

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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	Periodic oral evaluation – established patient	0-20		No	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). Completion of a mandated school exam form is considered part of the oral examination.	
D0140	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
D0150	Comprehensive oral evaluation new or established patient	0-20		No	One per lifetime per Business.	
D0210	Intraoral – completed series of radiographic images	6-20		No	One (D0210, D0277 or D0330) per 36 Month(s) Per patient.	
D0220	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).	
D0230	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).	
D0270	Bitewing – single radiographic image	0-20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0272	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).	
D0274	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).	
D0277	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).	

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation 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	0-2		No	Three (3) of (D1206, D1208) per 12 months per patient in an office setting.	
D1206	Topical application of fluoride	3-20			One of (D1206, D1208) per six (6) months 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 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
D2140	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.	
D2150	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.	
D2160	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.	
D2161	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.	
D2330	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.	
D2331	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.	
D2332	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.	
D2335	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.	
D2391	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
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.	
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 - 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)
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-ray
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-ray
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-ray

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2752	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
D2753	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
D2790	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
D2791	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
D2792	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
D2910	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
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-ray
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 - R	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 - 82	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

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

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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation 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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	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		
D7210	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.	
D7220	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)
D7230	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)
D7240	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)
D7250	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)
D7270	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
D7280	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)
D7283	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
D7310	Alveoloplasty 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)
D7311	Alveoloplasty 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)
D7320	Alveoloplasty 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
D7321	Alveoloplasty 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
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes		Pathology report
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes		Pathology report
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes		Pathology report
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes		Pathology report
D7510	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)
D7511	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)
D7610	Maxilla - open reduction	0-20		Yes		narr. of med. necessity, pre-op X-ray(s)
D7620	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

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		No	One of (D0120, D0150) per 12 Month(s) Per patient	
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 established 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
D1110	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.	
D1354	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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	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.	
D2150	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.	
D2160	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.	
D2161	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.	
D2330	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.	
D2331	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.	
D2332	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.	
D2335	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.	
D2391	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
D2392	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.	
D2393	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.	
D2394	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.	
D2542	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)
D2543	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)
D2544	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)
D2642	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)
D2643	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)
D2644	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)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2740	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, D2931) per 60 Month(s) Per patient per tooth.	pre-operative X-ray
D2750	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
D2751	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
D2752	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
D2753	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 patient per tooth.	pre-operative X-ray
D2790	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
D2791	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
D2792	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

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-ray
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
D3310	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

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	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.
D4211	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.
D4240	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.
D4241	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.
D4249	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.
D4260	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.
D4261	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.
D4263	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.
D4264	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.

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4270	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.
D4273	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.
D4274	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.
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 than 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 than 4mm.
D4320	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.
D4321	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.
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), perio charting must show bone loss and pockets greater than 4mm.
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 must show bone loss and pockets greater than 4mm.
D4355	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.	
D4910	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
Prosthetic 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		Yes		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
D5937	Trismus appliance (not for TMD 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 - 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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	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		
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-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)
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)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7320	Alveoplasty 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
D7321	Alveoplasty 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
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes		Pathology report
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes		Pathology report
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes		Pathology report
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes		Pathology report
D7510	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)
D7511	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)
D7610	Maxilla - open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7620	Maxilla - closed reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7630	Mandible-open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7640	Mandible - closed reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)
D7710	Maxilla - open reduction	21 and older		Yes		narr. of med. necessity, pre-op X-ray(s)

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7720	Maxilla - closed reduction	21 and older		Yes		narr. of med. 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
D9999	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

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
D1110	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

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), perio charting
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.	