

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
DIAGNOSTIC SERVICES			
D0120 Tier I - Preventive	Periodic oral evaluation	Covered once in any 6-month period. Shares frequency with D0150	None
D0140 Tier I - Preventive	Limited oral evaluation: problem-focused	Does not count towards routine and oral exam limits	
D0145 Tier I - Preventive	Oral evaluation for a patient less than 3 years of age and counseling with primary caregiver	Covered once in any 6-month period. Up to age 3	
D0150 Tier I - Preventive	Comprehensive oral evaluation, new or established patient	Covered once in any 6-month period. Shares frequency with D0120	
D0160 Tier I - Preventive	Detailed, extensive oral evaluation: problem-focused, by report	Does not count towards routine and oral exam limits	
D0170 Tier I - Preventive	Re-evaluation: limited, problem focused (established patient, not post-operative visit)		
D0171 Tier I - Preventive	Re-evaluation - post-operative office visit		
D0180 Tier I - Preventive	Comprehensive periodontal evaluation: new or established patient	Covered once in any 6-month period	
PRE-DIAGNOSTIC SERVICES			
D0190	Screening of a patient	Not a covered benefit	N/A
D0191	Assessment of a patient		
IMAGE CAPTURE WITH INTERPRETATION			
D0210 Tier I - Preventive	Intraoral complete series of radiographic images	Covered once in any 36-month period. Shares frequency with D0330	None
D0220 Tier I - Preventive	Intraoral periapical – first radiographic image	1 per day (no waiting period)	
D0230 Tier I - Preventive	Intraoral periapical – each additional radiographic image	Not to exceed five films per date of service - Covered once in any 6-month period (No waiting period)	
D0240 Tier I - Preventive	Intraoral occlusal radiographic image		

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D0250 Tier I - Preventive	Extraoral – 2D projection radiographic image created using a stationary radiation source, and detector	Covered benefit	None
D0251 Tier I - Preventive	Extraoral posterior dental radiographic image		
D0270 Tier I - Preventive	Bitewing – single	Covered once in any 6-month period	
D0272 Tier I - Preventive	Bitewings – two (2)		
D0273 Tier I - Preventive	Bitewings – three (3)		
D0274 Tier I – Preventive	Bitewings – four (4)		
D0277 Tier I – Preventive	Vertical bitewings – seven (7) to eight (8)		
D0310 Tier I – Preventive	Sialography	Covered once in any 60-month period	
D0320	Temporomandibular joint arthrogram, including injection	Not a covered benefit	N/A
D0321	Other temporomandibular joint films, by report		
D0322	Tomographic survey		
D0330 Tier I - Preventive	Panoramic radiographic images	Covered once in any 36-month period. Shares frequency with D0210	None
D0340	Cephalometric radiographic images	Not a covered benefit	N/A
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		
D0351	3D photographic image		
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		

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D0367	Cone beam CT capture and interpretation with field of view of both jaws, with/without cranium	Not a covered benefit	N/A
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0369	Maxillofacial MRI capture and interpretation		
D0370	Maxillofacial ultrasound capture and interpretation		
D0371	Sialoendoscopy capture and interpretation		
IMAGE CAPTURE ONLY			
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Not a covered benefit	N/A
D0381	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		
D0382	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		
D0383	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium		
D0384	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0385	Maxillofacial MRI capture and interpretation		
D0386	Maxillofacial ultrasound capture and interpretation		
INTERPRETATION & REPORT ONLY			
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Not a covered benefit	N/A

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POST PROCESSING OF IMAGE OR IMAGE SETS			
D0393	Treatment simulation using 3D image volume	Not a covered benefit	N/A
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3D image volumes of one or more modalities		
TESTS AND EXAMINATIONS			
D0411	HbA1c in-office point of service testing	Not a covered benefit	N/A
D0412	Blood glucose level test		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral Culture		
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		
D0418	Analysis of saliva sample		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases – specimen analysis		
D0425	Caries susceptibility tests		
D0431 Tier I - Preventive	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions; does not include cytology or biopsy procedures	Covered once in any 6-month period, by report only	Detailed Narrative
D0460 Tier I - Preventive	Pulp vitality tests	Covered once in any 12-month period	None
D0470 Tier I - Preventive	Diagnostic casts	Covered benefit, by report only	Detailed Narrative

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ORAL PATHOLOGY LABORATORY			
D0472	Accession of tissue, gross examination, including preparation and transmission of written report	Not a covered benefit	N/A
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in-site hybridization, including interpretation		
D0480	Processing and interpretation of exfoliative cytologic smears, including preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report		

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D0502 Tier I - Preventive	Other oral pathology procedures, by report	Covered benefit, by report only	Detailed Narrative
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	Not a covered benefit	N/A
D0601 Tier I - Preventive	Caries risk assessment and documentation, with a finding of low risk	Covered once in any 6-month period. Under 21 years of age	None
D0602 Tier I - Preventive	Caries risk assessment and documentation, with a finding of moderate risk		
D0603 Tier I - Preventive	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health-related pathogen, including coronavirus	Not a covered benefit	N/A
D0605	Antibody testing for a public health-related pathogen, including coronavirus		
D0606	Molecular testing for a public health related pathogen, including coronavirus		
D0701	Panoramic radiographic image – image capture only		
D0702	2D cephalometric radiographic image - image capture only		
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only		
D0704	3D photographic image – image capture only		
D0705	Extra-oral posterior dental radiographic image – image capture only		
D0706	Intraoral – occlusal radiographic image – image capture only		
D0707	Intraoral – periapical radiographic image – image capture only		
D0708	Intraoral – bitewing radiographic image – image capture only		
D0709	Intraoral – complete series of radiographic images – image capture only		
D0999	Unspecified diagnostic procedure, by report		

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DENTAL PROPHYLAXIS			
D1110 Tier I - Preventive	Prophylaxis – adult	Covered once in any 6-month period For ages 14 and older	None
D1120 Tier I - Preventive	Prophylaxis – child	Covered once in any 6-month period For ages 13 and younger	
TOPICAL FLUORIDE TREATMENT OFFICE PROCEDURE			
D1206 Tier I - Preventive	Topical application of fluoride varnish	Covered once in any 12-month period Ages 16 or younger	None
D1208 Tier I - Preventive	Topical application of fluoride-excluding varnish		
OTHER PREVENTIVE SERVICES			
D1310	Nutritional counseling for control of dental disease	Not a covered benefit	N/A
D1320	Tobacco counseling for control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated w/ high-risk substance use		
D1330	Oral hygiene instructions		
D1351 Tier I - Preventive	Sealant – per tooth	Covered once in any 12-month period. Ages 14 and younger. For permanent molars only, no decay	Tooth Identification
D1352 Tier I - Preventive	Preventive resin restoration in a moderate to high caries-risk patient; permanent tooth		
D1353 Tier I - Preventive	Sealant repair – per tooth		
D1354	Interim caries arresting medicament application – per tooth	Not a covered benefit	N/A
D1355	Caries preventive medicament application – per tooth		

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SPACE MAINTENANCE (PASSIVE APPLIANCES)			
D1510 Tier I - Preventive	Space maintainer – fixed, unilateral	Once per arch per lifetime age thirteen and younger	Arch Identification
D1516 Tier I - Preventive	Space maintainer – fixed, bilateral maxillary		
D1517 Tier I – Preventive	Space maintainer – fixed, bilateral mandibular		
D1520 Tier I – Preventive	Space maintainer – removable, bilateral		
D1526 Tier I – Preventive	Space maintainer – removable, bilateral maxillary		
D1527 Tier I - Preventive	Space maintainer – removable, bilateral mandibular		
D1550 Tier I - Preventive	Re-cement or re-bond space maintainer	Covered once in any 12-month period	None
D1555	Removal of fixed space maintainer	Not a covered benefit	N/A
D1575 Tier I - Preventive	Distal shoe space maintainer, fixed – unilateral	Once per arch per lifetime, age thirteen and younger	Arch Identification
D1701	Pfizer- BioNTech COVID-19 vaccine administration – first dose	Not a covered benefit	N/A
D1702	Pfizer- BioNTech COVID-19 vaccine administration – second dose		
D1703	Moderna COVID-19 vaccine administration – first dose		
D1704	Moderna COVID-19 vaccine administration – second dose		
D1705	AstraZeneca COVID-19 vaccine administration – first dose		
D1706	AstraZeneca COVID-19 vaccine administration – second dose		
D1707	Janssen COVID-19 vaccine administration		
D1999	Unspecified preventive procedure, by report		
AMALGAM RESTORATIONS			
D2140 Tier II - Basic	Amalgam – 1 surface, permanent or primary	One restoration per surface, per tooth in any 12-month period	Tooth and surface identification
D2150 Tier II - Basic	Amalgam – 2 surfaces, permanent or primary		
D2160 Tier II - Basic	Amalgam – 3 surfaces, permanent or primary		

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D2161 Tier II - Basic	Amalgam – 4 or more surfaces, permanent or primary	One restoration per surface, per tooth in any 12-month period	Tooth and surface identification
RESIN-BASED COMPOSITE RESTORATIONS			
D2330 Tier II - Basic	Resin-based composite, 1 surface, anterior	One restoration per surface per tooth in any 12-month period	Tooth and surface identification
D2331 Tier II – Basic	Resin-based composite, 2 surfaces, anterior		
D2332 Tier II – Basic	Resin-based composite, 3 surfaces, anterior		
D2335 Tier II – Basic	Resin-based composite, 4 or more surfaces or involving incisal angle, anterior		
D2390 Tier II – Basic	Resin-based composite crown, anterior	Covered once per tooth in any 36-month period	Tooth Identification
D2391 Tier II – Basic	Resin-based composite, 1 surface, posterior, permanent or primary	One restoration per surface per tooth in any 12-month period	Tooth and surface identification
D2392 Tier II – Basic	Resin-based composite, 2 surfaces, posterior, permanent, or primary		
D2393 Tier II - Basic	Resin-based composite, 3 surface, posterior, permanent, or primary		
D2394 Tier II - Basic	Resin-based composite, 4 or more surfaces, posterior permanent, or primary		
GOLD FOIL RESTORATIONS			
D2410	Gold foil, 1 surface	Not a covered benefit	N/A
D2420	Gold foil, 2 surfaces		
D2430	Gold foil, 3 surfaces		
INLAY/ONLAY RESTORATIONS			
D2510 Tier III - Major	Inlay – metallic, 1 surface	Covered once in any 60-month period	Tooth and surface identification
D2520 Tier III – Major	Inlay – metallic, 2 surfaces		
D2530 Tier III – Major	Inlay – metallic, 3 or more surfaces		
D2542 Tier III – Major	Onlay – metallic, 2 surfaces		
D2543 Tier III – Major	Onlay – metallic, 3 surfaces		
D2544 Tier III - Major	Onlay – metallic, 4+ surfaces		

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D2610 Tier III – Major	Inlay – porcelain/ceramic, 1 surface	Covered once per tooth in any 60-month period	Tooth and surface identification
D2620 Tier III – Major	Inlay – porcelain/ceramic, 2 surfaces		
D2630 Tier III – Major	Inlay – porcelain/ceramic, 3 or more surfaces		
D2642 Tier III – Major	Onlay – porcelain/ceramic, 2 surfaces		
D2643 Tier III – Major	Onlay – porcelain/ceramic, 3 surfaces		
D2644 Tier III – Major	Onlay – porcelain/ceramic, 4 or more surfaces		
D2650 Tier III – Major	Inlay – resin-based composite, 1 surface		
D2651 Tier III – Major	Inlay – resin-based composite, 2 surfaces		
D2652 Tier III – Major	Inlay – resin-based composite, 3 or more surfaces		
D2662 Tier III – Major	Onlay – resin-based composite, 2 surfaces		
D2663 Tier III – Major	Onlay – resin-based composite, 3 surfaces		
D2664 Tier III – Major	Onlay – resin-based composite, 4 or more surfaces		
CROWNS, SINGLE RESTORATIONS ONLY			
D2710 Tier III – Major	Crown – resin-based composite (indirect)	Covered once in any 60-month period	Tooth Identification
D2712 Tier III – Major	Crown - $\frac{3}{4}$ resin-based composite (indirect), does not include facial veneers		
D2720 Tier III – Major	Crown – resin with high-noble metal		
D2721 Tier III – Major	Crown – resin with predominantly base metal		
D2722 Tier III – Major	Crown – resin with noble metal		
D2740 Tier III – Major	Crown – porcelain/ceramic substrate		
D2750 Tier III – Major	Crown – porcelain fused to high-noble metal		
D2751 Tier III – Major	Crown – porcelain fused to predominantly base metal		

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D2752 Tier III - Major	Crown – porcelain fused to noble metal	Covered once per tooth in any 60-month period	Tooth Identification
D2780 Tier III - Major	Crown – ¾ cast high noble metal		
D2781 Tier III - Major	Crown – ¾ cast predominantly base metal		
D2782 Tier III - Major	Crown – ¾ cast noble metal		
D2783 Tier III – Major	Crown – ¾ porcelain/ceramic (not veneers)		
D2790 Tier III - Major	Crown – full cast high-noble metal		
D2791 Tier III – Major	Crown – full cast predominantly base metal		
D2792 Tier III - Major	Crown – full cast noble metal		
D2794 Tier III - Major	Crown – titanium		
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	Not a covered benefit	N/A
OTHER RESTORATIVE SERVICES			
D2910 Tier III – Major	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Covered once in any 60-month period	Tooth Identification
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Not a covered benefit	N/A
D2920 Tier III - Major	Re-cement or re-bond crown	Covered once in any 60-month period	Tooth Identification
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not a covered benefit	None
D2928 Tier III - Major	Prefabricated porcelain/ceramic crown – permanent tooth	Covered once in any 36-month period	Tooth Identification
D2929 Tier III - Major	Prefabricated porcelain/ceramic crown- primary tooth		

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D2930 Tier III - Major	Prefabricated stainless steel crown – primary tooth	Covered once in any 36- month period	Tooth Identification
D2931 Tier III - Major	Prefabricated stainless steel crown – permanent tooth		
D2932 Tier III - Major	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window	Not a covered benefit	N/A
D2934 Tier III - Major	Prefabricated esthetic coated stainless steel crown – primary tooth	Covered once in any 36- month period	Tooth Identification
D2940 Tier III - Major	Protective restoration	Covered under some plans Refer to plan documents	
D2941 Tier III - Major	Interim therapeutic restoration –primary dentition	Covered Benefit	
D2949	Restorative foundation for an indirect restoration	Not a covered benefit	N/A
D2950 Tier III – Major	Core buildup, including any pins when required	Covered once per tooth in any 60-month period	Tooth Identification
D2951 Tier III – Major	Pin retention – per tooth, in addition to restoration	Up to two pins per tooth, per lifetime	
D2952 Tier III – Major	Post and core in addition to crown; indirectly fabricated	Covered once per tooth in any 60-month period	
D2953 Tier III – Major	Each additional cast post – same tooth; indirectly fabricated		
D2954 Tier III – Major	Prefabricated post and core in addition to crown		
D2955 Tier III – Major	Post removal	Covered benefit	Tooth Identification
D2957 Tier III – Major	Each additional prefabricated post – same tooth	Covered once per tooth in any 60-month period	
D2960 Tier III – Major	Labial veneer (resin laminate) –chair side		
D2961 Tier III - Major	Labial veneer (resin laminate) –laboratory		
D2962 Tier III - Major	Labial veneer (porcelain laminate) – laboratory		
D2971	Additional procedures to construct new crown under existing partial denture framework	Not a covered benefit	N/A
D2975	Coping		

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D2980 Tier III – Major	Crown repair necessitated by restorative material failure.	Covered once per tooth in any 60-month period	Tooth Identification
D2981 Tier III – Major	Inlay repair necessitated by restorative material failure		
D2982 Tier III – Major	Onlay repair necessitated by restorative material failure		
D2983 Tier III – Major	Veneer repair necessitated by restorative material failure		
D2990 Tier III - Major	Resin infiltration of incipient smooth surface lesions	Not a covered benefit	N/A
D2999	Unspecified restorative procedure, by report	Not a covered benefit	N/A
PULP CAPPING			
D3110 Tier III – Major	Pulp cap direct (excluding final restoration)	Covered once per tooth per lifetime	Tooth Identification
D3120 Tier III – Major	Pulp cap indirect (excluding final restoration)		
PULPOTOMY			
D3220 Tier III – Major	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to dentinocemental junction and application of medicament (not to be used for apexogenesis)	Covered once per tooth per lifetime	Tooth Identification
D3221 Tier III – Major	Pulpal debridement, primary and permanent teeth not to be used for apexogenesis		
D3222 Tier III - Major	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		
ENDODONTIC THERAPY ON PRIMARY TEETH			
D3230 Tier III – Major	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	Covered benefit	Tooth Identification
D3240 Tier III - Major	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration)		
ENDODONTIC THERAPY			
D3310 Tier III - Major	Anterior tooth (excluding final restoration)	Covered once per tooth, per lifetime	Tooth Identification
D3320 Tier III - Major	Bicuspid tooth (excluding final restoration)		

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D3330 Tier III – Major	Molar tooth (excluding final restoration)	Covered once per tooth, per lifetime	Tooth Identification
D3331 Tier III – Major	Treatment of root canal obstruction; non- surgical access in lieu of surgery	Covered benefit	
D3332 Tier III – Major	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth		
D3333 Tier III – Major	Internal root repair of perforation defects		
ENDODONTIC RETREATMENT			
D3346 Tier III – Major	Retreatment of previous root canal therapy, anterior, by report	Covered once per tooth, per lifetime	Tooth Identification
D3347 Tier III – Major	Retreatment of previous root canal therapy, bicuspid, by report		
D3348 Tier III – Major	Retreatment of previous root canal therapy, molar, by report		
APEXIFICATION/RECALCIFICATION			
D3351 Tier III – Major	Apexification/recalcification: initial visit	Covered once per tooth, per lifetime	Tooth Identification
D3352 Tier III – Major	Apexification/recalcification regeneration: interim medication replacement		
D3353 Tier III – Major	Apexification/recalcification: final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit	Not a covered benefit	N/A
D3356	Pulpal regeneration - interim medication replacement		
D3357	Pulpal regeneration – completion of treatment		
APICOECTOMY/PERIRADICULAR SERVICES			
D3410 Tier III - Major	Apicoectomy – anterior	Once per permanent tooth root per lifetime	Tooth Identification
D3421 Tier III - Major	Apicoectomy – bicuspid (first root)		
D3425 Tier III - Major	Apicoectomy – molar (first root)		
D3426 Tier III - Major	Apicoectomy (each additional root)		
D3427 Tier III – Major	Periradicular surgery without apicoectomy		
(DELETED 1/1/21 – CHECK DOS)			

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D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	Not a covered benefit	N/A
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		
D3430 Tier III - Major	Retrograde filling – per root	Once per permanent tooth root per lifetime	Tooth Identification
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not a covered benefit	N/A
D3432 Tier III - Major	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Once per permanent tooth root, per lifetime	Tooth Identification
D3450 Tier III - Major	Root amputation – per root		
D3460 Tier III - Major	Endodontic endosseous implant	Covered once per tooth, per lifetime	
D3470 Tier III - Major	Intentional reimplantation (including necessary splinting)		
D3471 Tier III – Major	Surgical repair of root resorption - anterior	Once per permanent tooth root, per lifetime	
D3472 Tier III - Major	Surgical repair of root resorption - premolar		
D3473 Tier III - Major	Surgical repair of root resorption - molar		
D3501 Tier III - Major	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502 Tier III - Major	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503 Tier III - Major	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		
D3910	Surgical procedure for isolation of tooth with rubber dam	Not a covered benefit	N/A
D3911	Intraorifice barrier		
D3920 Tier III - Major	Hemisection (including any root removal), not including root canal therapy	Covered once per tooth, per lifetime	Tooth Identification

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D3921 Tier III - Major	Decoronation or submergence of an erupted tooth	Covered benefit	Tooth Identification
D3950 Tier III - Major	Canal preparation and fitting of preformed dowel or post		None
D3999	Unspecified endodontic procedure, by report	Not a covered benefit	N/A
SURGICAL SERVICES			
D4210 Tier III - Major	Gingivectomy or gingivoplasty – 4 or + contiguous teeth or tooth-bounded spaces, per quadrant	Covered once in any 36-month period	Quadrant Identification
D4211 Tier III - Major	Gingivectomy or gingivoplasty – one (1) to three (3) contiguous teeth or teeth bounded spaces per quadrant		Tooth Identification
D4212 Tier III - Major	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		Quadrant Identification
D4230 Tier III - Major	Anatomical crown exposure – four (4) or + contiguous teeth		
D4231 Tier III - Major	Anatomical crown exposure – one (1) to three (3) teeth		Tooth Identification
D4240 Tier III - Major	Gingival flap procedure, including root planing – four (4) or + contiguous teeth or tooth-bounded spaces per quadrant		Quadrant Identification
D4241 Tier III - Major	Gingival flap procedure - one (1) to three (3) contiguous teeth or teeth bounded spaces per quadrant		Tooth Identification
D4245 Tier III - Major	Apically repositioned flap	Covered benefit	Quadrant Identification
D4249 Tier III - Major	Clinical crown lengthening - hard tissue		Tooth Identification
D4260 Tier III - Major	Osseous surgery (including elevation of a full thickness flap and closure) – four (4) or + contiguous teeth or tooth-bounded spaces per quadrant	Covered once in any 36-month period	Quadrant Identification
D4261 Tier III - Major	Osseous surgery (including elevation of a full thickness flap and closure) - one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant		Tooth Identification
D4263	Bone replacement graft – first site in quadrant	Not a covered benefit	N/A
D4264	Bone replacement graft – each additional site in quadrant		

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D4265 Tier III - Major	Biologic materials to aid in soft and osseous tissue regeneration	Covered benefit	Tooth Identification													
D4266 Tier III - Major	Guided tissue regeneration Resorbable barrier, per site	Covered once in any 36-month period		Tooth Identification												
D4267 Tier III - Major	Guided tissue regeneration non-resorbable barrier, per site (includes membrane removal)				Covered once in any 36-month period	Tooth Identification										
D4268 Tier III - Major	Surgical revision procedure, per tooth	Covered benefit					Tooth Identification									
D4270 Tier III - Major	Pedicle soft tissue graft procedure				Covered benefit			Tooth Identification								
D4273 Tier III - Major	Autogenous connective tissue graft procedures - first tooth, implant, or edentulous tooth position in graft								Covered benefit	Tooth Identification						
D4274 Tier III - Major	Distal or proximal wedge procedure (when not performed inconjunction with surgical procedures on the same anatomical area)										Covered benefit	Tooth Identification				
D4275 Tier III - Major	Non-autogenous connective tissuegraft (including recipient and donor material) first tooth, implant, or edentulous tooth position in graft												Covered benefit	Tooth Identification		
D4276 Tier III - Major	Combined connective tissue and double pedicle graft, per tooth														Covered benefit	Tooth Identification
D4277 Tier III - Major	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft	Once per tooth, per lifetime														
D4278 Tier III - Major	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site				Once per tooth, per lifetime											
D4283 Tier III - Major	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Covered benefit							Tooth Identification							
D4285 Tier III - Major	Non-autogenous connective tissuegraft procedure (including recipient surgical sites and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site				Covered benefit						Tooth Identification					

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NON-SURGICAL PERIODONTAL SERVICES			
D4320 Tier III - Major (DELETED 1/1/22 - CHECK DOS)	Provisional splinting – intracoronal	Covered benefit	None
D4321 Tier III – Major (DELETED 1/1/22 - CHECK DOS)	Provisional splinting – extracoronal		
D4322 Tier III - Major	Splint, intracoronal; natural teeth or prosthetic crowns		
D4323 Tier III - Major	Splint, extracoronal; natural teeth or prosthetic crowns		
D4341 Tier III - Major	Periodontal scaling and root planing, 4 or more teeth per quadrant	Covered once per quadrant in any 12-month period	Quadrant Identification
D4342 Tier III - Major	Periodontal scaling and root planing, 1 - 3 teeth per quadrant		Tooth Identification
D4346 Tier III – Major	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Covered once in any 6-month period	None
D4355 Tier III – Major	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Covered benefit	
D4381 Tier III – Major	Localized delivery of antimicrobial agents via a controlled-release vehicle into diseased crevicular tissue, per tooth		
OTHER PERIODONTAL SERVICES			
D4910 Tier III – Major	Periodontal maintenance	Covered once in any 6-month period	None
D4920 Tier III – Major	Unscheduled dressing change (by someone other than treating dentist or their staff)	Covered benefit	
D4921 Tier III – Major	Gingival irrigation – per quadrant		
D4999	Unspecified periodontal procedure, by report	Not a covered benefit	N/A
COMPLETE DENTURES			
D5110 Tier III – Major	Complete denture – maxillary	Covered once in any 60-month period	None
D5120 Tier III – Major	Complete denture – mandibular		
D5130 Tier III – Major	Immediate denture – maxillary		
D5140 Tier III – Major	Immediate denture – mandibular		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
PARTIAL DENTURES			
D5211 Tier III – Major	Maxillary partial denture – resin base	Covered once in any 60-month period	Tooth Identification
D5212 Tier III – Major	Mandibular partial denture – resin base		
D5213 Tier III – Major	Maxillary partial denture – cast metal framework with resin denture bases		
D5214 Tier III – Major	Mandibular partial denture – cast metal framework with resin denture bases		
D5221 Tier III – Major	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		
D5222 Tier III – Major	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		
D5223 Tier III – Major	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		
D5224 Tier III – Major	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		
D5225 Tier III – Major	Maxillary partial denture - flexible base		
D5226 Tier III – Major	Mandibular partial denture - flexible base		
D5227 Tier III – Major	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)		
D5228 Tier III – Major	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)		
D5282 Tier III – Major	Removable unilateral partial denture – one (1) piece cast metal maxillary		
D5283 Tier III – Major	Removable unilateral partial denture – one (1) piece cast metal mandibular		
D5410 Tier III – Major	Adjust complete denture – maxillary	Covered once in any 12-month period	None
D5411 Tier III – Major	Adjust complete denture – mandibular		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D5421 Tier III – Major	Adjust partial denture – maxillary	Covered once in any 12-month period	None
D5422 Tier III – Major	Adjust partial denture – mandibular		
REPAIRS TO DENTURES			
D5511 Tier III – Major	Repair broken complete denture base, mandibular	Covered once in any 12-month period	None
D5512 Tier III – Major	Repair broken complete denture base, maxillary		
D5520 Tier III – Major	Replace missing or broken teeth (complete denture), each tooth		Tooth Identification
D5611 Tier III – Major	Repair resin partial denture base, mandibular		None
D5612 Tier III – Major	Repair resin partial denture base, maxillary		
D5621 Tier III – Major	Repair cast partial framework, mandibular		
D5622 Tier III – Major	Repair cast partial framework, maxillary		
D5630 Tier III – Major	Repair or replace broken clasp		
D5640 Tier III – Major	Repair broken teeth – per tooth		
D5650 Tier III – Major	Add tooth to existing partial denture		Covered benefit
D5660 Tier III – Major	Add clasp to existing partial denture		
D5670 Tier III – Major	Replace all teeth and acrylic on cast metal framework – maxillary		
D5671 Tier III – Major	Replace all teeth and acrylic on cast metal framework – mandibular		
DENTURE REBASE PROCEDURES			
D5710 Tier III – Major	Rebase complete maxillary denture	Covered once in any 36-month period	None
D5711 Tier III – Major	Rebase complete mandibular denture		
D5720 Tier III – Major	Rebase maxillary partial denture		
D5721 Tier III – Major	Rebase mandibular partial denture		
D5725 Tier III – Major	Rebase hybrid prosthesis		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
DENTURE RELINE PROCEDURES			
D5730 Tier III – Major	Reline complete maxillary denture(chair side)	Covered once in any 36-month period	None
D5731 Tier III – Major	Reline complete mandibular denture (chair side)		
D5740 Tier III – Major	Reline maxillary partial denture (chair side)		
D5741 Tier III – Major	Reline mandibular partial denture (chair side)		
D5750 Tier III – Major	Reline complete maxillary denture(laboratory)		
D5751 Tier III – Major	Reline complete mandibular denture (laboratory)		
D5760 Tier III – Major	Reline upper maxillary denture (laboratory)		
D5761 Tier III – Major	Reline mandibular partial denture (laboratory)		
D5765 Tier III – Major	Soft liner for complete or partial removable denture - indirect		
OTHER REMOVABLE PROSTHETIC SERVICES			
D5810 Tier III – Major	Interim complete denture (maxillary)	Covered benefit	None
D5811 Tier III – Major	Interim complete denture (mandibular)		
D5820 Tier III – Major	Interim partial denture (maxillary)		
D5821 Tier III – Major	Interim partial denture (mandibular)		
D5850 Tier III – Major	Tissue conditioning, maxillary	Covered once in any 60-month period	
D5851 Tier III – Major	Tissue conditioning, mandibular		
D5862 Tier III – Major	Precision attachment, by report		
D5863 Tier III – Major	Overdenture – complete maxillary		
D5864 Tier III – Major	Overdenture – partial maxillary		
D5865 Tier III – Major	Overdenture – complete mandibular		
D5866 Tier III – Major	Overdenture – partial mandibular	Covered benefit	
D5867 Tier III - Major	Replacement of replaceable part or semi- precision or precision attachment (male or female component)		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D5875 Tier III – Major	Modification of removable prosthesis following implant surgery	Covered benefit	None
D5876 Tier III – Major	Add metal substructure to acrylic full denture (per arch)		
D5899	Unspecified removable prosthodontic procedure, by report	Not a covered benefit	N/A

MAXILLOFACIAL PROSTHETICS

D5911	Facial moulage (sectional)	Not a covered benefit	N/A
D5912	Facial moulage (complete)		
D5913	Nasal prosthesis		
D5914	Auricular prosthesis		
D5915	Orbital prosthesis		
D5916	Ocular prosthesis		
D5919	Facial prosthesis		
D5922	Nasal septal prosthesis		
D5923	Ocular prosthesis, interim		
D5924	Cranial prosthesis		
D5925	Facial augmentation implant prosthesis		
D5926	Nasal prosthesis, replacement		
D5927	Auricular prosthesis, replacement		
D5928	Orbital prosthesis, replacement		
D5929	Facial prosthesis, replacement		
D5931	Obturator prosthesis, surgical		
D5932	Obturator prosthesis, definitive		
D5933	Obturator prosthesis, modification		
D5934	Mandibular resection prosthesis with guide flange		
D5935	Mandibular resection prosthesis without guide flange		
D5936	Obturator prosthesis, interim		
D5937	Trismus appliance (not for TMD treatment)		
D5951	Feeding aid		
D5952	Speech aid prosthesis, pediatric		
D5953	Speech aid prosthesis, adult		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D5954	Palatal augmentation prosthesis	Not a covered benefit	N/A
D5955	Palatal lift prosthesis, definitive		
D5958	Palatal lift prosthesis, interim		
D5959	Palatal lift prosthesis, modification		
D5960	Speech aid prosthesis, modification		
D5982	Surgical stent		
D5983	Radiation carrier		
D5984	Radiation shield		
D5985	Radiation cone locator		
D5986	Fluoride gel carrier		
D5987	Commissure splint		
D5988	Surgical splint		
D5991	Vesiculobullous disease medicament carrier		
D5992	Adjust maxillofacial prosthetic appliance, by report		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed - mandibular		
D5999	Unspecified maxillofacial prosthesis, by report		

IMPLANT SERVICES

D6010 Tier III – Major	Surgical placement of implant body: endosteal implant	Covered once per tooth per lifetime	Tooth Identification
D6011 Tier III – Major	Second stage implant surgery	Covered benefit	
D6012 Tier III – Major	Surgical placement of interim implant body for transitional prosthesis, endosteal implant	Covered once per tooth per lifetime	
D6013 Tier III – Major	Surgical placement of mini implant		
D6040 Tier III – Major	Surgical placement, epostal implant		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D6050 Tier III – Major	Surgical placement, transosteal implant	Covered once per tooth per lifetime	Tooth Identification
D6051 Tier III – Major	Interim abutment		
D6055 Tier III – Major	Connecting bar – implant supported, or abutment supported	Covered benefit	
D6056 Tier III – Major	Prefabricated abutment, includes modification and placement	Covered once per tooth in any 60-month period	
D6057 Tier III – Major	Custom fabricated abutment, includes placement		
D6058 Tier III – Major	Abutment-supported porcelain/ceramic crown		
D6059 Tier III – Major	Abutment-supported porcelain fused to metal crown (high noble metal)		
D6060 Tier III – Major	Abutment-supported porcelain fused to metal crown (predominantly base metal)		
D6061 Tier III – Major	Abutment-supported porcelain fused to metal crown (noble metal)		
D6062 Tier III – Major	Abutment-supported cast metal crown (high noble metal)		
D6063 Tier III – Major	Abutment-supported cast metal crown (predominantly base metal)		
D6064 Tier III – Major	Abutment-supported cast metal crown (noble metal)		
D6065 Tier III – Major	Implant-supported porcelain/ceramic crown		
D6066 Tier III – Major	Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		
D6067 Tier III – Major	Implant supported metal crown (titanium, titanium alloy, high noble metal)		
D6068 Tier III – Major	Abutment supported retainer for porcelain/ceramic FPD		
D6069 Tier III – Major	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal)		
D6070 Tier III – Major	Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal)		
D6071 Tier III – Major	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D6072 Tier III – Major	Abutment-supported retainer for cast metal FPD (high noble metal)	Covered once per tooth in any 60-month period	Tooth Identification
D6073 Tier III – Major	Abutment-supported retainer for cast metal FPD (predominately base metal)		
D6074 Tier III – Major	Abutment-supported retainer for cast metal FPD (noble metal)		
D6075 Tier III – Major	Implant-supported retainer for ceramic FPD		
D6076 Tier III – Major	Implant-supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)		
D6077 Tier III – Major	Implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)		
OTHER IMPLANT SERVICES			
D6080 Tier III – Major	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis, and abutments.	Covered once per tooth in any 60-month period	None
D6081 Tier III – Major	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Covered benefit	
D6085 Tier III – Major	Provisional implant crown		
D6090 Tier III – Major	Repair implant supported prosthesis, by report	Covered once per tooth in any 12-month period	Tooth Identification
D6091 Tier III – Major	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment- supported prosthesis, per attachment		None
D6092 Tier III – Major	Re-cement or re-bond implant/abutment- supported crown		Tooth Identification
D6093 Tier III – Major	Re-cement or re-bond implant/abutment- supported fixed partial denture		
D6094 Tier III – Major	Abutment supported crown, titanium		
D6095 Tier III – Major	Repair implant abutment, by report	Covered once per tooth in any 6-month period	

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D6096 Tier III – Major	Remove broken implant retaining screw	Covered once per tooth in any 12-month period	Tooth Identification
D6100 Tier III – Major	Implant removal, by report	Covered benefit	
D6101 Tier III – Major	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure.		
D6102 Tier III – Major	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces including flap entry and closure	Not a covered benefit	None
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure		N/A
D6104	Bone grafts a time of implant placement		
D6110 Tier III – Major	Implant /abutment supported removable denture for edentulous arch – maxillary	Covered once per tooth/implant per lifetime	Tooth Identification
D6111 Tier III – Major	Implant /abutment supported removable denture for edentulous arch – mandibular		
D6112 Tier III – Major	Implant /abutment supported removable denture for partially edentulous arch – maxillary		
D6113 Tier III – Major	Implant /abutment supported removable denture for partially edentulous arch – mandibular		
D6114 Tier III – Major	Implant /abutment supported fixed denture for edentulous arch –maxillary		
D6115 Tier III – Major	Implant /abutment supported fixed denture for edentulous arch –mandibular		
D6116 Tier III – Major	Implant /abutment supported fixed denture for partially edentulous arch – maxillary		
D6117 Tier III – Major	Implant /abutment supported fixed denture for partially edentulous arch – mandibular		
D6118 Tier III - Major	Implant/abutment supported interim fixed denture for edentulous arch – mandibular		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D6119 Tier III – Major	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	Covered benefit	None
D6190 Tier III – Major	Radiographic/surgical implant index, by report		
D6191 Tier III – Major	Semi-precision abutment – placement		
D6192 Tier III – Major	Semi-precision attachment – placement		
D6194 Tier III – Major	Abutment supported retainer crown for FPD, titanium	Covered once per tooth in any 60-month period	Tooth Identification
D6198 Tier III - Major	Remove interim implant component	Covered benefit	None
D6199	Unspecified implant procedure, by report	Not a covered benefit	N/A
FIXED PARTIAL DENTURE PONTICS			
D6205 Tier III - Major	Pontic – indirect resin-based composite	Covered once in any 60-month period	Tooth Identification
D6210 Tier III – Major	Pontic - cast high noble		
D6211 Tier III – Major	Pontic – cast predominantly base metal		
D6212 Tier III – Major	Pontic – cast noble metal		
D6214 Tier III – Major	Pontic – titanium		
D6240 Tier III – Major	Pontic – porcelain fused to high noble metal		
D6241 Tier III – Major	Pontic – porcelain fused to predominantly base metal		
D6242 Tier III – Major	Pontic – porcelain fused to noble metal		
D6245 Tier III – Major	Pontic – porcelain/ceramic		
D6250 Tier III – Major	Pontic – resin with high noble metal		
D6251 Tier III – Major	Pontic – resin with predominantly base metal		
D6252 Tier III – Major	Pontic – resin with noble metal		
D6253 Tier III – Major	Provisional pontic		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS			
D6545 Tier III – Major	Retainer – cast metal for resin-bonded fixed prosthesis	Covered once in any 60-month period	Tooth Identification
D6548 Tier III – Major	Retainer – porcelain/ ceramic for resin-bonded fixed prosthesis		
D6549 Tier III – Major	Resin retainer – for resin bonded fixed prosthesis		
D6600 Tier III – Major	Inlay - porcelain/ceramic, 2 surfaces		Tooth and Surface Identification
D6601 Tier III – Major	Inlay - porcelain/ceramic, 3 or more surfaces		
D6602 Tier III – Major	Inlay – high-noble metal, 2 surfaces		
D6603 Tier III – Major	Inlay – cast high-noble metal, 3 or more surfaces		
D6604 Tier III – Major	Inlay - cast, predominately base metal, 2 surfaces		
D6605 Tier III – Major	Inlay – cast, predominately base metal, 3 or more surfaces		
D6606 Tier III – Major	Inlay - cast noble metal, 2 surfaces		
D6607 Tier III – Major	Inlay - cast noble metal, 3 or more surfaces		
D6608 Tier III – Major	Onlay - porcelain ceramic, 2 surface		
D6609 Tier III – Major	Onlay - porcelain ceramic, 3 or more surfaces (2543)		
D6610 Tier III – Major	Onlay - cast high noble metal, 2 surface		
D6611 Tier III – Major	Onlay - cast high noble, 3 or more		
D6612 Tier III – Major	Onlay - cast predominately base metal, 2 surfaces		
D6613 Tier III – Major	Onlay - cast predominately base metal, 3 or more surfaces		
D6614 Tier III – Major	Onlay - cast noble metal, 2 surfaces		
D6615 Tier III – Major	Onlay - cast noble metal, 3 or moresurfaces		
D6624 Tier III – Major	Inlay – titanium		
D6634 Tier III – Major	Onlay – titanium		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
FIXED PARTIAL DENTURE RETAINERS – CROWNS			
D6710 Tier III – Major	Crown – indirect resin-based composite	Covered once in any 60-month period	Tooth Identification
D6720 Tier III – Major	Crown – resin with high noble metal		
D6721 Tier III – Major	Crown – resin with predominantly base metal		
D6722 Tier III – Major	Crown – resin with noble metal		
D6740 Tier III – Major	Crown – porcelain/ceramic		
D6750 Tier III – Major	Crown – porcelain fused to high noble metal		
D6751 Tier III – Major	Crown – porcelain fused to predominantly base metal		
D6752 Tier III – Major	Crown – porcelain fused to noble metal		
D6780 Tier III – Major	Crown – ¾ cast high noble metal		
D6781 Tier III – Major	Crown – ¾ cast predominately base metal		
D6782 Tier III – Major	Crown – ¾ cast noble metal		
D6783 Tier III – Major	Crown – ¾ porcelain/ceramic		
D6790 Tier III – Major	Crown – full cast high noble metal		
D6791 Tier III – Major	Crown – full cast predominantly base metal		
D6792 Tier III – Major	Crown – full cast noble metal		
D6793 Tier III – Major	Provisional retainer crown		
D6794 Tier III – Major	Crown – titanium		
OTHER FIXED PARTIAL DENTURE SERVICES			
D6920 Tier III – Major	Connector bar	Covered benefit	None
D6930 Tier III – Major	Re-cement or re-bond fixed partial denture	Covered once in any 24-month period	Tooth Identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D6940	Stress breaker	Not a covered benefit	N/A
D6950 Tier III – Major	Precision attachments	Covered benefit	None
D6980 Tier III – Major	Fixed partial denture repair necessitated by restorative material failure	Covered once in any 60-month period	Tooth Identification
D6985 Tier III – Major	Pediatric partial denture, fixed	Covered benefit	
D6999	Unspecified fixed prosthodontic procedure, by report	Not a covered benefit	N/A
EXTRACTIONS			
D7111 Tier II – Basic	Extraction - coronal remnants, deciduous tooth	Covered once per tooth per lifetime	Tooth Identification
D7140 Tier II - Basic	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)		
D7210 Tier II - Basic	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		
D7220 Tier III - Major	Removal of impacted tooth – soft tissue		
D7230 Tier III – Major	Removal of impacted tooth – partially bony		
D7240 Tier III – Major	Removal of impacted tooth – completely bony		
D7241 Tier III – Major	Removal of impacted tooth – completely bony, with unusual surgical complications		
D7250 Tier III – Major	Surgical removal of residual tooth roots (cutting procedure)		
D7251 Tier III - Major	Coronectomy: intentional partial tooth removal		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
OTHER SURGICAL PROCEDURES			
D7260 Tier III - Major	Oroantral fistula closure	Covered benefit	None
D7261	Primary closure of a sinus perforation	Not a covered benefit	N/A
D7270 Tier III – Major	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Covered benefit	Tooth Identification
D7272 Tier III – Major	Tooth transplantation	Covered benefit	
D7280 Tier III – Major	Surgical access of unerupted tooth		
D7282 Tier III - Major	Mobilization of erupted or mal-positioned tooth to aid eruption		
D7283 Tier III – Major	Placement of device to facilitate eruption of impacted tooth		
D7285 Tier III – Major	Incisional biopsy of oral tissue – hard (bone, tooth)		
D7286 Tier III – Major	Incisional biopsy of oral tissue – soft		
D7287 Tier III – Major	Exfoliative cytology sample collection		None
D7288 Tier III – Major	Brush biopsy – transepithelial sample		
D7290 Tier III – Major	Surgical repositioning of teeth – grafting procedures are additional		
D7291 Tier III – Major	Transseptal fiberotomy/supra crestal fiberotomy, by report		
D7292 Tier III – Major	Surgical placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		
D7293 Tier III – Major	Surgical placement of temporary anchorage devise requiring flap; includes device removal		
D7294 Tier III - Major	Surgical placement of temporary anchorage device without flap; includes device removal		
D7295	Harvest of bone for use in autogenous grafting procedures	Not a covered benefit	N/A
D7296 Tier III – Major	Corticotomy – one to three teeth or tooth spaces, per quadrant.	Covered benefit	None
D7297 Tier III – Major	Corticotomy – four or more teeth or tooth spaces, per quadrant.		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D7298 Tier III - Major	Removal of temporary anchorage device (screw retained plate), requiring flap	Covered benefit	None
D7299 Tier III – Major	Removal of temporary anchorage device, requiring flap		
D7300 Tier III - Major	Removal of temporary anchorage device without flap		
ALVEOPLASTY: SURGICAL PREPARATION OF RIDGE FOR DENTURES			
D7310 Tier III – Major	Alveoloplasty in conjunction with extractions – per quadrant	Covered benefit	Tooth and Quadrant Identification
D7311 Tier III – Major	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quad		Tooth Identification
D7320 Tier III – Major	Alveoloplasty, not in conjunction with extractions – per quadrant		Tooth and Quadrant Identification
D7321 Tier III – Major	Alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quad		Tooth Identification
D7340 Tier III – Major	Vestibuloplasty – ridge extension (secondary epithelialization)		None
D7350 Tier III – Major	Vestibuloplasty – ridge extension		
SURGICAL EXCISION OF REACTIVE SOFT TISSUE LESIONS			
D7410 Tier III – Major	Excision of benign lesion, up to 1.25 cm	Covered benefit	None
D7411 Tier III – Major	Excision of benign lesion > 1.25 cm		
D7412 Tier III – Major	Excision of benign lesion; complicated		
D7413 Tier III – Major	Excision of malignant lesion, up to 1.25 cm		
D7414 Tier III – Major	Excision of malignant lesion > 1.25 cm		
D7415 Tier III – Major	Excision of malignant lesion, complicated		
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			
D7440 Tier III – Major	Excision of malignant tumor-lesion, diameter up to 1.25 cm	Covered benefit	None
D7441 Tier III – Major	Excision of malignant tumor-lesion, diameter > 1.25 cm		
D7450 Tier III - Major	Removal of benign odontogenic cyst or tumor lesion, diameter up to 1.25 cm		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D7451 Tier III - Major	Removal of benign odontogenic cyst or tumor, lesion diameter > 1.25 cm	Covered benefit	None
D7460 Tier III – Major	Removal of benign non-odontogenic cyst or tumor, lesion, diameter up to 1.25 cm		
D7461 Tier III – Major	Removal of benign non-odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		
D7465 Tier III - Major	Destruction of lesion(s) by physical or chemical methods, by report		
EXCISION OF BONE TISSUE			
D7471 Tier III – Major	Removal of lateral exostosis (maxilla or mandible)	Covered benefit	Detailed Narrative
D7472 Tier III – Major	Removal of torus palatinus		
D7473 Tier III - Major	Removal of torus mandibularis		
D7485	Surgical reduction of osseous tuberosity	Not a covered benefit	N/A
D7490	Radical resection of maxilla or mandible		
SURGICAL INCISION			
D7510 Tier III – Major	Incision and drainage of abscess – intraoral soft tissue	Covered when reported in conjunction with extractions	Tooth and Arch Identification
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not a covered benefit	N/A
D7520 Tier III - Major	Incision and drainage of abscess – extraoral soft tissue	Covered benefit	None
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not a covered benefit	N/A
D7530 Tier III - Major	Removal of foreign body, mucosa, skin, or subcutaneous alveolar tissue	Covered benefit	None
D7540 Tier III – Major	Removal of reaction-producing foreign bodies - musculoskeletal system		
D7550 Tier III - Major	Partial ostectomy, sequestrectomy for removal of non-vital bone		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D7560 Tier III - Major	Maxillary sinusotomy for removal of tooth fragment or foreign body	Covered benefit	None
TREATMENT OF FRACTURES – SIMPLE			
D7610	Maxilla – open reduction (teeth immobilized, if present)	Not a covered benefit	N/A
D7620	Maxilla – closed reduction (teeth immobilized, if present)		
D7630	Mandible – open reduction (teeth immobilized, if present)		
D7640	Mandible – closed reduction (teeth immobilized, if present)		
D7650	Malar and/or zygomatic arch – open reduction		
D7660	Malar and/or zygomatic arch – closed reduction		
D7670	Alveolus - closed reduction, may include stabilization of teeth		
D7671	Alveolus - open reduction, may include stabilization of teeth		
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches		
TREATMENT OF FRACTURES – COMPOUND			
D7710	Maxilla – open reduction	Not a covered benefit	N/A
D7720	Maxilla – closed reduction		
D7730	Mandible – open reduction		
D7740	Mandible – closed reduction		
D7750	Malar and/or zygomatic arch – open reduction		
D7760	Malar and/or zygomatic arch – closed reduction		
D7770	Alveolus – open reduction stabilization of teeth		
D7771	Alveolus - closed reduction, stabilization of teeth		
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches		
REDUCTION OF DISLOCATION/MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS			
D7810	Open reduction of dislocation	Not a covered benefit	N/A
D7820	Closed reduction of dislocation		
D7830	Manipulation under anesthesia		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D7840	Condylectomy	Not a covered benefit	N/A
D7850	Surgical disectomy; with or without implant		
D7852	Disc repair		
D7854	Synovectomy		
D7856	Myotomy		
D7858	Joint reconstruction		
D7860	Arthrotomy		
D7865	Arthroplasty		
D7870	Arthrocentesis		
D7871	Non-arthroscopic lysis and lavage		
D7872	Arthroscopy – diagnosis, with or without biopsy		
D7873	Arthroscopy – surgical: lavage and lysis of adhesions		
D7874	Arthroscopy – surgical: disc		
D7875	Arthroscopy – surgical: synovectomy		
D7876	Arthroscopy – surgical: disectomy		
D7877	Arthroscopy – surgical: debridement		
D7880	Occlusal orthotic device, by report		
D7881	Occlusal orthotic device adjustment		
D7899	Unspecified TMD therapy, by report		
REPAIR OF TRAUMATIC WOUNDS			
D7910 Tier III - Major	Suture of recent small wounds up to 5 cm	Covered benefit	None
COMPLICATED SUTURING			
D7911	Complicated suture up to 5 cm	Not a covered benefit	N/A
D7912	Complicated suture > 5 cm		
OTHER REPAIR PROCEDURES			
D7920	Skin grafts (identify defect covered, location, and type of graft)	Not a covered benefit	N/A
D7921	Collection and application of autologous blood concentrate product		
D7940	Osteoplasty – for orthognathic deformities		
D7941	Osteotomy – mandibular rami		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Not a covered benefit	N/A
D7944	Osteotomy – segmented or sub-apical		
D7945	Osteotomy – body of mandible		
D7946	LeFort I (maxilla – total)		
D7947	LeFort I (maxilla – segmented)		
D7948	LeFort II or LeFort III – without bone graft		
D7949	LeFort II or LeFort II – with bone graft		
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report		
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach		
D7952	Sinus augmentation via a vertical approach		
D7953	Bone replacement graft for ridge preservation – per site		
D7955	Repair of maxillofacial soft and/or hard tissue defect		
D7961 Tier III – Major	Buccal/labial frenectomy (frenulectomy)		
D7962 Tier III - Major	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty	Not a covered benefit	N/A
D7970 Tier III - Major	Excision of hyperplastic tissue – per arch	Covered benefit	Arch Identification
D7971 Tier III - Major	Excision of pericoronal gingiva		
D7972 Tier III – Major	Surgical reduction of fibrous tuberosity		
D7979 Tier III - Major	Non-surgical sialolithotomy. A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland; for example, via manual manipulation, ductal dilation, or any other non-surgical method.		
D7980 Tier III - Major	Sialolithotomy		
			None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D7981	Excision of salivary gland, by report	Not a covered benefit	N/A
D7982	Sialodochoplasty		
D7983	Closure of salivary fistula		
D7990	Emergency tracheotomy		
D7991	Coronoidectomy		
D7993	Surgical placement of craniofacial implant – extra oral		
D7994	Surgical placement; zygomatic implant		
D7995	Synthetic graft, mandible or facial bones, by report		
D7996	Implant – mandible for augmentation purposes (excluding alveolar ridge), by report		
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
D7999	Unspecified oral surgery procedure, by report		
ORTHODONTICS			
D8010 Orthodontia	Limited orthodontic treatment of primary dentition	A limited number of plans have orthodontic benefits. Refer to the plan documents	None
D8020 Orthodontia	Limited orthodontic treatment of transitional dentition		
D8030 Orthodontia	Limited orthodontic treatment of adolescent dentition		
D8040 Orthodontia	Limited orthodontic treatment of adult dentition		
D8050 Orthodontia (DELETED 1/1/22 - CHECK DOS)	Interceptive orthodontic treatment of primary dentition		
D8060 Orthodontia (DELETED 1/1/22 - CHECK DOS)	Interceptive orthodontic treatment of transitional dentition		
D8070 Orthodontia	Comprehensive orthodontic treatment of transitional dentition		
D8080 Orthodontia	Comprehensive orthodontic treatment of adolescent dentition		
D8090 Orthodontia	Comprehensive orthodontic treatment of adult dentition		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D8210 Orthodontia	Removable appliance therapy	A limited number of plans have orthodontic benefits. Refer to the plan documents	None
D8220 Orthodontia	Fixed appliance therapy		
OTHER ORTHODONTIC SERVICES			
D8660 Orthodontia	Pre-orthodontic treatment examination to monitor growth and development	A limited number of plans have orthodontic benefits. Refer to the plan documents	None
D8670 Orthodontia	Periodic orthodontic treatment visit		
D8680 Orthodontia	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		
D8681 Orthodontia	Removable orthodontic retainer adjustment		
D8690 Orthodontia (DELETED 1/1/22 - CHECK DOS)	Orthodontic treatment (alternative billing to a contract fee)		
D8691 Orthodontia	Repair of orthodontic appliance		
D8692 Orthodontia	Replacement of lost or broken retainer		
D8693 Orthodontia	Re-cement or re-bond fixed retainer		
D8694 Orthodontia	Repair of fixed retainers, includes reattachment		
D8695 Orthodontia	Removal of fixed orthodontic appliances for reasons other than completion of treatment		
D8999	Unspecified orthodontic procedure, by report	Not a covered benefit	N/A
ADJUNCTIVE GENERAL SERVICES			
D9110 Tier I - Preventive	Palliative (emergency) treatment of dental pain – minor procedure	Covered benefit	Tooth, Quadrant, or Arch Identification
D9120	Fixed partial denture sectioning	Not a covered benefit	N/A
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies		
ANESTHESIA			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not a covered benefit	N/A
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D9219 Tier I – Preventive	Evaluation for deep sedation or general anesthesia	Covered benefit	None
D9222 Tier I – Preventive	Deep sedation/general anesthesia – first 15 minutes	Covered only in conjunction with a covered oral surgical procedure	
D9223 Tier III - Major	Deep sedation/general anesthesia – each additional 15 min		
D9230 Tier III – Major	Inhalation of nitrous oxide/analgesia, anxiolysis		
D9239 Tier III – Major	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes		
D9243 Tier III – Major	Intravenous moderate (conscious) sedation/analgesia – each 15- minute increment		
D9248 Tier III - Major	Non-intravenous moderate (conscious) sedation		
PROFESSIONAL CONSULTATION			
D9310 Tier I - Preventive	Consultation (diagnostic service by dentist or physician other than the practitioner providing treatment)	Covered benefit	None
D9311	Consultation with a medical healthcare professional	Not a covered benefit	N/A
PROFESSIONAL VISITS			
D9410	House / extended care facility call	Not a covered benefit	N/A
D9420	Hospital or ambulatory surgical center call		
D9430 Tier I - Preventive	Office visit for observation during regular scheduled hours – no other services performed	Covered benefit	None
D9440	Office visit – after regularly scheduled hours	Not a covered benefit	N/A
D9450	Case presentation, detailed and extensive treatment planning		
DRUGS			
D9610 Tier II - Basic	Therapeutic parenteral drug, single administration	Covered benefit	None
D9612	Therapeutic parenteral drugs, two or more administrations	Not a covered benefit	N/A
D9613	Infiltration of sustained release therapeutic drug – single or multiple site		
D9630	Other drugs and/or medicaments, by report		
MISCELLANEOUS SERVICES			
D9910	Application of desensitizing medicament	Not a covered benefit	N/A
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D9912	Pre-visit patient screening	Not a covered benefit	N/A
D9920	Behavior management, by report		
D9930 Tier II - Basic	Treatment of complications (post-surgical) - unusual circumstances, by report	Covered benefit	Detailed Narrative
D9932	Cleaning and inspection of removable complete denture, maxillary	Not a covered benefit	N/A
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/ or reline of occlusal guard		
D9943	Occlusal guard adjustment		
D9944 Tier III – Major	Occlusal guard - hard appliance, full arch		
D9945 Tier III – Major	Occlusal guard – soft appliance, full arch		
D9946 Tier III - Major	Occlusal guard – hard appliance, partial arch		
D9947	Custom sleep apnea appliance, fabrication and placement	Not a covered benefit	N/A
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of a custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case		
D9951 Tier III – Major	Occlusal adjustment - limited	Covered benefit	None
D9952 Tier III - Major	Occlusal adjustment - complete		
D9961	Duplicate/copy patient's records	Not a covered benefit	N/A
D9970	Enamel microabrasion		
D9971	Odontoplasty one (1) to two (2) teeth; includes removal of enamel projections		
D9972	External bleaching – per arch – performed in office		

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Submission Requirements
D9973	External bleaching – per tooth	Not a covered benefit	N/A
D9974	Internal bleaching – per tooth		
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays		
D9985	Sales tax		
D9986	Missed appointment		
D9987	Cancelled appointment		
D9990	Certified translation or sign - language services - per visit		
D9991	Dental case management – addressing appointment compliance barriers		
D9992	Dental case management – carecoordination		
D9993	Dental case management – motivational interviewing		
D9994	Dental case management – patient education to improve oral health literacy		
D9995	Teledentistry – synchronous; real-time encounter		
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		
D9999	Unspecified adjunctive procedure, by report		

