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

		Age	Teeth	Authorization		Documentation
Code	Description	Limitation	Covered	Required	Benefit Limitations	Required
					One per 6 Month(s) in office. Participants are also eligible for one periodic oral	
					evaluation performed in a school setting per benefit	
					per (08/01/xxxx – 07/31/xxxx).	
	Periodic oral evaluation –				Completion of a mandated school exam form is	
D0120	established patient	0-20		No	considered part of the oral examination.	
					One of (D0140, D9110) per Day(s) Per Business.	
					Limited emergency exam that is medically necessary	Description of
	Limited oral evaluation –				to treat pain, infection, swelling, uncontrolled bleeding, or traumatic injury.	emergency and services provided
D0140	problem focused	0-20		No	Not covered with D9110 on same date of service.	with claim
D0140		0-20		110	Not covered with 53110 off same date of service.	With Claim
	Comprehensive oral evaluation new or					
D0150	established patient	0-20		No	One per lifetime per Business.	
20.00	Cotabilotica patient	0 20		110	One per meanie per Baeineee.	
	Intraoral – completed series				One (D0210, D0277 or D0330) per 36 Month(s) Per	
D0210	of radiographic images	6-20		No	patient.	
	o. radiog.ap.iio iiiagoo	0 20				
	Intraoral – periapical first				One per Day per Business. Maximum reimbursement for a single date of service for radiographs limited to	
D0220	radiographic images	0-20		No	fee for Complete Series (D0210).	
DOLLO		0 20		110	` ` ` `	
	Intraoral – periapical each				Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series	
D0230	additional radiographic images	0-20		No	(D0210).	
D0230	Images	0-20		INO	1	
	B.,				Maximum reimbursement for a single date of service	
D0270	Bitewing – single	0-20		No	for radiographs limited to fee for Complete Series (D0210).	
D0210	radiographic image	0-20		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	
D0272	Bitewings-Two Films	2-20		No	(D0210).	
					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	
D0274	Bitewings-Four Films	10-20		No	(D0210).	
					One of (D0210, D0277, D0330) per 36 Month per	
	Vertical Diterrings 7.0				patient. Maximum reimbursement for a single date of	
D0277	Vertical Bitewings – 7-8	6.20		No	service for radiographs limited to fee for Complete	
ווצטע	Films	6-20	1	No	Series (D0210).	J

		Age	Teeth	Authorization		Documentation
Code	Description	Limitation	Covered	Required	Benefit Limitations	Required
D0330	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).	
D0601	Caries risk assessment and documentation, with a finding of low risk	0-20		No		
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0-20		No		
D0603	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1120	Prophylaxis - child	0-20		No	One of (D1120, D4355) per 6 Month in an office or school setting. Removal of plaque, calculus and stains from the tooth surfaces, intended to control local irrational factors	
D1206	Topical application of fluoride varnish  Topical application of	0-2		No	Three (3) of (D1206, D1208) per 12 months per patient in an office setting.  One of (D1206, D1208) per six (6) months	
D1206	fluoride	3-20			in an office or school.	
D1208	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.	
D1208	Topical application of fluoride - excluding varnish	3-20		No	One of (D1206, D1208) per six (6) months in an office or school.	
D1351	Sealant - per tooth	5-17	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One per Lifetime per patient per tooth. Regardless of place of service. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.	
D1354	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.	
D1510	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.	
D1516	Space maintainer - fixed – bilateral, maxillary	0-20		No	One per Lifetime per Business.	
D1517	Space maintainer - fixed – bilateral, mandibular	0-20		No	One per Lifetime per Business.	
D1520	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.	

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1526	Space maintainer- removable-bilateral, maxillary	0-20		No	One per Lifetime per Business.	
D1527	Space maintainer- removable- bilateral, mandibular	0-20	Per Arch (01, 02, LA, UA)	No	One per Lifetime per Business.	
D1551	Re-cement or re-bond space maintainer - Maxillary	0-20		No	One per 6 months per patient. Not allowed with 6 months of placement.	
D1552	Re-cement or re-bond space maintainer - Mandibular	0-20		No	One per 6 months per patient. Not allowed with 6 months of placement.	
D1553	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
	1				One of (D2140, D2150, D2160, D2161,	
					D2330, D2331, D2332, D2335, D2391,	
	Amalgam - one surface,		Teeth 1 -		D2392, D2393, D2394) per 12 months per	
D2140	primary or permanent	0-20	32, A - T	No	patient per tooth per surface.	
					One of (D2140, D2150, D2160, D2161,	
					D2330, D2331, D2332, D2335, D2391,	
	Amalgam - two surfaces,		Teeth 1 -		D2392, D2393, D2394) per 12 months per	
D2150	primary or permanent	0-20	32, A - T	No	patient per tooth per surface.	
					One of (D2140, D2150, D2160, D2161,	
					D2330, D2331, D2332, D2335, D2391,	
	Amalgam - three surfaces,		Teeth 1 -		D2392, D2393, D2394) per 12 months per	
D2160	primary or permanent	0-20	32, A - T	No	patient per tooth per surface.	
	Amalgam - four or more					
	surfaces, primary or		Teeth 1 -		One of (D2161, D2335, D2394) per 12	
D2161	permanent	0-20	32, A - T	No	months per patient per tooth.	
			,		One of (D2140, D2150, D2160, D2161,	
			Teeth 6 -		D2330, D2331, D2332, D2335, D2391,	
	Resin-based composite –		11, 22 - 27,		D2392, D2393, D2394) per 12 months per	
D2330	one surface, anterior	0-20	C - H, M - R	No	patient per tooth per surface.	
					One of (D2140, D2150, D2160, D2161,	
			Teeth 6 -		D2330, D2331, D2332, D2335, D2391,	
	Resin-based composite –		11, 22 - 27,		D2392, D2393, D2394) per 12 months per	
D2331	two surfaces, anterior	0-20	C - H, M - R	No	patient per tooth per surface.	
					One of (D2140, D2150, D2160, D2161,	
			Teeth 6 -		D2330, D2331, D2332, D2335, D2391,	
	Resin-based composite –		11, 22 - 27,		D2392, D2393, D2394) per 12 months per	
D2332	three surfaces, anterior	0-20	C - H, M - R	No	patient per tooth per surface.	
	Resin-based composite -					
	four or more surfaces or		Teeth 6 -			
	involving incisal angle		11, 22 - 27,		One of (D2161, D2335, D2394) per 12	
D2335	(anterior)	0-20	C - H, M - R	No	months per patient per tooth.	
					One of (D2140, D2150, D2160, D2161,	
					D2330, D2331, D2332, D2335, D2391,	
			T4-4 5		D2392, D2393, D2394) per 12 months per	
			Teeth 1 - 5,		patient per tooth per surface. Used to	
	Desir hand some site		12 - 21, 28 -		restore a carious lesion into the dentin or a	
D2204	Resin-based composite –	0.20	32, A, B, I -	No	deeply eroded area into the dentin. Not a	
D2391	one surface, posterior	0-20	L, S, T	No	preventive procedure.	

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2392	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.	Required
D2393	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.	
D2394	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.	
D2542	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)
D2543	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)
D2544	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)
D2642	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)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2643	Onlay- porcelain/ceramic -	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)
D2644	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)
D2740	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-
D2750	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-
D2751	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-

0 - 1 -	D	Age	Teeth	Authorization	Daniel College Control	Documentation
Code	Description	Limitation	Covered	Required	Benefit Limitations	Required
					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,	
	Crown - porcelain fused to				D6792) per 60 Month(s) Per	pre-operative X-
D2752	noble metal	0-20	Teeth 1 - 32	Yes	patient per tooth.	ray
					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,	
	Crown- Porcelain Fused to				D6751, D6752, D6753, D6790, D6791,	
	Titanium and Titanium				D6792) per 60 Month(s) Per	pre-operative X-
D2753	Alloys	0-20	Teeth 1 - 32	Yes	patient per tooth.	ray
22.00	7	0 20	100011 02	100	One of (D2542, D2543, D2544, D2642,	- i dy
					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,	
	Crown full cost bigh poble					nra anarativa V
D2790	Crown - full cast high noble metal	0-20	Teeth 1 - 32	Yes	D6792) per 60 Month(s) Per	pre-operative X-
D2130	metai	0-20	166(111-32	162	patient per tooth.  One of (D2542, D2543, D2544, D2642,	ray
					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,	
	Crown - full cast				D6792) per 60 Month(s) Per	pre-operative X-
D2791	predominantly base metal	0-20	Teeth 1 - 32	Yes	patient per tooth.	ray
					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,	
	Crown - full cast noble				D6792) per 60 Month(s) Per	pre-operative X-
D2792	metal	0-20	Teeth 1 - 32	Yes	patient per tooth.	ray
	Re-cement or re-bond					
	inlay, onlay, veneer or					
D2910	partial coverage restoration	0-20	Teeth 1 - 32	No		
D2310	partial coverage restoration	0-20	166111-92	INU		

		Age	Teeth	Authorization		Documentation
Code	Description	Limitation	Covered	Required	Benefit Limitations	Required
D2915	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.	
D2920	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.	
D2930	Prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No	One of (D2930, D2932, D2933, D2934) per Lifetime per tooth.	
D2931	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
D2932	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-
D2933	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.	
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth A - T	No	One of (D2930, D2932, D2933, D2934) per Lifetime per tooth	
D2940	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.	
D2950	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.	
D2951	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.	
D2954	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	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.	
D3222	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)
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0-20	Teeth C - H, M -	No		
D3310	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.	
D3320	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.	
D3330	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.	
D3351	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.	pre-operative X-ray(s)
D3352	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)
D3353	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)
D3410	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**

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	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
D4211	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
D4240	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
D4241	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
D4249	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
D4260	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
D4261	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
D4263	Bone replacement graft - first site in quadrant	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
D4264	Bone replacement graft – each additional site in quadrant	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
D4270	Pedicle soft tissue graft procedure	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4273	Subepithelial connective tissue graft procedure	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
D4274	Distal or proximal wedge procedure	0-20	Teeth 1 - 32	Yes		pre-op X-ray(s), perio charting
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	0-20	Teeth 1 - 32, 51	Yes		pre-op X-ray(s), perio charting
D4278	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
D4320	Provision splinting - intracoronal	0-20	Per Arch (01, 02, LA, UA)	Yes		pre-op X-ray(s), perio charting
D4321	Provision splinting - extracoronal	0-20	Per Arch (01, 02, LA, UA)	Yes		pre-op X-ray(s), perio charting
D4341	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
D4342	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
D4355	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.	
D4910	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	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
D5120	Complete 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
D5130	Immediate denture - maxillary	0-20		Yes	One of (D5130) per Lifetime per patient.	Full Mouth X-ray
D5140	Immediate denture - mandibular	0-20		Yes	One of (D5140) per Lifetime per patient.	Full Mouth X-ray
D5211	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
D5212	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
D5213	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
D5214	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
D5221	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
D5222	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

Codo	Description	Age	Tooth Covered	Authorization	Donalit Limitations	Documentation
Code	Description	Limitation	Teeth Covered	Required	Benefit Limitations One of (D5110, D5120,	Required
D5223	Immediate Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	0-20		Yes	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

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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	Facial moulage (sectional)	0-20		Yes		narrative of medical necessity
D5912	Facial moulage (complete)	0-20		Yes		narrative of medical necessity
D5913	Nasal prosthesis	0-20		Yes		narrative of medical necessity
D5914	Auricular prosthesis	0-20		Yes		narrative of medical necessity
D5915	Orbital prosthesis	0-20		Yes		narrative of medical necessity
D5916	Ocular prosthesis	0-20		Yes		narrative of medical necessity
D5919	Facial prosthesis	0-20		Yes		narrative of medical necessity
D5922	Nasal septal prosthesis	0-20		Yes		narrative of medical necessity
D5923	Ocular prosthesis, interim	0-20		Yes		narrative of medical necessity
D5924	Cranial prosthesis	0-20		Yes		narrative of medical necessity
D5925	Facial augment implant prosthesis	0-20		Yes		narrative of medical necessity
D5926	Nasal prosthesis, replacement	0-20		Yes		narrative of medical necessity
D5927	Auricular prosthesis, replace	0-20		Yes		narrative of medical necessity
D5928	Orbital prosthesis, replace	0-20		Yes		narrative of medical necessity
D5929	Facial prosthesis, replacement	0-20		Yes		narrative of medical necessity
D5931	Obturator prosthesis, surgical	0-20		Yes		narrative of medical necessity
D5932	Obturator prosthesis, definitive	0-20		Yes		narrative of medical necessity
D5933	Obturator prosthesis, modification	0-20		Yes		narrative of medical necessity
D5934	Mandibular resection prosthesis with guide flange	0-20		Yes		narrative of medical necessity
D5935	Mandibular resection prosthesis without guide flange	0-20		Yes		narrative of medical necessity
D5936	Obturator prosthesis, interim	0-20		Yes		narrative of medical necessity
D5937	Trismus appliance (not for TMD treatment)	0-20		Yes	Not for TMD treatment.	narrative of medical necessity
D5951	Feeding aid	0-20		Yes		narrative of medical necessity

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5952	Speech aid prosthesis, pediatric	0-20		Yes		narrative of medical necessity
D5953	Speech aid prosthesis, adult	0-20		Yes		narrative of medical necessity
D5954	Palatal augment prosthesis	0-20		Yes		narrative of medical necessity
D5955	Palatal lift prosthesis, definitive	0-20		Yes		narrative of medical necessity
D5958	Palatal lift prosthesis, interim	0-20		Yes		narrative of medical necessity
D5959	Palatal lift prosthesis, modification	0-20		Yes		narrative of medical necessity
D5960	Speech aid prosthesis, modification	0-20		Yes		narrative of medical necessity
D5982	Surgical stent	0-20		Yes		narrative of medical necessity
D5983	Radiation carrier	0-20		Yes		narrative of medical necessity
D5984	Radiation shield	0-20		Yes		narrative of medical necessity
D5985	Radiation cone locator	0-20		Yes		narrative of medical necessity
D5986	Fluoride gel carrier	0-20		Yes		narrative of medical necessity
D5987	Commissure splint	0-20		Yes		narrative of medical necessity
D5988	Surgical splint	0-20		Yes		narrative of medical necessity
D5999	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

		Age	Teeth	Authorization		Documentation
Code	Description	Limitation	Covered	Required	Benefit Limitations	Required
D6210	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)
D6211	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)
D6212	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)
D6240	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)
D6241	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)
D6242	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)
D6251	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)
D6721	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)
D6750	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)
D6751	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)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6752	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)
D6753	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)
D6790	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)
D6791	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)
D6792	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)
D6930	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.	
D6999	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

		Age		Authorization		Documentation
Code	Description	Limitation	Teeth Covered	Required	Benefit Limitations	Required
			Teeth 1 - 32, 51 - 82, A			
			- T, AS, BS, CS, DS,			
	Extraction, erupted tooth or		ES, FS, GS, HS, IS, JS,			
D7140	exposed root (elevation	0.00	KS, LS, MS, NS, OS,	NI-		
D/ 140	and/or forceps removal)	0-20	PS, QS, RS, SS, TS	No		
	Surgical removal of erupted tooth requiring removal of		Teeth 1 - 32, 51 - 82, A			
	bone and/or sectioning of		- T, AS, BS, CS, DS,		Prophylactic removal of	
	tooth, and including		ES, FS, GS, HS, IS, JS,		asymptomatic tooth or tooth	
	elevation of mucoperiosteal		KS, LS, MS, NS, OS,		free from pathology is not a	
D7210	flap if indicated	0-20	PS, QS, RS, SS, TS	No	covered benefit.	
	inap ii iiiaiaataa	0 20	. 5, 55, 115, 55, 15	1.10	Prophylactic removal of	
					asymptomatic tooth or tooth	
	Removal of impacted tooth-				free from pathology is not a	
D7220	soft tissue	0-20	Teeth 1 - 32, 51 - 82	Yes	covered benefit.	pre-op X-ray(s)
					Prophylactic removal of	
					asymptomatic tooth or tooth	
	Removal of impacted tooth-				free from pathology is not a	
D7230	partially bony	0-20	Teeth 1 - 32, 51 - 82	Yes	covered benefit.	pre-op X-ray(s)
					Prophylactic removal of	
	Dana and of improved				asymptomatic tooth or tooth	
D7240	Removal of impacted tooth-completely bony	0-20	Teeth 1 - 32, 51 - 82	Yes	free from pathology is not a covered benefit.	pro on V roy(o)
D1240	tooth-completely bony	0-20	Teeth 1 - 32, 51 - 82, A	162	covered benefit.	pre-op X-ray(s)
			- T, AS, BS, CS, DS,		Prophylactic removal of	
	Surgical removal of residual		ES, FS, GS, HS, IS, JS,		asymptomatic tooth or tooth	
	tooth roots (cutting		KS, LS, MS, NS, OS,		free from pathology is not a	
D7250	procedure)	0-20	PS, QS, RS, SS, TS	Yes	covered benefit.	pre-op X-ray(s)
	Tooth reimplantation and/or					
	stabilization of accidentally				Narrative with claim for	narrative of
D7270	evulsed or displaced tooth	0-20	Teeth 1 - 32	Yes	prepayment review.	medical necessity
					To expose crown of an	
					impacted tooth not intended	
	Surgical access of an				to be extracted. For	l
D7280	unerupted tooth	0-20	Teeth 1 - 32	Yes	orthodontic reasons.	pre-op X-ray(s)
					One of D7283 per Lifetime	
	Placement of device to				per patient per tooth. Allowed	
מפכת	facilitate eruption of	0.20	Tooth 1 22	Vac	only on approved orthodontic	nro on V rou(s)
D7283	impacted tooth	0-20	Teeth 1 - 32	Yes	cases per lifetime.	pre-op X-ray(s)

		Age		Authorization		Documentation
Code	Description	Limitation	Teeth Covered	Required	Benefit Limitations	Required
	Alveoloplasty in conjunction					
	with extractions - four or				One of (D7310, D7311) per	
	more teeth or tooth spaces,		Per Quadrant (10, 20,		Lifetime Per patient per	
D7310	per quadrant	0-20	30,40, LL, LR, UL, UR)	Yes	quadrant.	pre-op X-ray(s)
	Alveoloplasty in conjunction					
	with extractions - one to				One of (D7310, D7311) per	
	three teeth or tooth spaces,		Per Quadrant (10, 20,		Lifetime Per patient per	
D7311	per quadrant	0-20	30,40, LL, LR, UL, UR)	Yes	quadrant.	pre-op X-ray(s)
	Alveoloplasty not in					
	conjunction with extractions				One of (D7320, D7321) per	
	- four or more teeth or tooth		Per Quadrant (10, 20,		Lifetime Per patient per	Diagnostic
D7320	spaces, per quadrant	0-20	30, 40, LL, LR, UL, UR)	Yes	quadrant.	models
	Alveoloplasty not in					
	conjunction with extractions				One of (D7320, D7321) per	
	- one to three teeth or tooth		Per Quadrant (10, 20,		Lifetime Per patient per	Diagnostic
D7321	spaces, per quadrant	0-20	30,40, LL, LR, UL, UR)	Yes	quadrant.	models
	Removal of odontogenic					
	cyst or tumor - lesion					
D7450	diameter up to 1.25cm	0-20		Yes		Pathology report
	Removal of odontogenic					
	cyst or tumor - lesion greater					
D7451	than 1.25cm	0-20		Yes		Pathology report
D1401	Removal of nonodontogenic	0-20		163		T attrology report
	cyst or tumor - lesion					
D7460	diameter up to 1.25cm	0-20		Yes		Pathology report
<i>D1400</i>	Removal of nonodontogenic	0-20		163		r attrology report
	cyst or tumor - lesion greater					
D7461	than 1.25cm	0-20		Yes		Pathology report
<i>D1401</i>	tian i.25cm	0-20	Teeth 1 - 32, 51 - 82, A	163	One of (D7510, D7511) per	T attrology report
			- T, AS, BS, CS, DS,		Day(s) Per patient per tooth.	
	Incision and drainage of		ES, FS, GS, HS, IS, JS,		Not allowed on the same date	narr. of med.
	abscess - intraoral soft		KS, LS, MS, NS, OS,		of service as D7140-D7250	necessity,
D7510	tissue	0-20	PS, QS, RS, SS, TS	Yes	(extractions).	pre-op X-ray(s)
21310	Incision and drainage of	0-20	1 0, 00, 10, 00, 10	103	(GALIGOLIOTIS).	pre-up A-ray(s)
	abscess - intraoral soft					
	tissue - complicated					narr. of med.
	(includes drainage of				One of (D7510, D7511) per	necessity,
D7511	multiple fascial spaces)	0-20		Yes	Day(s) Per patient.	pre-op X-ray(s)
2,011	manipie rasolal spaces)	0-20		100	Day(3) i di palielit.	narr. of med.
						necessity,
D7610	Maxilla - open reduction	0-20		Yes		pre-op X-ray(s)
2,010	Maxilla - Open reduction	0-20		100	1	narr. of med.
						necessity,
D7620	Maxilla - closed reduction	0-20		Yes		pre-op X-ray(s)
D1020	iviaxilla - Closed reduction	U-2U		162		pie-up A-lay(s)

		Age		Authorization		Documentation
Code	Description	Limitation	Teeth Covered	Required	Benefit Limitations	Required
						narr. of med.
D7020	NA 1911	0.00		V		necessity,
D7630	Mandible-open reduction	0-20		Yes		pre-op X-ray(s)
						narr. of med.
D7640	Mandible - closed reduction	0-20		Yes		necessity,
D7040	Waridible - closed reduction	0-20		165		pre-op X-ray(s) narr. of med.
						necessity,
D7710	Maxilla - open reduction	0-20		Yes		pre-op X-ray(s)
21110	Waxiiia opon roddollori	0 20		100		narr. of med.
						necessity.
D7720	Maxilla - closed reduction	0-20		Yes		pre-op X-ray(s)
						narr. of med.
						necessity,
D7730	Mandible - open reduction	0-20		Yes		pre-op X-ray(s)
						narr. of med.
						necessity,
D7740	Mandible - closed reduction	0-20		Yes		pre-op X-ray(s)
						narr. of med.
D7040	Open reduction of	0.00		V		necessity,
D7810	dislocation	0-20		Yes		pre-op X-ray(s)
						narr. of med.
						necessity,
D7820	Closed reduction dislocation	0-20		Yes		pre-op X-ray(s)
	Frenulectomy – also known					
	as frenectomy or frenotomy					
	<ul> <li>separate procedure not</li> </ul>					narr. of med.
	incidental to another				One of (D7960, D7963) per	necessity,
D7960	procedure	0-20		Yes	Lifetime Per patient per arch.	model or photo
						Narrative of
					On 1 (D7000 D7000)	medical
D7963	Franulaniant	0-20		Yes	One of (D7960, D7963) per	necessity and
D/903	Frenuloplasty	0-20		res	Lifetime Per patient per arch.	photos
	Unspecified oral surgery					narrative of medical
D7999	procedure, by report	0-20		Yes		necessity
פפפום	procedure, by report	0-20		169		HECESSILY

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

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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	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.	·
D9222	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
D9223	Deep sedation/general anesthesia – each 15 minute increment	0-20		Yes	Five of (D9223, D9243) per Day per Business. Permit B is required. Not allowed on the same date of service with D9230, D9239, D9243 or D9248.	narrative of medical necessity
D9230	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
D9239	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
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	0-20		Yes	Five of (D9223, D9243) per Day per Business. Permit A or B is required. Not allowed on the same date of service with D9222, D9230, -or D9248.	narrative of medical necessity
D9248	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
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0-20		No		narrative of medical necessity
D9610	Therapeutic drug injection	0-20		Yes	Name of drug and amount administered.	narrative of medical necessity

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9630	Other Drugs and Medicaments by report	0-20		Yes	Name of drug and amount administered.	narrative of medical necessity
D9999	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	Period oral evaluation – established patient	21 and older	0010104	No	One of (D0120, D0150) per 12 Month(s) Per patient	rtoquilou
D0140	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
D0150	Comprehensive oral evaluation new or stablished patient	21 and older		No	One of (D0150) per patient lifetime per Business. One of (D0120, D0150 per 12 Months per patient.	
D0210	Intraoral – completed series of radiographic images	21 and older		No	One of (D0210, D0277, D0330) per 36 Month Per patient.	
D0220	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).	
D0230	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).	
D0270	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).	
D0272	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).	
D0274	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).	
D0277	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).	
D0330	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).	
D0999	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
					One (D1110, D4355, D4910) per year per	
		21 and			patient. Removal of plaque, calculus and stains from tooth surfaces. Intended to	
D1110	Prophylaxis –adult	older		No	control irrational factors.	
					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	
	Interim caries arresting				history of any prior or same day D2000,	
	medicament application, per	21 and			D3000 code on same tooth. Only allowed	
D1354	tooth	older	Teeth 1-32, A-T	No	in Office setting.	

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

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

		Age	Teeth	Authorization		Documentation
Code	Description	Limitation	Covered	Required	Benefit Limitations	Required
	•		Teeth 1 - 5,		One of (D2140, D2150, D2160, D2161,	
			12 - 21, 28 -		D2330, D2331, D2332, D2335, D2391,	
	Resin-based composite –		32, A, B, I -		D2392, D2393, D2394) per 12 months per	
D2392	two surfaces, posterior	21 and older	L, S, T	No	patient per tooth per surface.	
			Teeth 1 - 5,		One of (D2140, D2150, D2160, D2161,	
			12 - 21, 28 -		D2330, D2331, D2332, D2335, D2391,	
	Resin-based composite –		32, A, B, I -		D2392, D2393, D2394) per 12 months per	
D2393	three surfaces, posterior	21 and older	L, S, T	No	patient per tooth per surface.	
			Teeth 1 - 5,		One of (D2140, D2150, D2160, D2161,	
	Resin-based composite -		12 - 21, 28 -		D2330, D2331, D2332, D2335, D2391,	
	four or more surfaces,		32, A, B, I -		D2392, D2393, D2394) per 12 months per	
D2394	posterior	21 and older	L, S, T	No	patient per tooth per surface.	
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Onlay - metallic - two				D2931) per 60 Month(s) Per	pre-operative x-
D2542	surfaces	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray(s)
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Onlay - metallic - three				D2931) per 60 Month(s) Per	pre-operative x-
D2543	surfaces	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray(s)
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Onlay - metallic – four or		<b>-</b>	.,	D2931) per 60 Month(s) Per	pre-operative x-
D2544	more surfaces	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray(s)
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
	Onlar, navadaja/aavamia				D2752, D2753, D2790, D2791, D2792,	nun an anativa v
D2642	Onlay- porcelain/ceramic -	24 004 5145	Tooth 4 00	Voc	D2931) per 60 Month(s) Per	pre-operative x-
D2642	two surfaces	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray(s)
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
	Onlay paradain/aaramia				D2752, D2753, D2790, D2791, D2792,	pro operative v
D2643	Onlay- porcelain/ceramic - three surfaces	21 and older	Teeth 1 - 32	Voc	D2931) per 60 Month(s) Per	pre-operative x-
D2043	unee sunaces	Z i and older	166111-32	Yes	patient per tooth.  One of (D2542, D2543, D2544, D2642,	ray(s)
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Onlay- porcelain/ceramic –				D2752, D2753, D2790, D2791, D2792, D2931) per 60 Month(s) Per	pre-operative x-
D2644		21 and older	Tooth 1 22	Voc		
D2644	four or more surfaces	Z i and older	Teeth 1 - 32	Yes	patient per tooth.	ray(s)

		Age	Teeth	Authorization		Documentation
Code	Description	Limitation	Covered	Required	Benefit Limitations	Required
	•			•	One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Crown - porcelain/ceramic				D2931) per 60 Month(s) Per	pre-operative X-
D2740	substrate	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Crown - porcelain fused to				D2931) per 60 Month(s) Per	pre-operative X-
D2750	high noble metal	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Crown - porcelain fused to				D2931) per 60 Month(s) Per	pre-operative X-
D2751	predominantly base metal	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray
					One of (D0E42, D0E42, D0E44, D0C42	
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
	Crown paradain fused to				D2752, D2753, D2790, D2791, D2792,	nro onorotivo V
D2752	Crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	D2931) per 60 Month(s) Per patient per tooth.	pre-operative X-
DZTSZ	Hobie metal	Z i and older	166111-32	162	One of (D2542, D2543, D2544, D2642,	ray
					D2643, D2644, D2740, D2750, D2751,	
	Crown – Porcelain fused to				D2752, D2753, D2790, D2791, D2792,	
	Titanium and Titanium				D2931) per 60 Month(s) Per	pre-operative X-
D2753	Alloys	21 and older	Teeth 1 - 32	Yes	bzoot) per oo wonan(s) i er	ray
52.00	7 tiloys	Z i ana olaci	100011 02	103	One of (D2542, D2543, D2544, D2642,	lay
					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,	
	Crown - full cast high noble				D6792) per 60 Month(s) Per	pre-operative X-
D2790	metal	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray
					One of (D2542, D2543, D2544, D2642,	•
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
	Crown - full cast				D2931) per 60 Month(s) Per	pre-operative X-
D2791	predominantly base metal	21 and older	Teeth 1 - 32	Yes	patient per tooth.	ray
					One of (D2542, D2543, D2544, D2642,	
					D2643, D2644, D2740, D2750, D2751,	
					D2752, D2753, D2790, D2791, D2792,	
					D2931) per 60 Month(s) Per	
	Crown - full cast noble				patient per tooth.	pre-operative X-
D2792	metal	21 and older	Teeth 1 - 32	Yes		ray

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 1 - 32	No		
D2915	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.	
D2920	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.	
D2931	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
D2932	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-
D2940	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).	
D2950	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.	
D2951	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.	
D2954	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

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

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

0.1.	B. a suituiti au	Age	Teeth	Authorization	Daniel Calling Calling	Barrier Barrier I
Code	Description	Limitation	Covered	Required	Benefit Limitations	Documentation Required
	Gingivectomy or gingivoplasty		Per Quadrant		One of (D4210, D4211,	
	- four or more contiguous teeth		(10, 20, 30,		D4240, D4241, D4260,	pre-op X-ray(s), perio charting
D4040	or tooth bounded spaces per		40, LL, LR,		D4261) per 24 months per	must show bone loss and
D4210	quadrant	21 and older	UL, UR)	No	Business per quadrant.	pockets greater that 4mm.
	Gingivectomy or gingivoplasty		Per Quadrant		One of (D4210, D4211,	
	- one to three contiguous teeth		(10, 20, 30,		D4240, D4241, D4260,	pre-op X-ray(s), perio charting
D4044	or tooth bounded spaces per		40, LL, LR,		D4261) per 24 months per	must show bone loss and
D4211	quadrant	21 and older	UL, UR)	No	Business per quadrant.	pockets greater that 4mm.
	Gingival flap procedure,		Per Quadrant		One of (D4210, D4211,	
	including root planing - four or		(10, 20, 30,		D4240, D4241, D4260,	pre-op X-ray(s), perio charting
D 40 40	more contiguous teeth or tooth		40, LL, LR,		D4261) per 24 months per	must show bone loss and
D4240	bounded spaces per quadrant	21 and older	UL, UR)	No	Business per quadrant.	pockets greater that 4mm.
	Gingival flap procedure,		Per Quadrant		One of (D4210, D4211,	
	including root planing - one to		(10, 20, 30,		D4240, D4241, D4260,	pre-op X-ray(s), perio charting
	three contiguous teeth or tooth		40, LL, LR,		D4261) per 24 months per	must show bone loss and
D4241	bounded spaces per quadrant	21 and older	UL, UR)	No	Business per quadrant.	pockets greater that 4mm.
					One per lifetime per patient	
					per tooth. Not allowed in	
					same quadrant as D4260	pre-op X-ray(s), perio charting
	Clinical crown lengthening –				or D4261 within a 24 month	must show bone loss and
D4249	hard tissue	21 and older	Teeth 1 - 32	No	period.	pockets greater that 4mm.
	Osseous surgery (including					
	elevation of a full thickness		Per Quadrant		One of (D4210, D4211,	
	flap and closure) - four or more		(10, 20, 30,		D4240, D4241, D4260,	pre-op X-ray(s), perio charting
	contiguous teeth or tooth		40, LL, LR,		D4261) per 24 months per	must show bone loss and
D4260	bounded spaces per quadrant	21 and older	UL, UR)	No	quadrant.	pockets greater that 4mm.
	Osseous surgery (including					
	elevation of a full thickness		Per Quadrant		One of (D4210, D4211,	
	flap and closure) - one to three		(10, 20, 30,		D4240, D4241, D4260,	pre-op X-ray(s), perio charting
	contiguous teeth or tooth		40, LL, LR,		D4261) per 24 months per	must show bone loss and
D4261	bounded per quadrant	21 and older	UL, UR)	No	Business per quadrant.	pockets greater that 4mm.
						pre-op X-ray(s), perio charting
	Bone replacement graft - first					must show bone loss and
D4263	site in quadrant	21 and older	Teeth 1 - 32	No		pockets greater that 4mm.
						pre-op X-ray(s), perio charting
	Bone replacement graft – each					must show bone loss and
D4264	additional site in quadrant	21 and older	Teeth 1 - 32	No		pockets greater that 4mm.

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
Code	Description	Lillitation	Covered	Required	Belletit Littitations	pre-op X-ray(s), perio charting
	Pedicle soft tissue graft					must show bone loss and
D4270	procedure	21 and older	Teeth 1 - 32	No		pockets greater that 4mm.
	F. 5555					pre-op X-ray(s), perio charting
	Subepithelial connective tissue					must show bone loss and
D4273	graft procedure	21 and older	Teeth 1 - 32	No		pockets greater that 4mm.
						pre-op X-ray(s), perio charting
D 4074	Distal or proximal wedge					must show bone loss and
D4274	procedure	21 and older	Teeth 1 - 32	No		pockets greater that 4mm.
D4277	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 that 4mm.
D4278	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 that 4mm.
						pre-op X-ray(s), perio charting
	Provision splinting -		Per Arch (01,			must show bone loss and
D4320	intracoronal	21 and older	02, LA, UA)	No		pockets greater that 4mm.
	<b>.</b>		D 4 1 /04			pre-op X-ray(s), perio charting
D4321	Provision splinting -	21 and older	Per Arch (01,	No		must show bone loss and
D4321	extracoronal	21 and older	02, LA, UA) Per Quadrant	No	One of (D4341, D4342) per	pockets greater that 4mm.
	Periodontal scaling and root		(10, 20, 30,		24 months per quadrant.	pre-op X-ray(s), perio charting
	planing - four or more teeth		40, LL, LR,		One full mouth service is	must show bone loss and
D4341	per quadrant	21 and older	UL, UR)	No	covered every 24 months.	pockets greater that 4mm.
			Per Quadrant		One of (D4342, D4341) per	
	Periodontal scaling and root		(10, 20, 30,		24 months per quadrant.	pre-op X-ray(s), perio charting
D 46 15	planing - one to three teeth per		40, LL, LR,		One full mouth service is	must show bone loss and
D4342	quadrant	21 and older	UL, UR)	No	covered every 24 months.	pockets greater that 4mm.
	Full mouth debridement to				One of (D1120, D1255)	
	enable comprehensive oral evaluation and diagnosis on a				One of (D1120, D4355) annually per patient in an	
D4355	subsequent visit	21 and older		No	office setting.	
2,300	GGDGGGGTT VIOIT	Z i dila diael		140	Only covered after active	
	Periodontal maintenance				therapy has been	
D4910	procedures	21 and older		Yes	performed.	pre-op X-ray(s), perio charting

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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	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
D5120	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
D5130	Immediate denture - maxillary	21 and older		Yes	One of (D5130) per Lifetime per patient per arch.	Full Mouth X-ray
D5140	Immediate denture - mandibular	21 and older		Yes	One of (D5140) per Lifetime per patient.	Full Mouth X-ray
D5511	Repair broken complete denture base, Mandibular	21 and older		No		
D5512	Repair broken complete denture base, Maxillary	21 and older		No		
D5520	Replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 - 32	No		
D5611	Repair resin partial denture base, Mandibular	21 and older	)	No		
D5612	Repair resin partial denture base, Maxillary	21 and older		No		
D5621	Repair cast partial framework, Mandibular	21 and older	Per Arch (01, LA)	No		
D5622	Repair cast partial framework, Maxillary	21 and older	Per Arch (02, UA)	No		
D5630	Repair or replace broken retentive/clasping materials – per tooth	21 and older	Teeth 1 - 32	No		
D5640	Replace broken teeth-per tooth	21 and older	Teeth 1 - 32	No		
D5650	Add tooth to existing partial denture	21 and older	Teeth 1 - 32	No		
D5730	Reline complete maxillary denture (chairside)	21 and older		Yes	One of (D5730, D5750) per 24 months per patient.	Date of denture placement

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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	Facial moulage (sectional)	21 and older	0010.00	Yes	Bonone Emiliations	narrative of medical necessity
	,					
D5912	Facial moulage (complete)	21 and older		Yes		narrative of medical necessity
D5913	Nasal prosthesis	21 and older		Yes		narrative of medical necessity
D5914	Auricular prosthesis	21 and older		Yes		narrative of medical necessity
D5915	Orbital prosthesis	21 and older		Yes		narrative of medical necessity
D5916	Ocular prosthesis	21 and older		Yes		narrative of medical necessity
D5919	Facial prosthesis	21 and older		Yes		narrative of medical necessity
D5922	Nasal septal prosthesis	21 and older		Yes		narrative of medical necessity
D5923	Ocular prosthesis, interim	21 and older		Yes		narrative of medical necessity
D5924	Cranial prosthesis	21 and older		Yes		narrative of medical necessity
D5925	Facial augment implant prosthesis	21 and older		Yes		narrative of medical necessity
D5926	Nasal prosthesis, replacement	21 and older		Yes		narrative of medical necessity
D5927	Auricular prosthesis, replace	21 and older		Yes		narrative of medical necessity
D5928	Orbital prosthesis, replace	21 and older		Yes		narrative of medical necessity
D5929	Facial prosthesis, replacement	21 and older		Yes		narrative of medical necessity
D5931	Obturator prosthesis, surgical	21 and older		Yes		narrative of medical necessity
D5932	Obturator prosthesis, definitive	21 and older		Yes		narrative of medical necessity
D5933	Obturator prosthesis, modification	21 and older		Yes		narrative of medical necessity
D5934	Mandibular resection prosthesis with guide flange	21 and older		Yes		narrative of medical necessity
D5935	Mandibular resection prosthesis without guide flange	21 and older		Yes		narrative of medical necessity
D5936	Obturator prosthesis, interim	21 and older		Yes		narrative of medical necessity
DE027	Trismus appliance (not for TMD	04 and -1-1-		Vac	Net for TMD tree to	
D5937	treatment)	21 and older		Yes	Not for TMD treatment.	narrative of medical necessity
D5951	Feeding aid	21 and older		Yes		narrative of medical necessity

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5953	Speech aid prosthesis, adult	21 and older		Yes		narrative of medical necessity
D5954	Palatal augment prosthesis	21 and older		Yes		narrative of medical necessity
D5955	Palatal lift prosthesis, definitive	21 and older		Yes		narrative of medical necessity
D5958	Palatal lift prosthesis, interim	21 and older		Yes		narrative of medical necessity
D5959	Palatal lift prosthesis, modification	21 and older		Yes		narrative of medical necessity
D5960	Speech aid prosthesis, modification	21 and older		Yes		narrative of medical necessity
D5982	Surgical stent	21 and older		Yes		narrative of medical necessity
D5983	Radiation carrier	21 and older		Yes		narrative of medical necessity
D5984	Radiation shield	21 and older		Yes		narrative of medical necessity
D5985	Radiation cone locator	21 and older		Yes		narrative of medical necessity
D5986	Fluoride gel carrier	21 and older		Yes		narrative of medical necessity
D5987	Commissure splint	21 and older		Yes		narrative of medical necessity
D5988	Surgical splint	21 and older		Yes		narrative of medical necessity
D5999	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	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.	
D6999	Fixed prosthodontic procedure	21 and older	Teeth 1 -	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
	Extraction, erupted tooth or exposed root (elevation		Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS,			
D7140	and/or forceps removal)	21 and older	PS, QS, RS, SS, TS	No		
D7210	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.	
D7220	Removal of impacted tooth-	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)
D7230	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)
D7240	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)
D7250	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)
D7270	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
D7310	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)
D7311	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)

		Age		Authorization		Documentation
Code	Description	Limitation	Teeth Covered	Required	Benefit Limitations	Required
	Alveoloplasty not in					
	conjunction with extractions				One of (D7320, D7321) per	
D7000	- four or more teeth or tooth	04   1   1	Per Quadrant (10, 20,		Lifetime Per patient per	Diagnostic
D7320	spaces, per quadrant	21 and older	30, 40, LL, LR, UL, UR)	Yes	quadrant.	models
	Alveoloplasty not in conjunction with extractions				One of (D7220 D7224) non	
	- one to three teeth or tooth		Per Quadrant (10, 20,		One of (D7320, D7321) per Lifetime Per patient per	Diagnostic
D7321	spaces, per quadrant	21 and older	30,40, LL, LR, UL, UR)	Yes	quadrant.	models
DISE	Removal of odontogenic	Z i and older	30,40, LL, LIX, OL, OK)	163	quadrant.	models
	cyst or tumor - lesion					
D7450	diameter up to 1.25cm	21 and older		Yes		Pathology report
	•					· · · · · · · · · · · · · · · · · · ·
	Removal of odontogenic cyst or tumor - lesion greater					
D7451	than 1.25cm	21 and older		Yes		Pathology report
<i>D1</i> 431	Removal of nonodontogenic	Z i and older		163		Tatrology report
	cyst or tumor - lesion					
D7460	diameter up to 1.25cm	21 and older		Yes		Pathology report
	Removal of nonodontogenic					3, 1, 1
	cyst or tumor - lesion greater					
D7461	than 1.25cm	21 and older		Yes		Pathology report
			Teeth 1 - 32, 51 - 82, A		One of (D7510, D7511) per	
			- T, AS, BS, CS, DS,		Day(s) Per patient per tooth.	
	Incision and drainage of		ES, FS, GS, HS, IS, JS,		Not allowed on the same date	narr. of med.
D7540	abscess - intraoral soft	04   1   1	KS, LS, MS, NS, OS,		of service as D7140-D7250	necessity,
D7510	tissue	21 and older	PS, QS, RS, SS, TS	Yes	(extractions).	pre-op X-ray(s)
	Incision and drainage of abscess - intraoral soft					
	tissue - complicated					narr. of med.
	(includes drainage of				One of (D7510, D7511) per	necessity,
D7511	multiple fascial spaces)	21 and older		Yes	Day(s) Per patient.	pre-op X-ray(s)
21011						narr. of med.
						necessity,
D7610	Maxilla - open reduction	21 and older		Yes		pre-op X-ray(s)
						narr. of med.
						necessity,
D7620	Maxilla - closed reduction	21 and older		Yes		pre-op X-ray(s)
						narr. of med.
D7020	Manualista anno 1 C	04		V		necessity,
D7630	Mandible-open reduction	21 and older		Yes		pre-op X-ray(s)
						narr. of med.
D7640	Mandible - closed reduction	21 and older		Yes		necessity, pre-op X-ray(s)
D1 040	mandible - closed reduction	Z I aliu Uluel		169		narr. of med.
						necessity,
D7710	Maxilla - open reduction	21 and older		Yes		pre-op X-ray(s)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
						narr. of med.
D7720	Maxilla - closed reduction	21 and older		Yes		necessity, pre-op X-ray(s)
D7730	Mandible - open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7740	Mandible - closed reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7810	Open reduction of dislocation	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7820	Closed reduction dislocation	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7999	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	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.	
D9222	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
D9223	Deep sedation/general anesthesia – each 15 minute increment	21 and older		Yes	Five of (D9223, D9243) per 1 Day per Business. Permit B is required. Not allowed on the same date of service with D9230, D9239 or D9248.	narrative of medical necessity
D9230	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.	
D9239	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
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	21 and older		Yes	Five of (D9223, D9243) per Day per Business. Permit A or B is required. Not allowed on the same date of service with D9222, D9230, or D9248.	narrative of medical necessity
D9248	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
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	21 and older		No		
D9610	Therapeutic drug injection, by report	21 and older		Yes	Name of drug and amount administered.	narrative of medical necessity
D9630	Other drugs and/or medicaments, by report	21 and older		Yes	Name of drug and amount administered.	narrative of medical necessity

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
						narrative of
	Unspecified adjunctive				Description of service and narrative of	medical
D9999	procedure, by report	21 and older		Yes	medical necessity.	necessity

## Exhibit C Benefits Covered for Pregnant Women Diagnostic

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

#### **Preventive**

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

#### **Periodontics**

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4341	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),
D4342	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
D4355	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.	