not covered with D9110 on same date of service.	Description of emergency and services provided with claim
<b>D0150</b>	Comprehensive oral evaluation new or established patient	21 and older		No	One of (D0150) per patient lifetime per Business. One of (D0120, D0150) per 12 Months per patient.	
<b>D0210</b>	Intraoral – completed series of radiographic images	21 and older		No	One of (D0210, D0277, D0330) per 36 Month Per patient.	
<b>D0220</b>	Intraoral – periapical first radiographic images	21 and older		No	One per Day per Business. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0230</b>	Intraoral – periapical each additional radiographic images	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0270</b>	Bitewing – single radiographic image	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0272</b>	Bitewings-Two Films	21 and older		No	One of (D0272 or D0274) per 12 Month per Business. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0274</b>	Bitewings-Four Films	21 and older		No	One of (D0272 or D0274) per 12 Month per Business. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0277</b>	Vertical Bitewings – 7-8 Films	21 and older		No	One of (D0210, D0277, D0330) per 36 Month Per patient. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

<b>D0330</b>	Panoramic Film	21 and older		No	One of (D0210, D0277, D0330) per 36 Month Per patient. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
<b>D0999</b>	Encounter Rate Code	21 and older		No	One per day and D0999 must be on first line of claim with additional service listed.	

**Exhibit B**

**Benefits Covered for Adults - Age of 21 and Older  
Preventative Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D1110</b>	Prophylaxis –adult	21 and older		No	One (D1110, D4355, D4910) per year per patient. Removal of plaque, calculus and stains from tooth surfaces. Intended to control irrational factors.	
<b>D1354</b>	Interim caries arresting medicament application, per tooth	21 and older	Teeth 1-32, A-T	No	Maximum of four (4) teeth per day; Maximum two (2) applications per year per tooth; Maximum lifetime of six (6) applications per tooth. Not allowed with history of any prior or same day D2000, D3000 code on same tooth. Only allowed in Office setting.	

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Restorative Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D2140</b>	Amalgam - one surface, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2150</b>	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2160</b>	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2161</b>	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2330</b>	resin-based composite – one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2331</b>	resin-based composite – two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2332</b>	resin-based composite – three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2335</b>	resin-based composite - four or more surfaces or involving incisal angle (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2391</b>	resin-based composite – one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth. Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.	

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
<b>D2392</b>	resin-based composite – two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2393</b>	resin-based composite – three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2394</b>	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per patient per tooth per surface.	
<b>D2542</b>	onlay - metallic - two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
<b>D2543</b>	onlay - metallic - three surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
<b>D2544</b>	onlay - metallic – four or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
<b>D2642</b>	Onlay- porcelain/ceramic - two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
<b>D2643</b>	Onlay- porcelain/ceramic - three surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
<b>D2644</b>	Onlay- porcelain/ceramic – four or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
<b>D2740</b>	crown - porcelain/ceramic substrate	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792,	pre-operative X-ray

					D2931) per 60 Month(s) per patient per tooth.	
<b>D2750</b>	crown - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative X-ray
<b>D2751</b>	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative X-ray
<b>D2752</b>	crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative X-ray
<b>D2753</b>	Crown – Porcelain fused to Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per	pre-operative X-ray
<b>D2790</b>	crown - full cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931, D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth.	pre-operative X-ray
<b>D2791</b>	crown - full cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative X-ray
<b>D2792</b>	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth.	pre-operative X-ray
<b>D2910</b>	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 1 - 32	No		

<b>D2915</b>	re-cement or re-bond indirectly fabricated or prefabricated post and core	21 and older	Teeth 1 - 32	No	Not allowed within 6 months of D2954 (Prefabricated Post and Core in Addition to Crown) by the same provider or provider group.	
<b>D2920</b>	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No	Not allowed within 6 months of D2740 – D2792, by the same provider or provider group.	
<b>D2931</b>	prefabricated stainless steel crown-permanent tooth	21 and older	Teeth 1 - 32	Yes	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per patient per tooth. Authorization required for three or more crowns. Not compensated with construction of permanent crown.	pre-operative X-ray
<b>D2932</b>	prefabricated resin crown	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	One of (D2930, D2932, D2933, D2934) per lifetime per patient per tooth. Authorization required for three or more crowns. Not compensated with construction of permanent crown.	pre-operative X-ray
<b>D2940</b>	protective restoration	21 and older	Teeth 1 - 32, A - T	No	Not allowed within any 2000 or 3000 series code other than D3110 or D3120. (D3110 and D3120 are not covered services).	
<b>D2950</b>	core buildup, including any pins when required	21 and older	Teeth 1 - 32	No	One of (D2950, D2954) per 60 months per patient per tooth for All Permanent Teeth.	
<b>D2951</b>	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 - 32	No	Not allowed with (D2950, D2954) on the same date of service.	
<b>D2954</b>	prefabricated post and core in addition to crown	21 and older	Teeth 1 - 32	Yes	One (D2950, D2954) per 60 months per patient per tooth for All Permanent Teeth.	Final fill periapical X-ray

**Exhibit B**

**Benefits Covered for Adults - Age of 21 and Older  
Endodontic Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D3310</b>	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3310,) per Lifetime per tooth.	

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Periodontic Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D4210</b>	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4211</b>	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4240</b>	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4241</b>	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4249</b>	Clinical crown lengthening – hard tissue	21 and older	Teeth 1 - 32	No	One per lifetime per patient per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4260</b>	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4261</b>	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per Business per quadrant.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4263</b>	bone replacement graft - first site in quadrant	21 and older	Teeth 1 - 32	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4264</b>	bone replacement graft – each additional site in quadrant	21 and older	Teeth 1 - 32	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D4270</b>	pedicle soft tissue graft procedure	21 and older	Teeth 1 - 32	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4273</b>	subepithelial connective tissue graft procedure	21 and older	Teeth 1 - 32	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4274</b>	distal or proximal wedge procedure	21 and older	Teeth 1 - 32	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4277</b>	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	21 and older	Teeth 1 - 32, 51 - 82	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4278</b>	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	21 and older	Teeth 1 - 32, 51 - 82	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4320</b>	provision splinting - intracoronal	21 and older	Per Arch (01, 02, LA, UA)	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4321</b>	provision splinting - extracoronal	21 and older	Per Arch (01, 02, LA, UA)	No		pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4341</b>	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4342</b>	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4342, D4341) per 24 months per quadrant. One full mouth service is covered every 24 months.	pre-op X-ray(s), perio charting must show bone loss and pockets greater than 4mm.
<b>D4355</b>	full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	21 and older		No	One of (D1120, D4355) annually per patient in an office setting.	
<b>D4910</b>	periodontal maintenance procedures	21 and older		Yes	Only covered after active therapy has been performed.	pre-op X-ray(s), perio charting

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Prosthodontic Services, Removable**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5110</b>	complete denture - maxillary	21 and older	Per Arch (01, LA)	Yes	One of (D5110, D5130) per 60 months per patient per arch.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5120</b>	complete denture - mandibular	21 and older	Per Arch (02, UA)	Yes	One of (D5120, D5140) per 60 months per patient.	Narr of med necessity, pre-op X-ray(s); Prior placement date
<b>D5130</b>	immediate denture - maxillary	21 and older		Yes	One of (D5130) per Lifetime per patient per arch.	Full Mouth X-ray
<b>D5140</b>	immediate denture - mandibular	21 and older		Yes	One of (D5140) per Lifetime per patient.	Full Mouth X-ray
<b>D5511</b>	repair broken complete denture base, Mandibular	21 and older		No		
<b>D5512</b>	repair broken complete denture base, Maxillary	21 and older		No		
<b>D5520</b>	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 - 32	No		
<b>D5611</b>	repair resin partial denture base, Mandibular	21 and older		No		
<b>D5612</b>	repair resin partial denture base, Maxillary	21 and older		No		
<b>D5621</b>	repair cast partial framework, Mandibular	21 and older	Per Arch (01, LA)	No		
<b>D5622</b>	repair cast partial framework, Maxillary	21 and older	Per Arch (02, UA)	No		
<b>D5630</b>	repair or replace broken retentive/clasping materials – per tooth	21 and older	Teeth 1 - 32	No		
<b>D5640</b>	replace broken teeth-per tooth	21 and older	Teeth 1 - 32	No		
<b>D5650</b>	add tooth to existing partial denture	21 and older	Teeth 1 - 32	No		
<b>D5730</b>	reline complete maxillary denture (chairside)	21 and older		Yes	One of (D5730, D5750) per 24 months per patient.	Date of denture placement

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5731</b>	reline complete mandibular denture (chairside)	21 and older		Yes	One of (D5731, D5751) per 24 months per patient.	Date of denture placement
<b>D5740</b>	reline maxillary partial denture (chairside)	21 and older		Yes	One of (D5740, D5760) per 24 months per patient.	Date of denture placement
<b>D5741</b>	reline mandibular partial denture (chairside)	21 and older		Yes	One of (D5741, D5761) per 24 months per patient.	Date of denture placement
<b>D5750</b>	reline complete maxillary denture (laboratory)	21 and older		Yes	One of (D5730, D5750) per 24 months per patient.	Date of denture placement
<b>D5751</b>	reline complete mandibular denture (laboratory)	21 and older		Yes	One of (D5731, D5751) per 24 months per patient.	Date of denture placement
<b>D5760</b>	reline maxillary partial denture (laboratory)	21 and older		Yes	One of (D5740, D5760) per 24 months per patient.	Date of denture placement
<b>D5761</b>	reline mandibular partial denture (laboratory)	21 and older		Yes	One of (D5741, D5761) per 24 months per patient.	Date of denture placement

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Maxillofacial Prosthetic Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5911</b>	facial moulage (sectional)	21 and older		Yes		narrative of medical necessity
<b>D5912</b>	facial moulage (complete)	21 and older		Yes		narrative of medical necessity
<b>D5913</b>	nasal prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5914</b>	auricular prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5915</b>	orbital prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5916</b>	ocular prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5919</b>	facial prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5922</b>	nasal septal prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5923</b>	ocular prosthesis, interim	21 and older		Yes		narrative of medical necessity
<b>D5924</b>	cranial prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5925</b>	facial augment implant prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5926</b>	nasal prosthesis, replacement	21 and older		Yes		narrative of medical necessity
<b>D5927</b>	auricular prosthesis, replace	21 and older		Yes		narrative of medical necessity
<b>D5928</b>	orbital prosthesis, replace	21 and older		Yes		narrative of medical necessity
<b>D5929</b>	facial prosthesis, replacement	21 and older		Yes		narrative of medical necessity
<b>D5931</b>	obturator prosthesis, surgical	21 and older		Yes		narrative of medical necessity
<b>D5932</b>	obturator prosthesis, definitive	21 and older		Yes		narrative of medical necessity
<b>D5933</b>	obturator prosthesis, modification	21 and older		Yes		narrative of medical necessity
<b>D5934</b>	mandibular resection prosthesis with guide flange	21 and older		Yes		narrative of medical necessity
<b>D5935</b>	mandibular resection prosthesis without guide flange	21 and older		Yes		narrative of medical necessity
<b>D5936</b>	obturator prosthesis, interim	21 and older		Yes		narrative of medical necessity
<b>D5937</b>	trismus appliance (not for TMD treatment)	21 and older		Yes	Not for TMD treatment.	narrative of medical necessity
<b>D5951</b>	feeding aid	21 and older		Yes		narrative of medical necessity

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D5953</b>	speech aid prosthesis, adult	21 and older		Yes		narrative of medical necessity
<b>D5954</b>	palatal augment prosthesis	21 and older		Yes		narrative of medical necessity
<b>D5955</b>	palatal lift prosthesis, definitive	21 and older		Yes		narrative of medical necessity
<b>D5958</b>	palatal lift prosthesis, interim	21 and older		Yes		narrative of medical necessity
<b>D5959</b>	palatal lift prosthesis, modification	21 and older		Yes		narrative of medical necessity
<b>D5960</b>	speech aid prosthesis, modification	21 and older		Yes		narrative of medical necessity
<b>D5982</b>	surgical stent	21 and older		Yes		narrative of medical necessity
<b>D5983</b>	radiation carrier	21 and older		Yes		narrative of medical necessity
<b>D5984</b>	radiation shield	21 and older		Yes		narrative of medical necessity
<b>D5985</b>	radiation cone locator	21 and older		Yes		narrative of medical necessity
<b>D5986</b>	fluoride gel carrier	21 and older		Yes		narrative of medical necessity
<b>D5987</b>	commissure splint	21 and older		Yes		narrative of medical necessity
<b>D5988</b>	surgical splint	21 and older		Yes		narrative of medical necessity
<b>D5999</b>	unspecified maxillofacial prosthesis, by report	21 and older		Yes		narrative of medical necessity

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Prosthodontic Services, Fixed**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D6930</b>	re-cement or re-bond fixed partial denture	21 and older	Teeth 5 - 12, 21 - 28	No	Not billable by same provider within 6 months of placement.	
<b>D6999</b>	fixed prosthodontic procedure	21 and older	Teeth 1 - 32	Yes	Description of service and narrative of medical necessity.	narr. of med. necessity, pre-op X-ray(s)

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Oral and Maxillofacial Surgery Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D7140</b>	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
<b>D7210</b>	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	
<b>D7220</b>	removal of impacted tooth-soft tissue	21 and older	Teeth 1 - 32, 51 - 82	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7230</b>	removal of impacted tooth-partially bony	21 and older	Teeth 1 - 32, 51 - 82	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7240</b>	removal of impacted tooth-completely bony	21 and older	Teeth 1 - 32, 51 - 82	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7250</b>	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	pre-op X-ray(s)
<b>D7270</b>	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	21 and older	Teeth 1 - 32	Yes	Narrative with claim for prepayment review.	narrative of medical necessity
<b>D7310</b>	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30,40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per Lifetime Per patient per quadrant.	pre-op X-ray(s)
<b>D7311</b>	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30,40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per Lifetime Per patient per quadrant.	pre-op X-ray(s)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
<b>D7320</b>	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7320, D7321) per Lifetime Per patient per quadrant.	Diagnostic models
<b>D7321</b>	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30,40, LL, LR, UL, UR)	Yes	One of (D7320, D7321) per Lifetime Per patient per quadrant.	Diagnostic models
<b>D7450</b>	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes		Pathology report
<b>D7451</b>	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes		Pathology report
<b>D7460</b>	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes		Pathology report
<b>D7461</b>	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes		Pathology report
<b>D7510</b>	incision and drainage of abscess - intraoral soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7510, D7511) per Day(s) Per patient per tooth. Not allowed on the same date of service as D7140-D7250 (extractions).	narr. of med. necessity, pre-op X-ray(s)
<b>D7511</b>	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	21 and older		Yes	One of (D7510, D7511) per Day(s) Per patient.	narr. of med. necessity, pre-op X-ray(s)
<b>D7610</b>	maxilla - open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7620</b>	maxilla - closed reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7630</b>	mandible-open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7640</b>	mandible - closed reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7710</b>	maxilla - open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D7720</b>	maxilla - closed reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7730</b>	mandible - open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7740</b>	mandible - closed reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7810</b>	open reduction of dislocation	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7820</b>	closed reduction dislocation	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
<b>D7999</b>	unspecified oral surgery procedure, by report	21 and older		Yes		narrative of medical necessity

**Exhibit B**  
**Benefits Covered for Adults - Age of 21 and Older**  
**Adjunctive General Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D9110</b>	palliative (emergency) treatment of dental pain - minor procedure	21 and older		No	One of (D0140, D9110) per day per Business. Not covered with D0140 on same date of service.	
<b>D9222</b>	deep sedation/general anesthesia – first 15 minute increment	21 and older		Yes	One of (D9222, D9239) per 1 Day Per Business. Permit B is required. Not allowed on the same date of service with D9230, D9243 or D9248.	narrative of medical necessity
<b>D9223</b>	deep sedation/general anesthesia – each 15 minute increment	21 and older		Yes	Permit B is required. Not allowed on the same date of service with D9230, D9239 or D9248. Each 15-minute increment is based on medical necessity.	narrative of medical necessity
<b>D9230</b>	inhalation of nitrous oxide/analgesia, anxiolysis	21 and older		No	Not allowed on the same date of service as D9222, D9223, D9239, D9243 or D9248.	
<b>D9239</b>	intravenous moderate (conscious) sedation/analgesia – first 15 minute increment	21 and older		Yes	One of (D9222, D9239) per Day Per Business. Permit A or B is required. Not allowed on the same date of service with D9223, D9230, or D9248.	narrative of medical necessity
<b>D9243</b>	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	21 and older		Yes	Permit A or B is required. Not allowed on the same date of service with D9222, D9230, or D9248. Each 15-minute increment is based on medical necessity.	narrative of medical necessity
<b>D9248</b>	non-intravenous moderate (conscious) sedation	21 and older		Yes	Limited to patients who are extremely apprehensive, mentally or physically handicapped, or those having extensive treatment in a single appointment. Permit A or B is required. Not allowed on same date of service as D9222, D9223, D9230, or D9243.	narrative of medical necessity
<b>D9310</b>	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	21 and older		No		
<b>D9610</b>	Therapeutic drug injection, by report	21 and older		Yes	Name of drug and amount administered.	narrative of medical necessity
<b>D9630</b>	Other drugs and/or medicaments, by report	21 and older		Yes	Name of drug and amount administered.	narrative of medical necessity

<b>D9999</b>	unspecified adjunctive procedure, by report	21 and older		Yes	Description of service and narrative of medical necessity.	narrative of medical necessity
--------------	---	--------------	--	-----	--	--------------------------------

**Exhibit C**  
**Benefits Covered for Pregnant Women**  
**Diagnostic**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D0120</b>	Period oral evaluation	21 and older		No	One per 6 months per patient.	

**Preventive**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D1110</b>	Prophylaxis –adult	21 and older		No	One (D1110, D4355, D4910) per 6 months per patient. Removal of plaque, calculus and stains from tooth surfaces. Intended to control irrational factors.	

**Periodontics**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
<b>D4341</b>	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.	pre-op X-ray(s), perio charting
<b>D4342</b>	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4342, D4341) per 24 months per quadrant. One full mouth service is covered every 24 months.	pre-op X-ray(s), perio charting
<b>D4355</b>	full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	21 and older		No	One (D1110 or D4355) per 6 months per patient in an office setting.	