

Dental Benefit Details

2026

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2026 plan benefit packages shown on the following page(s). For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* applies to the 2025 plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
IL	H6971001000	Wellcare Meridian Dual Align (HMO D-SNP)

Disclaimers:

IL HMO D-SNP (H6971): Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2026 *Evidence of Coverage* for any applicable cost sharing and benefit maximum. Dental codes covered under Medicaid and dental codes that are marked with an asterisk (*) do not count towards the plan annual maximum. Medicaid covered codes are subject to Medicaid plan rules.

Dental 2026 Schedule of Benefits

Code	Code Description	Coverage	Periodicity	Prior Auth
Preventive Services				
D0120	Periodic Oral Evaluation	Medicaid	1 per 6 months. Not allowed within 6 months of D0150	No
D0140	Limited Oral Evaluation	Medicaid	Only one of (D0140 or D9110) per day per provider group. For emergency exam only. Not payable if performed in conjunction with either D0120, D0150, or D0180	No
D0150	Comprehensive oral evaluation	Medicaid	Only one D0150 per lifetime per provider group	No
D0160*	Oral evaluation, problem focused	Medicare	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	No
D0180*	Comprehensive Periodontal Evaluation	Medicare	2 of (D0180) every plan year; not on same date as D0120 or D0150	No
D0210	Intraoral, complete series of radiographic images	Medicaid	Only one of (D0210, D0277, or D0330) per 36 months per member	No
D0220	Intraoral, periapical, first radiographic image	Medicaid	Only one D0220 per day per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete Series (D0210)	No
D0230	Intraoral, periapical, each add additional radiographic image	Medicaid	Maximum reimbursement is up to the fee of D0210	No
D0240*	Intraoral, occlusal radiographic image	Medicare	1 of (D0240) every plan year	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D0251*	Extra-oral posterior dental radiographic image	Medicare	2 of (D0251) every plan year	No
D0270	Bitewing, single radiographic image	Medicaid	One D0270 per 12 months per provider group. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210)	No
D0272	Bitewings, two radiographic images	Medicaid	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210)	No
D0273*	Bitewings, three radiographic images	Medicare	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series	No
D0274	Bitewings, four radiographic images	Medicaid	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210)	No
D0277	Vertical bitewings – 7 to 8 radiographic images	Medicaid	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210)	No
D0330	Panoramic radiographic image	Medicaid	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210)	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D0350*	2D oral/facial photographic image, intra-orally/extra-orally	Medicare	1 of (D0350) every 3 plan years	No
D0391*	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	Medicare	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709)	No
D0460*	Pulp Vitality Test	Medicare	1 of (D0460) per visit	No
D0701*	Panoramic radiographic image - image capture only	Medicare	1 of (D0210, D0330, D0701, D0709) every 3 plan years	No
D0703*	2-D photographic image - image capture only	Medicare	1 of (D0703) every 3 plan years	No
D0706*	Intraoral - occlusal radiographic image - image capture only	Medicare	2 of (D0706) every plan year	No
D0707*	Intraoral - periapical radiographic image - image capture only	Medicare	1 of (D0707) per date of service	No
D0708*	Intraoral - bitewing radiographic image - image capture only	Medicare	2 of (D0708) every plan year	No
D0708*	Intraoral - bitewing radiographic image - image capture only	Medicare	2 of (D0708) every plan year	No
D0709*	Intraoral - complete series of radiographic images - image capture only	Medicare	1 of (D0210, D0330, D0701, D0709) every 3 plan years	No
D0999	Unspecified Diagnostic Procedures, By Report	Medicaid	1 per day. For FQHC Encounter billing. D0999 must be on first line of claim with additional service listed	No
D1110	Prophylaxis, adult	Medicaid	1 per 6 months	No
D1206*	Fluoride varnish	Medicare	1 of (D1206, D1208) every plan year	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D1208*	Topical application of fluoride, excluding varnish	Medicare	1 of (D1206, D1208) every plan year	No
D1354	Application of Caries Arresting Medicament - Per Tooth	Medicaid	6 per lifetime. 2 applications per tooth per year. Lifetime maximum of six applications per tooth. Providers may treat a maximum of 4 teeth per day, providing participant has no history of any prior or same day billing of CDT category D2000 (Restorative codes) or CDT category D3000 (Endodontic codes) on the same tooth	No
D1355	Application of a caries preventive medicament	Medicare	One of (D1355) per tooth per 6 months	No
D9310	Consultation, other than requesting dentist	Medicaid	One per day per provider group	No
Comprehensive Services				
D2140	Amalgam, one surface, primary or permanent	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T	No
D2150	Amalgam, two surfaces, primary or permanent	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T	No
D2160	Amalgam, three surfaces, primary or permanent	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D2161	Amalgam, four or more surfaces, primary or permanent	Medicaid	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-32, A-T	No
D2330	Resin-based composite, one surface, anterior	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R	No
D2331	Resin-based composite, two surfaces, anterior	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R	No
D2332	Resin-based composite, three surfaces, anterior	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R	No
D2335	Resin-based composite, four or more surfaces, involving incisal angle	Medicaid	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 6-11, 22-27, C-H, M-R	No
D2390	Resin-based composite crown, anterior	Medicare	1 of (D2390) per tooth, every 2 plan years. Must have at least 50% remaining bone support	No
D2391	Resin-based composite, one surface, posterior	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. May not be used for PRR. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T	No
D2392	Resin-based composite, two surfaces, posterior	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D2393	Resin-based composite, three surfaces, posterior	Medicaid	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T	No
D2394	Resin-based composite, four or more surfaces, posterior	Medicaid	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T	No
D2542	Onlay - Metallic - Two Surfaces	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	Yes
D2543	Onlay - Metallic - Three Surfaces	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	Yes
D2544	Onlay - Metallic - Four Or More Surfaces	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	Yes
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	Yes
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	Yes
D2710	Crown, resin-based composite (indirect)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2720	Crown, resin-based composite (indirect)	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50%	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D2721	Crown, resin with predominantly base metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D2722	Crown, resin with noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D2740	Crown, porcelain/ceramic	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	No
D2750	Crown - porcelain fused to high noble metal	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	No
D2751	Crown, porcelain fused to predominantly base metal	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	No
D2752	Crown, porcelain fused to noble metal	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	No
D2753	Crown, porcelain fused to titanium alloy	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644,	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	
D2790	Crown - full cast high noble metal	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	No
D2791	Crown, full cast predominantly base metal	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	No
D2792	Crown, full cast noble metal	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32	No
D2794	Crown - titanium	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	Medicaid	One per tooth per 6 months. Teeth Covered: 1-32	No
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	Medicaid	Not allowed within 6 months of D2954 by the same provider or provider group. One per tooth per 6 months. Teeth Covered: 1-32	No
D2920	Re-cement or re-bond crown	Medicaid	Re-cement within 6 months of initial placement by same provider or provider group will be considered a duplicate service and will not be paid. One per tooth per 6 months. Teeth Covered: 1-32, A-T	No
D2928	Prefabricated porcelain/ceramic crown	Medicare	1 of (D2928, D2931) every 3 plan years per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum	No
D2931	Prefabricated stainless steel crown, permanent tooth	Medicaid	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Authorization required for three or more crowns. Teeth Covered: 1-32	No
D2932	Prefabricated resin crown	Medicaid	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Authorization required for three or more crowns. Teeth Covered: 6-11, 22-27, C-H, M-R	No
D2940	Placement of Interim Direct Restoration	Medicaid	Not allowed with pulpotomy, pulpectomy, or root canal therapy. Not allowed on the	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			same date of service as a restoration. One per tooth per 6 months. Teeth Covered: 1-32, A-T	
D2950	Core buildup, including any pins when required	Medicaid	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32	No
D2951	Pin retention, per tooth, in addition to restoration	Medicaid	4 per day. Not allowed with (D2950, D2954) on same DOS. Teeth Covered: 1-32	No
D2952	Post and core in addition to crown, indirectly fabricated	Medicare	1 of (D2950, D2952-D2954, D2957) per tooth every 60 months. Must be necessary to provide retention for an approved crown	Yes
D2953	Each additional indirectly fabricated post, same tooth	Medicare	1 of (D2950, D2952-D2954, D2957) per tooth every 60 months. Must be necessary to provide retention for an approved crown	Yes
D2954	Prefabricated post and core in addition to crown	Medicaid	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32	No
D2955	Post removal	Medicare	1 (D2955) per tooth every 60 months	No
D2957	Each additional prefabricated post, same tooth	Medicare	1 of (D2950, D2952-D2954, D2957) per tooth every 60 months. Must be necessary to provide retention for an approved crown	No
D2971	Additional procedure to customize a crown to fit under an existing partial denture framework	Medicare	1 (D2971) per tooth every 60 months	No
D2980	Crown repair necessitated by restorative material failure	Medicare	1 of (D2980) per tooth every 3 plan years	No
D3110	Pulp cap, direct (excluding final restoration)	Medicare	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			least 50% remaining bone support	
D3120	Pulp cap, indirect (excluding final restoration)	Medicare	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support	No
D3220	Therapeutic pulpotomy (excluding final restoration)	Medicare	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support	No
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Medicaid	One (D3310) per lifetime per tooth. Teeth Covered: 6-11, 22-27	No
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Medicare	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support	No
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Medicare	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support	No
D3331	Treatment of root canal obstruction; non-surgical access	Medicare	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	No
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	Medicare	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	No
D3333	Internal root repair of perforation defects	Medicare	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support	No
D3346	Retreatment of previous root canal therapy, anterior	Medicare	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	No
D3347	Retreatment of previous root canal therapy, premolar	Medicare	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			provider within 1 plan year of original root canal treatment	
D3348	Retreatment of previous root canal therapy, molar	Medicare	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	No
D3351	Apexification/recalcification, initial visit	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	No
D3352	Apexification/recalcification, interim medication replacement	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	No
D3353	Apexification/recalcification, final visit	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	No
D3410	Apicoectomy, anterior	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No
D3421	Apicoectomy, premolar (first root)	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No
D3425	Apicoectomy, molar (first root)	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No
D3426	Apicoectomy, (each additional root)	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D3430	Retrograde filling, per root	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	No
D3450	Root amputation, per root	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime	No
D3470	Intentional reimplantation (including necessary splinting)	Medicare	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime	No
D3920	Hemisection, not including root canal therapy	Medicare	1 of (D3920-D3921) per tooth per lifetime	No
D3921	Decoronation or submergence of an erupted tooth	Medicare	1 of (D3920-D3921) per tooth per lifetime	No
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	Medicaid	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant. For removing hyperplastic tissue to reduce pocket depth	No
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	Medicaid	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant. For removing hyperplastic tissue to reduce pocket depth	No
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Medicare	1 of (D4212) per tooth per lifetime	No
D4240	gingival flap procedure, including root planing - four	Medicaid	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per	No

Code	Code Description	Coverage	Periodicity	Prior Auth
	or more contiguous teeth or tooth bound		provider group. Minimum of four (4) affected teeth in the quadrant	
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound	Medicaid	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant	No
D4245	Apically positioned flap	Medicare	1 of (D4240-D4245) per quadrant every 3 plan years	No
D4249	Clinical crown lengthening, hard tissue	Medicaid	One per lifetime per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period	No
D4260	Osseous surgery, four or more teeth per quadrant	Medicaid	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant	No
D4261	Osseous surgery, one to three teeth per quadrant	Medicaid	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant	No
D4263	Bone Replacement Graft - retained natural tooth - first site in quadrant	Medicaid	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32	No
D4264	Bone Replacement Graft - retained natural tooth - each additional site in quadrant	Medicaid	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32	No
D4270	Pedicle soft tissue graft procedure	Medicaid	One per tooth per lifetime Teeth Covered: 1-32	No
D4273	Autogenous connective tissue graft procedure, first tooth	Medicaid	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32	No
D4274	Mesial/distal wedge procedure, single tooth	Medicaid	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D4275	Non-autogenous connective tissue graft, first tooth	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4276	Combined connective tissue and pedicle graft, per tooth	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4277	Free soft tissue graft, first tooth	Medicaid	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82	No
D4278	Free soft tissue graft, each additional tooth	Medicaid	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82	No
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	Medicare	1 of (D4270-D4285) per tooth every 3 plan years	No
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	Medicare	1 of (D4322-D4323) per arch every 3 plan years	No
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	Medicare	1 of (D4322-D4323) per arch every 3 plan years	No
D4341	Scaling and root planing	Medicaid	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months	No
D4342	Scaling and root planing	Medicaid	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months	No
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	Medicare	1 (D4346) every 2 plan years, not allowed within six months of D1110, D4341, D4342, D4355, or D4910	No
D4355	full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	Medicaid	Only one of (D1110 or D4355) per 12 months. Not billable with D4341 or D4342. Not eligible for payment if performed on the	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			same date or within 12 months of a D0120 or D0150. Not allowed for twelve months following D1120 or any D4000 series code	
D4381	Localized delivery of antimicrobial agent/per tooth	Medicare	8 of (D4381) every 2 plan years; at least 28 days after D4341 or D4342; requires evidence of pockets 5 mm or greater with persistent inflammation	No
D4910	Periodontal maintenance	Medicaid	Requires history of D4210, D4211, D4240, D4241, D4260, D4261, D4341, D4342, or valid 4910. One (D1110 or D4910) per 6 months	No
D4920	Unscheduled dressing change (other than treating dentist or staff)	Medicare	1 of (D4920) every plan year per procedure	No
D5110	Complete denture, maxillary	Medicaid	Only one of (D5110, D5130, or D5221) per 60 months	Yes
D5120	Complete denture, mandibular	Medicaid	Only one of (D5120, D5140, or D5222) per 60 months	Yes
D5130	Immediate denture, maxillary	Medicaid	1 per lifetime	Yes
D5140	Immediate denture, mandibular	Medicaid	1 per lifetime	Yes
D5211	Maxillary partial denture, resin base	Medicare	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw	Yes
D5212	Mandibular partial denture, resin base	Medicare	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw	Yes
D5213	Maxillary partial denture, cast metal, resin base	Medicare	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
D5214	Mandibular partial denture, cast metal, resin base	Medicare	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw	Yes
D5225	Maxillary partial denture, flexible base	Medicare	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw	Yes
D5226	Mandibular partial denture, flexible base	Medicare	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw	Yes
D5284	Unilateral removeable partial denture, flexible base, per quadrant	Medicare	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and lower jaw	Yes
D5286	Unilateral removable partial denture, resin base, per quadrant	Medicare	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and lower jaw	Yes
D5410	Adjust complete denture, maxillary	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	No
D5411	Adjust complete denture, mandibular	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	No
D5421	Adjust partial denture, maxillary	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D5422	Adjust partial denture, mandibular	Medicare	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	No
D5511	Repair broken complete denture base, mandibular	Medicaid	2 per 12 months. Not covered within 6 months of insertion	No
D5512	Repair broken complete denture base, maxillary	Medicaid	2 per 12 months. Not covered within 6 months of insertion	No
D5520	Replace missing or broken teeth, complete denture	Medicaid	One per tooth per 12 months. Teeth Covered: 1-32	No
D5611	Repair resin partial denture base, mandibular	Medicaid	2 per 12 months. Not covered within 6 months of insertion	No
D5612	Repair resin partial denture base, maxillary	Medicaid	2 per 12 months. Not covered within 6 months of insertion	No
D5621	Repair cast partial framework, mandibular	Medicaid	2 per 12 months. Not covered within 6 months of insertion	No
D5622	Repair cast partial framework, maxillary	Medicaid	2 per 12 months. Not covered within 6 months of insertion	No
D5630	Repair or replace broken retentive clasping, per tooth	Medicaid	One per tooth per 12 months. Teeth Covered: 1-32	No
D5640	Replace broken teeth, per tooth	Medicaid	One per tooth per 12 months. Teeth Covered: 1-32	No
D5650	Add tooth to existing partial denture	Medicaid	One per tooth per 12 months. Teeth Covered: 1-32	No
D5660	Add clasp to existing partial denture, per tooth	Medicare	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	No
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	Medicare	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	Medicare	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	No
D5710	Rebase complete maxillary denture	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5711	Rebase complete mandibular denture	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5720	Rebase maxillary partial denture	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5721	Rebase mandibular partial denture	Medicare	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5730	Reline complete maxillary denture, chairside	Medicaid	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D5731	Reline complete mandibular denture, chairside	Medicaid	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement	No
D5740	Reline maxillary partial denture, chairside	Medicaid	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement	No
D5741	Reline mandibular partial denture, chairside	Medicaid	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement	No
D5750	Reline complete maxillary denture, laboratory	Medicaid	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement	No
D5751	Reline complete mandibular denture, laboratory	Medicaid	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement	No
D5760	Reline maxillary partial denture, laboratory	Medicaid	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement	No
D5761	Reline mandibular partial denture, laboratory	Medicaid	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement	No
D5765	Soft liner for complete or partial removable denture - indirect	Medicare	1 of (D5765) per arch every 2 plan years, not within six months of denture delivery	No
D5850	Tissue conditioning, maxillary	Medicare	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5851	Tissue conditioning, mandibular	Medicare	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	No
D5899	Unspecified Removable Prosthodontic Procedure, By Report	Medicaid	For FQHC/Encounter Clinic billing only. All other POS will deny	No
D5999	Unspecified Maxillofacial Prosthesis, By Report	Medicaid	One per day	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
D6210	Pontic, cast high noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6211	Pontic, cast predominantly base metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6212	Pontic, cast noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6214	Pontic - titanium	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6240	Pontic - porcelain fused to high noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6241	Pontic, porcelain fused to predominantly base metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6242	Pontic, porcelain fused to noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6243	Pontic - porcelain fused to titanium and titanium alloys	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6245	Pontic, porcelain/ceramic	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6250	Pontic - resin with high noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791,	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6251	Pontic, resin with predominantly base metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
D6252	Pontic, resin with noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6740	Retainer crown, porcelain/ceramic	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6750	Crown - Porcelain Fused to High Noble Metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6751	Retainer crown, porcelain fused to predominantly base metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6752	Retainer crown, porcelain fused to noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6790	Retainer crown - full cast high noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6791	Retainer crown, full cast predominantly base metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6792	Retainer crown, full cast noble metal	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	Yes
D6794	Retainer crown - titanium	Medicare	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791,	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
			D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 60 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns	
D6930	Re-cement or re-bond fixed partial denture	Medicaid	Same provider cannot bill within 6 months of placement. One per abutment per 6 months. Teeth Covered: 1-32	No
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Medicaid	1 per day. Teeth Covered: 1-32	Yes
D7140	Extraction, erupted tooth or exposed root	Medicaid	1 per lifetime. Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 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	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	Medicaid	Requires elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 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	
D7220	Removal of impacted tooth, soft tissue	Medicaid	1 per lifetime. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82	No
D7230	Removal of impacted tooth, partially bony	Medicaid	1 per lifetime. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82	No
D7240	Removal of impacted tooth, completely bony	Medicaid	1 per lifetime. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82	No
D7241	Removal impacted tooth, complete bony, complication	Medicare	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	No
D7250	Removal of residual tooth roots (cutting procedure)	Medicaid	1 per lifetime. Not payable to provider group who previously billed extraction. Includes incidental removal of a cyst or lesion attached to the root(s)	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			Teeth Covered: 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	
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	Medicare	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	No
D7260	Oroantral fistula closure	Medicare	1 of (D7260, D7261) per quadrant per date of service	No
D7261	Primary closure of a sinus perforation	Medicare	1 of (D7260, D7261) per quadrant per date of service	No
D7270	Tooth reimplantation and/or stabilization, accident	Medicaid	Once per lifetime per tooth. Teeth Covered: 1-32	No
D7272	Tooth transplantation	Medicare	1 of (D7270-D7282) per tooth per lifetime	No
D7280	Exposure of an unerupted tooth	Medicare	1 of (D7270-D7282) per tooth per lifetime	No
D7282	Mobilization of erupted/malpositioned tooth	Medicare	1 of (D7270-D7282) per tooth per lifetime	No
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	Medicare	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	No
D7286	Incisional biopsy of oral tissue, soft	Medicare	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	No
D7287	Exfoliative cytological sample collection	Medicare	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	No
D7288	Brush biopsy, transepithelial sample collection	Medicare	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	No
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	Medicaid	Only one of (D7310 or D7311) per lifetime per quadrant. Minimum	No

Code	Code Description	Coverage	Periodicity	Prior Auth
			of four teeth extracted in quadrant	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	Medicaid	Only one of (D7310 or D7311) per lifetime per quadrant. One to three teeth extracted in quadrant	No
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	Medicaid	Only one of (D7320 or D7321) per lifetime per quadrant. Minimum of four tooth spaces in quadrant	No
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	Medicaid	Only one of (D7320 or D7321) per lifetime per quadrant. One to three tooth spaces in quadrant	No
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	Medicare	1 of (D7340, D7350) per quadrant every 5 plan years	No
D7350	Vestibuloplasty, ridge extension	Medicare	1 of (D7340, D7350) per quadrant every 5 plan years	No
D7410	Excision of benign lesion, up to 1.25 cm	Medicare	1 of (D7410-D7465) per date of service	No
D7411	Excision of benign lesion, greater than 1.25 cm	Medicare	1 of (D7410-D7465) per date of service	No
D7412	Excision of benign lesion, complicated	Medicare	1 of (D7410-D7465) per date of service	No
D7413	Excision of malignant lesion, up to 1.25 cm	Medicare	1 of (D7410-D7465) per date of service	No
D7414	Excision of malignant lesion, greater than 1.25 cm	Medicare	1 of (D7410-D7465) per date of service	No
D7415	Excision of malignant lesion, complicated	Medicare	1 of (D7410-D7465) per date of service	No
D7440	Excision of malignant tumor, up to 1.25 cm	Medicare	1 of (D7410-D7465) per date of service	No
D7441	Excision of malignant tumor, greater than 1.25 cm	Medicare	1 of (D7410-D7465) per date of service	No
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	Medicaid	Once per lifetime per tooth	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	Medicaid	Once per lifetime per tooth	No
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	Medicaid	Medicaid rules apply	No
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	Medicaid	Medicaid rules apply	No
D7465	Destruction of lesion(s) by physical or chemical method, by report	Medicare	1 of (D7410-D7465) per date of service	No
D7471	Removal of lateral exostosis, maxilla or mandible	Medicare	1 of (D7471) per arch per lifetime	No
D7472	Removal of torus palatinus	Medicare	1 of (D7472) per lifetime	No
D7473	Removal of torus mandibularis	Medicare	1 of (D7473) per quadrant per lifetime	No
D7485	Reduction of osseous tuberosity	Medicare	1 of (D7485) per quadrant per lifetime	No
D7509	Marsupialization of odontogenic cyst	Medicare	1 of (D7509) per date of service	No
D7510	Incision & drainage of abscess, intraoral soft tissue	Medicaid	Only one of (D7510 or D7511) per day per tooth. Not payable same DOS as D7140-D7250. Teeth Covered: 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
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	Medicaid	Only one of (D7510 or D7511) per day	No
D7520	Incision & drainage of abscess, extraoral soft tissue	Medicare	1 of (D7510-D7540) per date of service	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	Medicare	1 of (D7510-D7540) per date of service	No
D7530	Remove foreign body, mucosa, skin, tissue	Medicare	1 of (D7510-D7540) per date of service	No
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Medicare	1 of (D7510-D7540) per date of service	No
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	Medicaid	1 per day	No
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	Medicaid	1 per day	No
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	Medicaid	1 per day	No
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	Medicaid	1 per day	No
D7710	Maxilla - Open Reduction	Medicaid	1 per day	No
D7720	Maxilla - Closed Reduction	Medicaid	1 per day	No
D7730	Mandible - Open Reduction	Medicaid	1 per day	No
D7740	Mandible - Closed Reduction	Medicaid	1 per day	No
D7810	Open Reduction Of Dislocation	Medicaid	1 per day	No
D7820	Closed reduction dislocation	Medicaid	1 per day	No
D7970	Excision of hyperplastic tissue, per arch	Medicare	1 of (D7970) per arch every 5 plan years	No
D7971	Excision of pericoronal gingiva	Medicare	1 of (D7971) per tooth per lifetime	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D7972	Surgical Reduction of Fibrous Tuberosity	Medicare	1 of (D7972) per maxillary quadrant per lifetime	No
D7999	Unspecified Oral Surgery Procedure, By Report	Medicaid	1 per day	Yes
D9110	Palliative (emergency) treatment, minor procedure	Medicaid	4 per 12 months. Only one of (D0140 or D9110) per day per provider group. For emergency care only	No
D9120	Fixed Partial Denture Sectioning	Medicare	1 of (D9120) every plan year	No
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Medicare	1 of (D9219) per date of service when in conjunction with a requested D9222 or D9239	No
D9222	Deep sedation/general anesthesia, first 15 minute increment	Medicaid	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9230, D9239, D9243, or D9248	Yes
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	Medicaid	Permit B required. Not allowed on the same date of service with D9230, D9243, or D9248. Valid, paid D9222 must be present on claim	No
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	Medicare	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service	Yes
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	Medicare	7 of (D9223, D9225, D9243) per date of service	No
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Medicaid	1 per day. Not allowed same DOS as D9222, D9223, D9239, D9243, or D9248	No
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	Medicaid	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248	Yes

Code	Code Description	Coverage	Periodicity	Prior Auth
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	Medicaid	Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248. Valid, paid D9239 must be present on claim	No
D9244	In-office administration of minimal sedation – single drug – enteral	Medicare	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service	No
D9245	Administration of moderate sedation – enteral	Medicare	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service	No
D9410	House/Extended Care Facility Call	Medicare	1 of (D9410, D9420, D9997) per date of service	No
D9420	Hospital or ambulatory surgical center call	Medicare	1 of (D9410, D9420, D9997) per date of service	No
D9430	Office visit, observation, regular hours, no other services	Medicare	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	No
D9440	Office visit, after regularly scheduled hours	Medicare	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	No
D9610	Therapeutic Parenteral Drug, Single Administration	Medicaid	Name of drug and amount administered. One per day	No
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	Medicare	1 of (D9610, D9612) per date of service	No
D9630	Drugs or Medicaments dispensed in the office for home use	Medicaid	Name of drug and amount administered. One per day	No
D9911	Application of desensitizing resin for cervical, root surface, per tooth	Medicare	1 of (D9911) per tooth every 2 plan years	No
D9930	Treatment of complications, post surgical, unusual, by report	Medicare	1 of (D9930) per date of service	No
D9932	Cleaning and inspection of removable complete denture, maxillary	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No

Code	Code Description	Coverage	Periodicity	Prior Auth
D9933	Cleaning and inspection of removable complete denture, mandibular	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No
D9934	Cleaning and inspection of removable partial denture, maxillary	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No
D9935	Cleaning and inspection of removable partial denture, mandibular	Medicare	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery	No
D9942	Repair and/or Reline of Occlusal Guard	Medicare	1 of (D9942) every 2 plan years, not within six months of appliance delivery	No
D9944	Occlusal guard, hard appliance, full arch	Medicare	1 of (D9944-D9946) every 5 plan years	No
D9945	Occlusal guard, soft appliance, full arch	Medicare	1 of (D9944-D9946) every 5 plan years	No
D9946	Occlusal guard, hard appliance, partial arch	Medicare	1 of (D9944-D9946) every 5 plan years	No
D9951	Occlusal adjustment, limited	Medicare	1 of (D9951) every 2 plan years	No
D9995	Teledentistry - synchronous; real-time encounter	Medicare	1 of (D9995-D9996) per date of service	No
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Medicare	1 of (D9995-D9996) per date of service	No
D9997	Dental Case Management - patients with special needs	Medicare	1 of (D9410, D9420, D9997) per date of service	No
D9999	Unspecified Adjunctive procedure, by report	Medicaid	1 per day	Yes

Limitations:

- Optional treatment: If you select a more expensive service than is customarily provided, an alternate benefit allowance may be made for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost.
 - When posterior teeth are missing in both quadrants of the same arch, a benefit request for one or more posterior fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.

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