

2026 DENTAL GUIDE

SCAN Connections (HMO D-SNP) **SCAN Connections at Home (HMO D-SNP)**

Medicare Advantage Plan

California

DentaQuest[®]
a Sun Life company



For California HMO plans: Dental benefits are provided by California Dental Network. California Dental Network does business as DentaQuest. Throughout this document, California Dental Network is referred to as DentaQuest

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INTRODUCTION

SCAN is excited to partner with DentaQuest to administer your supplemental dental benefits in 2026. This partnership is designed to give you access to quality care, a strong network of providers, and the helpful service you expect from SCAN Health Plan.

In this guide, you'll find everything you need to make the most of your supplemental dental benefits, including:

- Details about your plan premium and cost-sharing;
- A summary of your supplemental dental benefits;
- Steps for finding and receiving dental care;
- What to do if you have a concern or complaint; and
- Contact information for additional assistance.

The information in this guide applies to members enrolled in the SCAN Health Plans listed below from January 1 through December 31, 2026.

State	Plan Name	Counties
CA	SCAN Connections (HMO D-SNP)	Los Angeles Riverside San Bernardino San Diego
CA	SCAN Connections at Home (HMO D-SNP)	Los Angeles Riverside San Bernardino San Diego

CONTACT US

For questions about this document or for assistance with claims and/or billing, please contact:

Method	Contact Information
WEBSITE	DentaQuest www.dentaquest.com SCAN Health Plan www.scanhealthplan.com
CALL	DentaQuest 1-877-227-1625 SCAN Health Plan 1-866-722-6725 Calls to these numbers are free. Contact us October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week, April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. Note: We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. Contact us October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week, April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. Note: We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day.

RECEIVING DENTAL CARE AND SERVICES

Membership Card (ID)

As a SCAN member, you will receive a plan membership card. Please show your SCAN membership card when receiving dental services. If you do not use your plan membership card, you may be asked to pay the full cost of dental services yourself. You will not receive a separate dental membership card.

If your plan membership card is damaged, lost, or stolen, call SCAN Member Services at the phone number listed within Contact Us - page 4 of this document and we will send you a new card.

Dental Provider Selection

You may obtain dental care and services from any DentaQuest network provider of your choice.

Network providers are the doctors and other health care professionals that have an agreement with us to accept our payment and any plan cost-sharing as payment in full. You must use network providers to get your dental care and services. If you go elsewhere without proper authorization, you will have to pay in full. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in network) and cases in which SCAN Health Plan authorizes use of out-of-network providers.

Provider participation within the DentaQuest network may change at any time. Please confirm the network participation status of your chosen dental office before receiving services.

The most recent list of providers is available:

Method	Contact Information
WEBSITE	<p>DentaQuest</p> <ol style="list-style-type: none">1. Visit www.DentaQuest.com.2. Input your location.3. Within the drop-down menu:<ul style="list-style-type: none">• Update Insurance Type to "Medicare"• Choose "SCAN Health Plan"4. Click on "Find A Dentist". <p>The provider directory does not serve as a recommendation of any dental provider and does not guarantee that providers listed are accepting new members.</p>

Method	Contact Information
CALL	<p>DentaQuest 1-877-227-1625</p> <p>Calls to this number are free.</p> <p>Contact us October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week, April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday.</p> <p>Note: We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day.</p>
TTY	<p>711</p> <p>Calls to this number are free.</p> <p>Contact us October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week, April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday.</p> <p>Note: We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day.</p>

Prior Authorization

Payment to providers is subject to applicable limitations, exclusions, and/or processing policies such as coordination of benefits and prior authorization requirements.

To confirm your coverage details, prior authorization is required.

If you have questions about your coverage decision and/or financial responsibility listed on your invoice and/or explanation of benefit, please contact your dental office or DentaQuest’s Customer Service to confirm the charges.

Optional Services

Optional Services refers to dental treatment that exceeds professionally recognized standards of necessity and may involve specialized techniques, higher-cost materials, and/or more extensive procedures than clinically required.

If a member receives optional services, the plan will consider the more conservative treatment. The member is responsible for the difference between the cost of the optional service and the alternative treatment, in addition to any applicable member cost-sharing.

Second Opinion

You have the right to request a second opinion about your care if you disagree with the opinion of your network provider or you wish for confirmation of a diagnosis, medical necessity or the appropriateness of a treatment or procedure. If you wish to request a second medical opinion, simply contact your network provider. Please note that plan covered services, limitations, and restrictions apply and any charges for non-covered services will be member responsibility.

Emergency Services

What is a dental emergency and what should you do if you have one?

A dental emergency is when you have a symptom of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected to result in either: placing your dental health in serious jeopardy or serious impairment to dental functions.

If you have a dental emergency, take the following steps:

1. Contact your network dental provider.
2. Contact Customer Service at DentaQuest. If you have not established care or your network dental provider is unavailable contact DentaQuest's customer service at 1-877-227-1625 (TTY 711), 7 days a week from October 1 to March 31, 8 a.m. to 8 p.m. and Monday through Friday from April 1 to September 30, 8 a.m. to 8 p.m., for help in locating a network provider.
3. Notify SCAN Health Plan.

If care is obtained from an out-of-network provider:

- Members must first attempt to access services through an in-network provider by following the steps outlined above.
- Coverage is limited to dental procedures included within the 'Schedule of Dental Benefits' which stabilize your condition and/or provide palliative relief.
- Benefit terms, limitations, and restrictions remain applicable.
- As soon as your condition and the circumstances allow, care should be taken over by a network provider.

CLAIM REIMBURSEMENT

Network providers should submit claims on your behalf. If you are requesting reimbursement for care obtained from a network provider, contact your dental office or DentaQuest's Member Service to confirm the charges and review reimbursement options.

If you are requesting reimbursement for emergency services, please submit the request within 90 days of treatment to:

DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906

COMPLAINTS & APPEALS

If you have a problem or concern regarding your benefits, coverage, quality of dental services performed by a network dental provider, or other, you have the right to file a complaint or appeal with SCAN Health Plan. For more information on making a complaint or appeal, please refer to the SCAN Health Plan Evidence of Coverage and/or contact:

Method	Complaints & Appeals For Dental Care - Contact Information
CALL	<p>SCAN Health Plan 1-866-722-6725</p> <p>Calls to these numbers are free.</p> <p>Contact us October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week, April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday.</p> <p>Note: We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day.</p> <p>Member Services also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>Calls to this number are free.</p> <p>Contact us October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week, April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday.</p> <p>Note: We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day.</p>
FAX	1-562-989-0958
WRITE	<p>SCAN Health Plan Attention: Grievance and Appeals Department P.O. Box 22644 Long Beach, CA 90801-5644</p>

PLANS

State	Plan Name	Counties
CA	SCAN Connections (HMO D-SNP)	Los Angeles Riverside San Bernardino San Diego
CA	SCAN Connections at Home (HMO D-SNP)	Los Angeles Riverside San Bernardino San Diego

BENEFIT CONDITIONS, LIMITATIONS, AND EXCLUSIONS

Conditions

- This plan does not provide coverage for all dental procedure codes. Any dental procedure code which is not listed within the 'Schedule of Dental Benefits' is not covered and will be the member's financial responsibility.
- Services must be performed by a contracted DentaQuest provider.
- Prior authorization is required for services specified within the table below.
- Out-of-pocket expenses related to the receipt of supplemental dental services do not count toward your maximum out-of-pocket amount.
- If you have other insurance, the Coordination of Benefit rules outlined within the SCAN Health Plan Evidence of Coverage may apply.

Limitations

- **Eligibility.** Eligibility for plan covered services is subject to the frequency limitations listed with the 'Schedule of Dental Benefits'. Unless noted, eligibility is determined from the last date(s) of service in which treatment was completed.
- **Multi-Stage Treatment.** When treatment takes place over the course of many steps and/or appointments, the date of service is defined as the date in which the service is completed or delivered. For example, crowns = seat date, root canal = completion date, and bridges/dentures = delivery date.
- **Radiographic Images.** Reimbursement for all eligible radiographic images taken on the same date of service, regardless of procedure code combination, will be limited to the allowable amount for a comprehensive intraoral series.
- **Non-Payable / Non-Allowable.** Enforcement of non-payable and/or non-allowance conjunctive procedures is limited to completion of services by a network provider who has agreed to contractual administrative provisions. Member is responsible for any associated charges if the service is completed by an out-of-network dental provider.

Exclusions

Benefits are not considered for:

- Any dental procedure which is not listed within the 'Schedule of Dental Benefits'.
- Services which are cosmetic in nature and/or completed for cosmetic purposes.
- Services performed by an out-of-network dental provider.
- Any dental service which requires prior authorization and has not been approved through the prior authorization process.
- Services performed prior to the member's effective date.
- Services completed after the member's termination date and/or the conclusion of the calendar year, December 31st, 2026.

- Procedures having questionable / poor prognosis as determined by professional review.
- Charges associated with incomplete, temporary, and/or interim services.
- Orthodontic treatment.
- Services to address temporomandibular joints (TMJ) and/or associated musculature.
- Treatment for congenital or developmental malformations including but not limited to cleft palate, jaw malformations.
- Experimental procedures as determined by professional review.
- Charges assessed by a hospital and/or facility
- Services associated with dental practice administration (e.g. x-ray duplication, missed/cancelled appointments, appt. reminders, claim preparation, equipment sterilization, etc.) rather than direct patient clinical care.
- Dental splints.
- Lost or stolen appliances.
- Prescribed drugs, medication (including toothpaste), and/or antimicrobial agents.

SCHEDULE OF DENTAL BENEFITS

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D0120	periodic oral evaluation - established patient	One of (D0120, D0150) per 6 month(s), per member, per provider.	0%	Not Covered	No
D0140	limited oral evaluation-problem focused	Three per 12 months not allowed with routine services	0%	Not Covered	No
D0150	comprehensive oral evaluation - new or established patient	One of (D0150) per 36 month(s), per provider or location. One of D0120, D0150 per 6 months, per member, per provider or location.	0%	Not Covered	No
D0160	detailed and extensive oral eval-problem focused, by report	One of (D0160) per 6 months, per member, per provider	0%	Not Covered	No
D0170	re-evaluation, limited problem focused	Up to a maximum 6 of (D0170) per 3 months, per provider, per member. Up to a maximum of 12 of (D0170) per 12 month(s), per provider, per member.	0%	Not Covered	No
D0171	re-evaluation - post operative office visit		0%	Not Covered	No
D0180	comprehensive periodontal evaluation - new or established patient		0%	Not Covered	No
D0210	Intraoral- comprehensive series of radiographic images	One of (D0210, D0330) per 36 months, per member, per provider when documented as essential for a follow-up/ post-operative exam (such as after oral surgery).	0%	Not Covered	No
D0220	intraoral - periapical first radiographic image	Up to a maximum of 20 (D0220) per 12 month(s), per provider, per member. One of (D0220) per member, per provider, per day	0%	Not Covered	No
D0230	intraoral - periapical each additional radiographic image	Up to a maximum of 20 (D0230) per 12 month(s), per provider, per member.	0%	Not Covered	No
D0240	intraoral - occlusal radiographic image	Two of (D0240) per 6 month(s), per member, per provider.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	One of (D0250) per date of service, per member.	0%	Not Covered	No
D0251	extra-oral - 2D projection radiographic image		0%	Not Covered	No
D0270	bitewing - single radiographic image	One of (D0270) per 6 month(s), per member, per provider.	0%	Not Covered	No
D0272	bitewings - two radiographic images	One of (D0272) Per 6 month(s), per member, per provider.	0%	Not Covered	No
D0273	bitewings - three radiographic images	This procedure can only be billed as bitewing – single radiographic image (D0270) and bitewings – two radiographic images (D0272).	0%	Not Covered	No
D0274	bitewings - four radiographic images	One of (D0270, D0272, D0274) per 6 month(s), per member, per provider.	0%	Not Covered	No
D0277	vertical bitewings - 7 to 8 films	This procedure can only be billed as bitewings – four radiographic images (D0274). The maximum payment is for four bitewings.	0%	Not Covered	No
D0310	sialography		0%	Not Covered	No
D0320	temporomandibular joint arthrogram, including injection	Maximum of three of (D0320) per date of service, per member.	0%	Not Covered	No
D0322	tomographic survey	Two of (D0320) per 12 month(s), per member, per provider.	0%	Not Covered	Yes
D0330	panoramic radiographic image	One of (D0210, D0330) per 36 months, per member, per provider when documented as essential for a follow-up/ post-operative exam (such as after oral surgery).	0%	Not Covered	No
D0340	2D cephalometric radiographic image - acquisition, measurement, and analysis	One of (D0340) per 24 month(s), per member, per provider.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	Up to a maximum of four (D0350), per member, per date of service.	0%	Not Covered	No
D0419	assessment of salivary flow by measurement	One of (D0419) every 12 months per member.	0%	Not Covered	No
D0460	pulp vitality tests	This procedure is included in the fees for diagnostic, restorative, endodontic and emergency procedures and it not payable separately.	0%	Not Covered	No
D0502	other oral pathology procedures, by report	Only allowable when provided by a oral pathologist.	0%	Not Covered	Yes
D0601	caries risk assessment and documentation, with a finding of low risk	One of (D0601) per 12 months, per member.	0%	Not Covered	No
D0602	caries risk assessment and documentation, with a finding of moderate risk	One of (D0602) per 12 months, per member.	0%	Not Covered	No
D0603	caries risk assessment and documentation, with a finding of high risk	One of (D0603) per 12 months, per member.	0%	Not Covered	No
D0701	panoramic radiographic image - image capture only		0%	Not Covered	No
D0702	2-D cephalometric radiographic image - image capture only		0%	Not Covered	No
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only		0%	Not Covered	No
D0705	extra-oral posterior dental radiographic image - image capture only		0%	Not Covered	No
D0706	intraoral - occlusal radiographic image - image capture only		0%	Not Covered	No
D0707	intraoral - periapical radiographic image - image capture only		0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D0708	intraoral - bitewing radiographic image - image capture only		0%	Not Covered	No
D0709	intraoral - complete series of radiographic images - image capture only		0%	Not Covered	No
D0801	3D dental surface scan - direct		0%	Not Covered	No
D0802	3D dental surface scan - indirect		0%	Not Covered	No
D0803	3D facial surface scan - direct		0%	Not Covered	No
D0804	3D facial surface scan - indirect		0%	Not Covered	No
D0999	unspecified diagnostic procedure, by report		0%	Not Covered	Yes
D1110	prophylaxis - adult	Two of (D1110 or D4346) per 12 month(s) for members 21+. One of (D1110) per 4 month(s) for members residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).	0%	Not Covered	No
D1206	topical application of fluoride varnish	Two of (D1206, D1208) per 12 month(s), per member. One of (D1206, D1208) per 4 month(s) for members residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).	0%	Not Covered	No
D1208	topical application of fluoride - excluding varnish	Two of (D1206, D1208) per 12 month(s). One of (D1206, D1208) per 4 month(s) for members residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).	0%	Not Covered	No
D1310	nutritional counseling for control of dental disease	This procedure is to be performed in conjunction with diagnostic, preventive, and periodontal procedures and is not payable separately.	0%	Not Covered	No
D1320	tobacco counseling for the control and prevention of oral disease	One of (D1320) per 12 month(s), per provider.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D1330	oral hygiene instructions	This procedure is to be performed in conjunction with diagnostic, preventive, and periodontal procedures and is not payable separately	0%	Not Covered	No
D1354	interim caries arresting medicament application - per tooth	One of (D1354) per tooth per 6 month(s), per member. Ten of (D1354) per day, per member. Four of (D1354) per tooth, per lifetime. Current intraoral photograph, current diagnostic periapical radiograph and document the underlying conditions that exist which indicate that nonrestorative caries treatment is optimal.	0%	Not Covered	No
D1556	removal of fixed unilateral space maintainer - per quadrant	One of (D1556) per lifetime per member.	0%	Not Covered	No
D1557	removal of fixed bilateral space maintainer - maxillary	One of (D1557) per lifetime per member.	0%	Not Covered	No
D1558	removal of fixed bilateral space maintainer - mandibular	One of (D1558) per lifetime per member.	0%	Not Covered	No
D1999	unspecified preventive procedure, by report		0%	Not Covered	Yes
D2140	amalgam - one surface, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2150	amalgam - two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2160	amalgam - three surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D2161	amalgam - four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2330	resin-based composite - one surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2331	resin-based composite - two surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2332	resin-based composite - three surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2390	resin-based composite crown, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2391	resin-based composite - one surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2392	resin-based composite - two surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D2393	resin-based composite - three surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2394	resin-based composite - four or more surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 month(s), per member, per tooth, per surface.	0%	Not Covered	No
D2710	crown - resin-based composite (indirect)	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2712	crown - 3/4 resin-based composite (indirect)	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2720	crown-resin with high noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2721	crown - resin with predominantly base metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2722	crown - resin with noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D2740	crown - porcelain/ceramic	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2750	crown - porcelain fused to high noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2751	crown - porcelain fused to predominantly base metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2752	crown - porcelain fused to noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2753	crown-porcelain fused to titanium and titanium alloys	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2780	crown - ¾ cast high noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2781	crown - ¾ cast predominantly base metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D2782	crown - ¾ cast noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2783	crown - ¾ porcelain/ceramic	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2790	crown - full cast high noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2791	crown - full cast predominantly base metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2792	crown - full cast noble metal	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2794	crown - titanium	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One of (D2910) per 12 month(s), per provider.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		0%	Not Covered	No
D2920	re-cement or re-bond crown	Not a benefit within 12 months of a previous re-cementation by the same provider.	0%	Not Covered	No
D2921	reattachment of tooth fragment, incisal edge or cusp		0%	Not Covered	No
D2928	prefabricated porcelain/ceramic crown - permanent tooth	One of (D2928), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2929	prefabricated porcelain/ceramic crown - primary tooth	One of (D2929), once per tooth, per 60 months, per member.	0%	Not Covered	Yes
D2930	prefabricated stainless steel crown - primary tooth	One of (D2930, D2932, D2933) per 12 months, per member, per tooth.	0%	Not Covered	Yes
D2931	Prefabricated stainless steel crown - permanent tooth	One of (D2931, D2932, D2933) per 36 months, per member, per tooth.	0%	Not Covered	Yes
D2932	prefabricated resin crown	One of (D2930, D2932, D2933) per 36 months, per member, per tooth.	0%	Not Covered	Yes
D2933	prefabricated stainless steel crown with resin window	One of (D2930, D2932, D2933) per 36 months, per member, per tooth.	0%	Not Covered	Yes
D2940	placement of interim direct restoration	Once per tooth, per lifetime.	0%	Not Covered	Yes
D2949	restorative foundation for an indirect restoration	This procedure is included in the fee for restorative procedures and is not payable separately.	0%	Not Covered	No
D2950	core buildup, including any pins when required	One of (D2950) per 60 months, per member, per tooth.	0%	Not Covered	No
D2951	pin retention - per tooth, in addition to restoration	One of (D2951) per tooth, per lifetime.	0%	Not Covered	Yes
D2952	cast post and core in addition to crown	One of (D2952) per tooth, per lifetime.	0%	Not Covered	Yes
D2953	each additional cast post - same tooth	One of (D2953) per 60 months, per tooth when billed with (D2952).	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D2954	prefabricated post and core in addition to crown	One of (D2954) per tooth, per lifetime.	0%	Not Covered	Yes
D2955	post removal	This procedure is included in the fee for endodontic and restorative procedures and is not payable separately.	0%	Not Covered	No
D2957	each additional prefabricated post - same tooth	One of (D2957) per tooth, per lifetime. This procedure is to be performed in conjunction with D2954 and is not payable separately.	0%	Not Covered	No
D2971	additional procedures to construct new crown under existing partial denture framework	This procedure is included in the fee for laboratory processed crowns and is not payable separately.	0%	Not Covered	No
D2980	crown repair, by report	Not a benefit within 12 months of initial crown placement or previous repair for the same provider.	0%	Not Covered	No
D2981	inlay repair necessitated by restorative material failure	After 6 months of initial placement.	0%	Not Covered	No
D2982	onlay repair necessitated by restorative material failure	After 6 months of initial placement.	0%	Not Covered	No
D2983	veneer repair necessitated by restorative material failure	After 6 months of initial placement.	0%	Not Covered	No
D2999	unspecified restorative procedure, by report		0%	Not Covered	Yes
D3110	pulp cap - direct (excluding final restoration)	One of (D3110) per tooth, per lifetime.	0%	Not Covered	No
D3120	pulp cap - indirect (excluding final restoration)	One of (D3120) per tooth, per lifetime.	0%	Not Covered	No
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	One of (D3220) per lifetime, per member, per tooth.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D3221	pulpal debridement, primary and permanent teeth	One of (D3221) per lifetime, per member, per tooth.	0%	Not Covered	No
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	One of (D3222) per lifetime, per member, per tooth.	0%	Not Covered	No
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	One of (D3230) per lifetime, per member, per tooth.	0%	Not Covered	No
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	One of (D3240) per lifetime, per member, per tooth.	0%	Not Covered	No
D3310	endodontic therapy, anterior tooth (excluding final restoration)	One of (D3310) per lifetime, per member, per tooth.	0%	Not Covered	Yes
D3320	endodontic therapy, premolar tooth (excluding final restoration)	One of (D3320) per lifetime, per member, per tooth.	0%	Not Covered	Yes
D3330	endodontic therapy, molar tooth (excluding final restoration)	One of (D3330) per lifetime, per member, per tooth.	0%	Not Covered	Yes
D3331	treatment of root canal obstruction; non-surgical access	One of (D3331) per lifetime, per member, per tooth	0%	Not Covered	No
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	One of (D3332) per lifetime, per member, per tooth	0%	Not Covered	No
D3333	internal root repair of perforation defects	One of (D3333) per lifetime, per member, per tooth	0%	Not Covered	No
D3346	retreatment of previous root canal therapy- anterior	One of (D3346) per lifetime, per member, per tooth.	0%	Not Covered	Yes
D3347	retreatment of previous root canal therapy - premolar	One of (D3347) per lifetime, per member, per tooth.	0%	Not Covered	Yes
D3348	retreatment of previous root canal therapy-molar	One of (D3348) per lifetime, per member, per tooth.	0%	Not Covered	Yes
D3410	apicoectomy - anterior	One of (D3410) per 24 month(s), per tooth, per member, per provider.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D3421	apicoectomy - premolar (first root)	One of (D3421) per 24 month(s) per tooth, per member, per provider.	0%	Not Covered	Yes
D3425	apicoectomy - molar (first root)	One of (D3425) per 24 month(s), per tooth, per member, per provider.	0%	Not Covered	Yes
D3426	apicoectomy (each additional root)	Two of (D3426) per 24 month(s), per tooth, per member, per provider.	0%	Not Covered	Yes
D3430	retrograde filling - per root	Once per tooth per lifetime.	0%	Not Covered	Yes
D3471	surgical repair of root resorption - anterior	One of (D3471) per 24 month(s), per tooth, per member, per provider.	0%	Not Covered	Yes
D3472	surgical repair of root resorption - premolar	One of (D3472) per 24 month(s), per tooth, per member, per provider.	0%	Not Covered	Yes
D3473	surgical repair of root resorption - molar	One of (D3473) per 24 month(s), per tooth, per member, per provider.	0%	Not Covered	Yes
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		0%	Not Covered	No
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		0%	Not Covered	No
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar		0%	Not Covered	No
D3910	surgical procedure for isolation of tooth with rubber dam	This procedure is included in the fees for restorative and endodontic procedures and is not payable separately.	0%	Not Covered	No
D3911	intraorifice barrier		0%	Not Covered	No
D3921	decoronation or submergence of an erupted tooth	One of (D3921) per lifetime, per tooth, per member.	0%	Not Covered	Yes
D3999	unspecified endodontic procedure, by report		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4210, D4211) once per quadrant per 36 months, per member.	0%	Not Covered	Yes
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	One of (D4210, D4211) once per quadrant per 36 months, per member.	0%	Not Covered	Yes
D4212	gingivectomy or gingivoplasty to all access for restorative procedure, per tooth	One of (D4212) once per quadrant, per 36 months, per member.	0%	Not Covered	Yes
D4249	clinical crown lengthening - hard tissue	Once per permanent tooth, per lifetime.	0%	Not Covered	No
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 36 months, per member.	0%	Not Covered	Yes
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 36 months, per member.	0%	Not Covered	Yes
D4265	biologic materials to aid in soft and osseous tissue regeneration	This procedure is included in the fees for other periodontal procedures and is not payable separately.	0%	Not Covered	No
D4341	periodontal scaling and root planing - four or more teeth per quadrant	One of (D4341 or D4342), once per quadrant, per 24 months, per member.	0%	Not Covered	Yes
D4342	periodontal scaling and root planing - one to three teeth per quadrant	One of (D4341, D4342) per 24 month(s) per member, per quadrant.	0%	Not Covered	Yes
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Two of (D1110 or D4346) per 12 month(s) for members 21+. One of (D1110) per 4 month(s) for member residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One of (D4355) per 12 month(s) per member.	0%	Not Covered	No
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	This procedure is included in the fees for other periodontal procedures and is not payable separately.	0%	Not Covered	No
D4910	periodontal maintenance procedures	One of (D4910) per calendar quarter, per member. Only allowable in the 24-month period following the last scaling and root planing.	0%	Not Covered	No
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	One of (D4920) per member, per provider. Only allowable within 30 days of the date of service of gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261).	0%	Not Covered	Yes
D4921	gingival irrigation - per quadrant	This procedure is included in the fees for other periodontal procedures and is not payable separately.	0%	Not Covered	No
D4999	unspecified periodontal procedure, by report		0%	Not Covered	Yes
D5110	complete denture - maxillary	One of (D5110, D5130, D5211, D5213) per 60 month(s), per member.	0%	Not Covered	No
D5120	complete denture - mandibular	One of (D5120, D5140, D5212, D5214) per 60 month(s) from a previous complete, immediate or overdenture – complete denture, per member.	0%	Not Covered	No
D5130	immediate denture - maxillary	One of (D5130) per lifetime, per patient. One of (D5110, D5130, D5211, D5213) per 60 month(s) from a previous complete, immediate or overdenture-complete denture, per member.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5140	immediate denture - mandibular	One of (D5140) per lifetime, per patient. One of (D5120, D5140, D5212, D5314) per 60 month(s) from a previous complete, immediate or overdenture-complete denture, per member.	0%	Not Covered	No
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213) per 60 month(s), per member.	0%	Not Covered	No
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One of (D5120, D5140, D5212, D5214) per 60 month(s), per member.	0%	Not Covered	No
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5110, D5211, D5213) per 60 month(s), per member.	0%	Not Covered	No
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5120, D5212, D5214) per 60 month(s), per member.	0%	Not Covered	No
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per member.	0%	Not Covered	No
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per member.	0%	Not Covered	No
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per member.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per member.	0%	Not Covered	No
D5225	maxillary partial denture-flexible base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per member.	0%	Not Covered	No
D5226	mandibular partial denture-flexible base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per member.	0%	Not Covered	No
D5227	Immediate maxillary partial denture-flexible base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per member.	0%	Not Covered	No
D5228	Immediate mandibular partial denture-flexible base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per member.	0%	Not Covered	No
D5410	adjust complete denture - maxillary	Two of (D5410) per 12 month(s), per member. Once per date of service.	0%	Not Covered	No
D5411	adjust complete denture - mandibular	Two of (D5411) per 12 month(s), per member. Once per date of service.	0%	Not Covered	No
D5421	adjust partial denture-maxillary	Two of (D5421) per 12 month(s), per member. Once per date of service.	0%	Not Covered	No
D5422	adjust partial denture - mandibular	Two of (D5422) per 12 month(s), per member. Once per date of service.	0%	Not Covered	No
D5511	repair broken complete denture base, mandibular	Two of (D5511, D5611, D5621, D5630, D5640, D5650, D5660) per 12 month(s), per patient. Once per date of service.	0%	Not Covered	No
D5512	repair broken complete denture base, maxillary	Two of (D5512) per 12 month(s), Per patient. Once per arch, per date of service.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5520	replace missing or broken teeth - complete denture - per tooth	Four of (D5520) per arch per date of service. Eight of (D5520) per arch per 12 month(s) per provider.	0%	Not Covered	No
D5611	repair resin denture base, mandibular	Two of (D5611) per 12 month(s), per provider. Once per arch, per date of service.	0%	Not Covered	No
D5612	repair resin denture base, maxillary	Two of (D5612) per 12 month(s), per provider. Once per arch, per date of service.	0%	Not Covered	No
D5621	repair cast framework, mandibular	Two of (D5621) per 12 month(s), per provider. Once per arch, per date of service.	0%	Not Covered	No
D5622	repair cast framework, maxillary	Two of (D5622) per 12 month(s), per provider. Once per arch, per date of service.	0%	Not Covered	No
D5630	repair or replace broken clasp	One of (D5630) once per tooth, per 12 months, per member.	0%	Not Covered	No
D5640	replace missing or broken teeth – partial denture – per tooth	One of (D5640) once per tooth, per 12 months, per member.	0%	Not Covered	No
D5650	add tooth to existing partial denture – per tooth	One of (D5650) per tooth. Maximum of 3 per date of service, per provider.	0%	Not Covered	No
D5660	add clasp to existing partial denture	One of (D5660) per tooth. Maximum of 3 per date of service, per provider.	0%	Not Covered	No
D5710	rebase complete maxillary denture	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement).	0%	Not Covered	No
D5711	rebase complete mandibular denture	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement).	0%	Not Covered	No
D5720	rebase maxillary partial denture	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement).	0%	Not Covered	No
D5721	rebase mandibular partial denture	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement).	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5725	rebase of hybrid prosthesis	One of D5725 per arch per 36 months (after 6 months have elapsed since initial placement).	0%	Not Covered	No
D5730	reline complete maxillary denture (chairside)	One of (D5730, D5750) per 12 month(s), per member.	0%	Not Covered	No
D5731	reline complete mandibular denture (chairside)	One of (D5731, D5751) per 12 month(s), per member.	0%	Not Covered	No
D5740	reline maxillary partial denture (chairside)	One of (D5740, D5760) per 12 month(s), per member.	0%	Not Covered	No
D5741	reline mandibular partial denture (chairside)	One of (D5741, D5761) per 12 month(s), per member.	0%	Not Covered	No
D5750	reline complete maxillary denture (laboratory)	One of (D5730, D5750) per 12 month(s), per member.	0%	Not Covered	No
D5751	reline complete mandibular denture (laboratory)	One of (D5731, D5751) per 12 month(s), per member.	0%	Not Covered	No
D5760	reline maxillary partial denture (laboratory)	One of (D5740, D5760) per 12 month(s), per member.	0%	Not Covered	No
D5761	reline mandibular partial denture (laboratory)	One of (D5741, D5761) per 12 month(s), per member.	0%	Not Covered	No
D5765	soft liner for complete or partial dentures (indirect)	One of D5765 per arch, per 36 months (after 6 months have elapsed since initial placement).	0%	Not Covered	No
D5850	tissue conditioning, maxillary	Two of (D5850) per 36 month(s), per member.	0%	Not Covered	No
D5851	tissue conditioning,mandibular	Two of (D5851) per 36 month(s), per member.	0%	Not Covered	No
D5862	precision attachment, by report	This procedure is included in the fee for prosthetic and restorative procedures and is not payable separately.	0%	Not Covered	No
D5863	overdenture - complete maxillary	One of (D5863) per 60 month(s), per member.	0%	Not Covered	No
D5865	overdenture - complete mandibular	One of (D5865) per 60 month(s), per member.	0%	Not Covered	No
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)		0%	Not Covered	No
D5877	Duplication of complete denture – maxillary	One of (D5110, D5130, D5877) per 60 months, per member.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5878	Duplication of complete denture – mandibular	One of (D5110, D5130, D5877) per 60 months, per member.	0%	Not Covered	No
D5899	unspecified removable prosthodontic procedure, by report		0%	Not Covered	Yes
D5909	maxillary guidance prosthesis with guide flange	One of (D5930 or D5909) per member.	0%	Not Covered	Yes
D5911	facial moulage (sectional)		0%	Not Covered	Yes
D5912	facial moulage (complete)		0%	Not Covered	Yes
D5913	nasal prosthesis		0%	Not Covered	Yes
D5914	auricular prosthesis		0%	Not Covered	Yes
D5915	orbital prosthesis		0%	Not Covered	Yes
D5916	ocular prosthesis		0%	Not Covered	Yes
D5919	facial prosthesis		0%	Not Covered	Yes
D5922	nasal septal prosthesis		0%	Not Covered	Yes
D5923	ocular prosthesis, interim		0%	Not Covered	Yes
D5924	Cornial prosthesis		0%	Not Covered	Yes
D5925	facial augmentation implant prosthesis		0%	Not Covered	Yes
D5926	nasal prosthesis, replacement		0%	Not Covered	Yes
D5927	auricular prosthesis, replacement		0%	Not Covered	Yes
D5928	orbital prosthesis, replacement		0%	Not Covered	Yes
D5929	facial prosthesis, replacement		0%	Not Covered	Yes
D5930	maxillary guidance prosthesis without guide flange	One of (D5930 or D5909) per member.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5931	obturator prosthesis, surgical		0%	Not Covered	Yes
D5932	obturator prosthesis, definitive		0%	Not Covered	Yes
D5933	obturator prosthesis, modification	Two of (D5933) per 12 month(s), per member.	0%	Not Covered	Yes
D5934	mandibular resection prosthesis with guide flange		0%	Not Covered	Yes
D5935	mandibular resection prosthesis without guide flange		0%	Not Covered	Yes
D5936	obturator prosthesis, interim		0%	Not Covered	Yes
D5937	trismus appliance (not for TMD treatment)		0%	Not Covered	Yes
D5938	resection prosthesis, maxillary complete removable		0%	Not Covered	Yes
D5939	resection prosthesis, mandibular complete removable		0%	Not Covered	Yes
D5940	resection prosthesis, maxillary partial removable		0%	Not Covered	Yes
D5941	resection prosthesis, mandibular partial removable		0%	Not Covered	Yes
D5942	resection prosthesis, maxillary implant/ abutment supported removable prosthesis for edentulous arch		0%	Not Covered	Yes
D5943	resection prosthesis, mandibular implant/ abutment supported removable prosthesis for edentulous arch		0%	Not Covered	Yes
D5944	resection prosthesis, maxillary implant/ abutment supported removable prosthesis for the partial edentulous arch		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5945	resection prosthesis, mandibular implant/ abutment supported removable prosthesis for the partial edentulous arch		0%	Not Covered	Yes
D5946	resection prosthesis, maxillary implant/ abutment supported fixed prosthesis for edentulous arch		0%	Not Covered	Yes
D5947	resection prosthesis, mandibular implant/ abutment supported fixed prosthesis for edentulous arch		0%	Not Covered	Yes
D5948	resection prosthesis, maxillary implant/ abutment supported fixed prosthesis for the partial edentulous arch		0%	Not Covered	Yes
D5949	resection prosthesis, mandibular implant/ abutment supported fixed prosthesis for the partial edentulous arch		0%	Not Covered	Yes
D5951	feeding aid		0%	Not Covered	Yes
D5953	speech aid prosthesis, adult		0%	Not Covered	Yes
D5954	palatal augmentation prosthesis		0%	Not Covered	Yes
D5955	palatal lift prosthesis, definitive		0%	Not Covered	Yes
D5958	palatal lift prosthesis, interim		0%	Not Covered	Yes
D5959	palatal lift prosthesis, modification	Two of (D5959) per 12 month(s), per member.	0%	Not Covered	Yes
D5960	speech aid prosthesis, modification	Two of (D5960) per 12 month(s), per member.	0%	Not Covered	Yes
D5982	surgical stent		0%	Not Covered	Yes
D5983	radiation carrier		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D5984	radiation shield		0%	Not Covered	Yes
D5985	radiation cone locator		0%	Not Covered	Yes
D5986	fluoride gel carrier		0%	Not Covered	Yes
D5987	commissure splint		0%	Not Covered	Yes
D5988	surgical splint		0%	Not Covered	Yes
D5991	vesiculobullous disease mesicament carrier		0%	Not Covered	Yes
D5999	unspecified maxillofacial prosthesis, by report		0%	Not Covered	Yes
D6010	surgical placement of implant body: endosteal implant	Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity.	0%	Not Covered	Yes
D6011	surgical access to an implant body (second stage implant surgery)	This procedure is included in the fee for implant procedures and is not payable separately.	0%	Not Covered	Yes
D6013	surgical placement of mini implant	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6040	surgical placement: eposteal implant	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6050	surgical placement: transosteal implant	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6055	connecting bar - implant supported or abutment supported	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6056	prefabricated abutment – includes modification and placement	See the criteria for procedure D6010.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6057	custom fabricated abutment – includes placement	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6058	abutment supported porcelain/ceramic crown	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6059	abutment supported porcelain fused to metal crown (high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6061	abutment supported porcelain fused to metal crown (noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6062	abutment supported cast metal crown (high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6063	abutment supported cast metal crown (predominantly base metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6064	abutment supported cast metal crown (noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6065	implant supported porcelain/ceramic crown	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6068	abutment supported retainer for porcelain/ceramic FPD	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6072	abutment supported retainer for cast metal FPD (high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6074	abutment supported retainer for cast metal FPD (noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6075	implant supported retainer for ceramic FPD	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6082	implant supported crown-porcelain fused to predominatly base alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6083	implant supported crown-porcelain fused to noble alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6084	implant supported crown-porcelain fused to titanium and titanium alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6085	provisional implant crown	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6086	implant supported crown-predominatly base alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6087	implant supported crown-noble alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6088	implant supported crown titanium and titanium alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6090	repair of implant/abutment supported prosthesis	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6091	replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6092	re-cement or re-bond implant/abutment supported crown	The original provider is responsible for all re-cementations within the first 12 months following the initial placement of implant/abutment supported crowns.	0%	Not Covered	No
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	The original provider is responsible for all re-cementations within the first 12 months following the initial placement of implant/abutment supported crowns.	0%	Not Covered	No
D6094	abutment supported crown - (titanium)	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6096	remove broken implant retaining screw		0%	Not Covered	No
D6097	abutment supported crown, porcelain fused to titanium and titanium alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6098	implant supported retainer-porcelain fused to predominately base alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6099	implant supported retainer for FPD-porcelain fused to noble alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6100	implant removal, by report		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6114	implant / abutment supported fixed denture for edentulous arch-maxillary	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6115	implant / abutment supported fixed denture for partially edentulous arch-mandibular	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6116	implant / abutment supported fixed denture for partially edentulous arch-maxillary	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6117	implant / abutment supported fixed denture for partially edentulous arch-mandibular	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6120	implant supported retainer-porcelain fused to titanium and titanium alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6121	implant supported retainer for metal FPD-predominantly base alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6122	implant supported retainer for metal FPD- noble alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6123	implant supported retainer for metal FPD-titanium and titanium alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6190	radiographic/surgical implant index, by report	This procedure is included in the fee for surgical placement of implant body: endosteal implant (D6010).	0%	Not Covered	No
D6191	semi-precision abutment – placement	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6192	semi-precision attachment – placement	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6195	abutment supported retainer-porcelain fused to titanium and titanium alloys	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	One of (D6197) per 12 months, per tooth, per member.	0%	Not Covered	No
D6199	unspecified implant procedure, by report	Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity.	0%	Not Covered	Yes
D6280	implant maintenance procedures when a full arch removable implant/ abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	See the criteria for procedure D6010.	0%	Not Covered	Yes
D6210	pontic - cast high noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6211	pontic-cast base metal	One of (D6211, D6241, D6245) per 60 month(s), per tooth, per member.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6212	pontic - cast noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6214	pontic - titanium	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6240	pontic-porcelain fused-high noble	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6241	pontic-porcelain fused to base metal	One of (D6211, D6241, D6245) per 60 month(s), per tooth, per member	0%	Not Covered	Yes
D6242	pontic-porcelain fused-noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6243	pontic-porcelain fused to titanium and titanium alloys	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6245	prosthodontics fixed, pontic - porcelain/ceramic	One of (D6211, D6241, D6245) per 60 month(s), per tooth, per member.	0%	Not Covered	Yes
D6250	pontic-resin with high noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6251	pontic-resin with base metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6252	pontic-resin with noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth, per 60 months, per member.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6720	crown-resin with high noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792), per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6721	crown-resin with base metal	One of (D6721, D6740, D6751, D6781, D6783, D6791) per tooth, per 60 month(s), per member.	0%	Not Covered	Yes
D6722	crown-resin with noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6740	retainer crown – porcelain/ceramic	One of (D6721, D6740, D6751, D6781, D6783, D6791) per tooth, per 60 month(s), per member.	0%	Not Covered	Yes
D6750	crown-porcelain fused high noble	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792), per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6751	crown-porcelain fused to base metal	One of (D6721, D6740, D6751, D6781, D6783, D6791) per tooth, per 60 month(s), per member.	0%	Not Covered	Yes
D6752	crown-porcelain fused noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792), per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6753	retainer crown-porcelain fused to titanium and titanium alloys	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792), per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6780	crown-3/4 cst high noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792), per tooth, per 60 months, per member	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	One of (D6721, D6740, D6751, D6781, D6783, D6791) per tooth, per 60 month(s), per member.	0%	Not Covered	Yes
D6782	prosthodontics fixed, crown ¾ cast noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6784	retainer crown-3/4-titanium and titanium alloys	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6790	crown-full cast high noble	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6791	crown - full cast base metal	One of (D6721, D6740, D6751, D6781, D6783, D6791) per tooth, per 60 month(s), per member.	0%	Not Covered	Yes
D6792	crown - full cast noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per tooth, per 60 months, per member.	0%	Not Covered	Yes
D6930	re-cement or re-bond fixed partial denture	The original provider is responsible for all re-cementations within the first 12 months following the initial placement of a fixed partial denture.	0%	Not Covered	No
D6940	stress breaker		0%	Not Covered	No
D6980	fixed partial denture repair		0%	Not Covered	Yes
D6999	fixed prosthodontic procedure		0%	Not Covered	Yes
D7111	extraction, coronal remnants - primary tooth		0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Once per tooth, per lifetime.	0%	Not Covered	No
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7220	removal of impacted tooth-soft tissue	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7230	removal of impacted tooth-partially bony	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7240	removal of impacted tooth-completely bony	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7250	surgical removal of residual tooth roots (cutting procedure)	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7251	coronectomy-intentional partial tooth removal, impacted teeth only	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7252	partial extraction for immediate implant placement	Once per tooth, per lifetime.	0%	Not Covered	Yes
D7259	nerve dissection	Once per quadrant per lifetime. Not allowed with D7241.	0%	Not Covered	Yes
D7260	oroantral fistula closure		0%	Not Covered	Yes
D7261	primary closure of a sinus perforation		0%	Not Covered	Yes
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	One of (D7270) per arch, per member, per lifetime.	0%	Not Covered	Yes
D7280	exposure of an unerupted tooth		0%	Not Covered	No
D7283	placement of device to facilitate eruption of impacted tooth		0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7284	excisional biopsy of minor salivary glands		0%	Not Covered	Yes
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	One of (D7285) per arch, per date of service, per member regardless of the areas involved.	0%	Not Covered	Yes
D7286	incisional biopsy of oral tissue-soft	Maximum of 3 of (D7286) per date of service, per member.	0%	Not Covered	Yes
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report		0%	Not Covered	Yes
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One of (D7310) per quadrant, per lifetime, per member. A benefit on the same date of service with two or more extractions (D7140-D7250) in the same quadrant.	0%	Not Covered	Yes
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One of (D7311) per lifetime, per patient, per quadrant. This procedure can only be billed as alveoplasty in conjunction with extractions- four or more teeth or tooth spaces, per quadrant (D7310).	0%	Not Covered	No
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One of (D7320) per quadrant, per lifetime, per member.	0%	Not Covered	Yes
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One of (D7321) per quadrant, per lifetime, per member. This procedure can only be billed as alveoplasty not in conjunction with extractions- four or more teeth or tooth spaces, per quadrant (D7320).	0%	Not Covered	No
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	One of (D7340), per 60 month(s), per arch, per member.	0%	Not Covered	Yes
D7350	vestibuloplasty - ridge extension	One of (D7350), per arch, per lifetime, per member.	0%	Not Covered	Yes
D7410	radical excision - lesion diameter up to 1.25cm		0%	Not Covered	Yes
D7411	excision of benign lesion greater than 1.25 cm		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7412	excision of benign lesion, complicated		0%	Not Covered	Yes
D7413	excision of malignant lesion up to 1.25 cm		0%	Not Covered	Yes
D7414	excision of malignant lesion greater than 1.25 cm		0%	Not Covered	Yes
D7415	excision of malignant lesion, complicated		0%	Not Covered	Yes
D7440	excision of malignant tumor - lesion diameter up to 1.25cm		0%	Not Covered	Yes
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm		0%	Not Covered	Yes
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm		0%	Not Covered	Yes
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm		0%	Not Covered	Yes
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm		0%	Not Covered	Yes
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm		0%	Not Covered	Yes
D7471	removal of exostosis - per site	One of (D7471), per quadrant, per lifetime, per member.	0%	Not Covered	Yes
D7472	removal of torus palatinus	One of (D7472) per lifetime, per member.	0%	Not Covered	Yes
D7473	removal of torus mandibularis	One of (D7473), per quadrant, per lifetime, per member.	0%	Not Covered	Yes
D7485	surgical reduction of osseous tuberosity	One of (D7485), per quadrant, per lifetime, per member.	0%	Not Covered	Yes
D7490	radical resection of maxilla or mandible		0%	Not Covered	Yes
D7509	marsupialization of odontogenic cyst		0%	Not Covered	Yes
D7510	incision and drainage of abscess - intraoral soft tissue	One of (D7510) per quadrant, per date of service, per member.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7511	incision and drainage of abscess - intraoral soft issue - complicated (includes drainage of multiple fascial spaces)	One of (D7511) per quadrant, per date of service, per member.	0%	Not Covered	Yes
D7520	incision and drainage of abscess - extraoral soft tissue		0%	Not Covered	Yes
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		0%	Not Covered	Yes
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	One of (D7530) per member, per date of service.	0%	Not Covered	Yes
D7540	removal of reaction producing foreign bodies, musculoskeletal system	One of (D7540) per member, per date of service.	0%	Not Covered	Yes
D7550	partial ostectomy/ sequestrectomy for removal of non-vital bone	One of (D7550) per quadrant, per member, per date of service.	0%	Not Covered	Yes
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body		0%	Not Covered	Yes
D7610	maxilla – open reduction (teeth immobilized if present)		0%	Not Covered	Yes
D7620	maxilla – closed reduction (teeth immobilized if present)		0%	Not Covered	Yes
D7630	mandible – open reduction (teeth immobilized if present)		0%	Not Covered	Yes
D7640	mandible – closed reduction (teeth immobilized if present)		0%	Not Covered	Yes
D7650	malar and/or zygomatic arch – open reduction		0%	Not Covered	Yes
D7660	malar and/or zygomatic arch – closed reduction		0%	Not Covered	Yes
D7670	alveolus – closed reduction, may include stabilization of teeth		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7671	alveolus – open reduction, may include stabilization of teeth		0%	Not Covered	Yes
D7680	facial bones – complicated reduction with fixation and multiple surgical approaches		0%	Not Covered	Yes
D7710	maxilla – open reduction		0%	Not Covered	Yes
D7720	maxilla – closed reduction		0%	Not Covered	Yes
D7730	mandible – open reduction		0%	Not Covered	Yes
D7740	mandible – closed reduction		0%	Not Covered	Yes
D7750	malar and/or zygomatic arch – open reduction		0%	Not Covered	Yes
D7760	malar and/or zygomatic arch – closed reduction		0%	Not Covered	Yes
D7770	alveolus - open reduction stabilization of teeth		0%	Not Covered	Yes
D7771	alveolus, closed reduction stabilization of teeth		0%	Not Covered	Yes
D7780	facial bones – complicated reduction with fixation and multiple approaches		0%	Not Covered	Yes
D7810	open reduction of dislocation		0%	Not Covered	Yes
D7820	closed reduction of dislocation		0%	Not Covered	Yes
D7830	manipulation under anesthesia		0%	Not Covered	Yes
D7840	condylectomy		0%	Not Covered	Yes
D7850	surgical discectomy, with/without implant		0%	Not Covered	Yes
D7852	disc repair		0%	Not Covered	Yes
D7854	synovectomy		0%	Not Covered	Yes
D7856	myotomy		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7858	joint reconstruction		0%	Not Covered	Yes
D7860	arthrotomy		0%	Not Covered	Yes
D7865	arthroplasty		0%	Not Covered	Yes
D7870	arthrocentesis		0%	Not Covered	Yes
D7871	non-arthroscopic lysis and lavage	This procedure is included in the fee for other procedures and is not payable separately.	0%	Not Covered	No
D7872	arthroscopy – diagnosis, with or without biopsy		0%	Not Covered	Yes
D7873	arthroscopy: lavage and lysis of adhesions		0%	Not Covered	Yes
D7874	arthroscopy: disc repositioning and stabilization		0%	Not Covered	Yes
D7875	arthroscopy: synovectomy		0%	Not Covered	Yes
D7876	arthroscopy: discectomy		0%	Not Covered	Yes
D7877	arthroscopy: debridement		0%	Not Covered	Yes
D7880	occlusal orthotic device, by report		0%	Not Covered	Yes
D7881	occlusal orthotic device adjustment	This procedure is included in the fee for occlusal orthotic device, by report (D7880) and is not payable separately.	0%	Not Covered	No
D7899	unspecified TMD therapy, by report		0%	Not Covered	Yes
D7910	suture of recent small wounds up to 5 cm		0%	Not Covered	Yes
D7911	complicated suture – up to 5 cm		0%	Not Covered	Yes
D7912	complicated suture – greater than 5 cm		0%	Not Covered	Yes
D7920	skin graft (identify defect covered, location and type of graft)		0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7922	placement of intra-socket biological dressing to aid in hemostatis or clot stabilization, per site		0%	Not Covered	No
D7940	osteoplasty – for orthognathic deformities		0%	Not Covered	Yes
D7941	osteotomy- mandibular rami		0%	Not Covered	Yes
D7943	osteotomy – mandibular rami with bone graft; includes obtaining the graft		0%	Not Covered	Yes
D7944	osteotomy – segmented or subapical		0%	Not Covered	Yes
D7945	osteotomy – body of mandible		0%	Not Covered	Yes
D7946	leFort I (maxilla – total)		0%	Not Covered	Yes
D7947	leFort I (maxilla – segmented)		0%	Not Covered	Yes
D7948	leFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft		0%	Not Covered	Yes
D7949	leFort II or LeFort III – with bone graft		0%	Not Covered	Yes
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report		0%	Not Covered	Yes
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach		0%	Not Covered	Yes
D7952	sinus augmentation via a vertical approach		0%	Not Covered	Yes
D7955	repair of maxillofacial soft and/or hard tissue defect		0%	Not Covered	Yes
D7961	buccal / labial frenectomy (frenulectomy)	One of (D7961) per arch, per date of service, per member.	0%	Not Covered	Yes
D7962	lingual frenectomy (frenulectomy)	One of (D7962) per arch, per date of service, per member.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D7963	frenuloplasty	One of (D7963) per arch, per date of service, per member.	0%	Not Covered	Yes
D7970	excision of hyperplastic tissue - per arch	One of (D7970) per arch, per date of service, per member.	0%	Not Covered	Yes
D7971	excision of pericoronal gingiva		0%	Not Covered	Yes
D7972	surgical reduction of fibrous tuberosity	One of (D7972) per quadrant, per date of service, per member.	0%	Not Covered	Yes
D7979	non-surgical sialolithotomy		0%	Not Covered	Yes
D7980	surgical sialolithotomy		0%	Not Covered	Yes
D7981	excision of salivary gland, by report		0%	Not Covered	Yes
D7982	sialodochoplasty		0%	Not Covered	Yes
D7983	closure of salivary fistula		0%	Not Covered	Yes
D7990	emergency tracheotomy		0%	Not Covered	Yes
D7991	coronoidectomy		0%	Not Covered	Yes
D7993	surgical placement of craniofacial implant – extra oral		0%	Not Covered	Yes
D7994	surgical placement: zygomatic implant		0%	Not Covered	Yes
D7995	synthetic graft – mandible or facial bones, by report		0%	Not Covered	Yes
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	One of (D7997) per arch per date of service. For the removal of appliances related to surgical procedures only.	0%	Not Covered	Yes
D7999	unspecified oral surgery procedure, by report		0%	Not Covered	Yes
D9110	palliative treatment of dental pain -per visit	One of (D9110) per date of service per provider, per member, regardless of the number of teeth and/or areas treated.	0%	Not Covered	No

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D9120	fixed partial denture sectioning		0%	Not Covered	Yes
D9130	temporomandibular joint dysfunction – non-invasive physical therapies	This procedure is only payable as Unspecified TMD Therapy, By Report (D7899).	0%	Not Covered	No
D9210	local anesthesia not in conjunction with operative or surgical procedures	One of (D9210) per date of service, per provider, per member.	0%	Not Covered	Yes
D9211	regional block anesthesia	This procedure is included in the fee for other procedures and is not payable separately.	0%	Not Covered	No
D9212	trigeminal division block anesthesia	This procedure is included in the fee for other procedures and is not payable separately.	0%	Not Covered	No
D9215	local anesthesia	This procedure is included in the fee for other procedures and is not payable separately.	0%	Not Covered	No
D9219	evaluation for moderate sedation, deep sedation, or general anesthesia	Evaluation for anesthesia procedures is included in the fees for anesthesia and oral evaluation procedures and is not payable separately.	0%	Not Covered	No
D9222	administration of deep sedation/general anesthesia-first 15 minute increment, or any portion thereof	One of (D9222) per day(s), per provider or location.	0%	Not Covered	Yes
D9223	administration of deep sedation/general anesthesia-each subsequent 15 minute increment, or any portion thereof	Five of (D9223) per day(s), per provider or location.	0%	Not Covered	Yes
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	One of (D9224) per day(s), per provider or location.	0%	Not Covered	Yes
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	Five of (D9225) per day(s), per provider or location.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D9230	administration of nitrous oxide	Three of (D9230) per 12 month(s), per provider or location.	0%	Not Covered	No
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	One of (D9239) per day(s), per provider or location. Three per 12 month(s), per member.	0%	Not Covered	Yes
D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	Five of (D9243) per day(s), per provider or location.	0%	Not Covered	Yes
D9244	in-office administration of minimal sedation – single drug – enteral	One of (D9244) per day(s), per provider or location.	0%	Not Covered	Yes
D9245	administration of moderate sedation – enteral	One of (D9245) per day(s), per provider or location.	0%	Not Covered	Yes
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	One of (D9246) per day(s), per provider or location.	0%	Not Covered	Yes
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	One of (D9247) per day(s), per provider or location.	0%	Not Covered	Yes
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	This procedure shall only be billed as diagnostic procedures D0120, D0140, D0150, or D0160.	0%	Not Covered	No
D9311	consultation with a medical health care professional		0%	Not Covered	No
D9410	house/extended care facility call	One of (D9410) per date of service, per patient. Only in conjunction with procedures that are payable.	0%	Not Covered	Yes
D9420	hospital or ambulatory surgical center call	One of (D9420) per day, per provider or location.	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	One of (D9430) per date of service, per member.	0%	Not Covered	No
D9440	office visit – after regularly scheduled hours	One of (D9440) per date of service, per member. Only with treatment that is a benefit.	0%	Not Covered	Yes
D9610	therapeutic parenteral drug, single administration	Up to maximum of four of (D9610) per date of service, per member.	0%	Not Covered	Yes
D9612	therapeutic parenteral drugs, two or more administrations, different medications	This procedure can only be billed as therapeutic parenteral drug, single administration (D9610).	0%	Not Covered	Yes
D9910	application of desensitizing medicament	One of (D9910) per date of service, per provider, per member, regardless of the number of teeth and/or areas treated.	0%	Not Covered	Yes
D9920	behavior management, by report	Four of (D9920) per 12 month(s), per provider or location.	0%	Not Covered	Yes
D9930	treatment of complications (post-surgical)	One of (D9930) per date of service, per provider, per member.	0%	Not Covered	Yes
D9932	cleaning and inspection of removable complete denture, maxillary		0%	Not Covered	No
D9933	cleaning and inspection of removable complete denture, mandibular		0%	Not Covered	No
D9934	cleaning and inspection of removable partial denture,		0%	Not Covered	No
D9935	cleaning and inspection of		0%	Not Covered	No
D9950	occlusion analysis-mounted case	One of (D9950) per 12 month(s), per member.	0%	Not Covered	Yes
D9951	occlusal adjustment - limited	One of (D9951) per 12 month(s), per quadrant, per provider, per member.	0%	Not Covered	No
D9952	occlusal adjustment - complete	One of (D9952) per 12 month(s) period following occlusion analysis- mounted case (D9950).	0%	Not Covered	Yes

CDT Code	CDT Description	Limitations	Member Cost-Sharing		Prior Authorization Required
			In-Network	Out-of-Network*	
D9986	missed appointment	Under federal law, Medi-Cal providers are prohibited from billing a Medi-Cal member for missed appointments (42 CFR 447.15 and SSA 1902 (a)(19).	0%	Not Covered	No
D9987	cancelled appointment	Under federal law, Medi-Cal providers are prohibited from billing a Medi-Cal member for missed appointments (42 CFR 447.15 and SSA 1902 (a)(19).	0%	Not Covered	No
D9990	certified translation or sign-language services per visit	Translation services are available through Medi-Cal for Medi-Cal members. Please see section 4 of the Provider Handbook under Member Coverage.	0%	Not Covered	No
D9991	dental case management - addressing appointment compliance barriers	Transportation services are available through Medi-Cal for Medi-Cal members. Please see section 4 and section 9 of the Provider Handbook under Non-Medical Transportation (NMT).	0%	Not Covered	No
D9992	dental case management - care coordination	Care coordination services are available through Medi-Cal for Medi-Cal members. Please see section 4 of the Provider Handbook under Member Coverage	0%	Not Covered	No
D9995	teledentistry - synchronous; real-time encounter	One of (D9995) per date of service, per provider, per member. Up to a maximum of 90 minutes.	0%	Not Covered	Yes
D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		0%	Not Covered	No
D9997	dental Case Management - Patient with Special Health Care Needs		0%	Not Covered	No
D9999	unspecified adjunctive procedure, by report		0%	Not Covered	Yes

DEFINITIONS

Allowable Amount:	The maximum amount the plan will consider for payment of a covered dental service, as determined by the plan's fee schedule, network status of the treating dentist, or applicable reimbursement methodology.
Appeal:	An appeal is something you do if you disagree with our decision to deny a request for coverage of health care services or payment for services you already received.
Billed Amount:	The amount charged by the Treating Dentist for a dental procedure.
Balance Billing:	When a provider bills a patient more than the plan's allowed cost-sharing amount.
Calendar Year Benefit Maximum:	The total dollar amount a plan will pay for covered comprehensive dental services provided to a member during a calendar year (January 1 through December 31). Once this limit is reached, the member is responsible for all additional costs incurred during the same calendar year.
Complaint:	The formal name for making a complaint is filing a grievance. The complaint process is used only for certain types of problems. This includes problems related to quality of care, waiting times, and the customer service you receive. It also includes complaints if your plan does not follow the time periods in the appeal process.
Cost-Share/Cost-Sharing:	Amounts that a member has to pay when services are received. Cost-sharing includes any combination of the following three types of payments: (1) any deductible amount a plan may impose before services are covered; (2) any fixed copayment amount that a plan requires when a specific service is received; or (3) any coinsurance amount, a percentage of the total amount paid for a service, that a plan requires when a specific service is received.
Covered Services:	The dental services that are covered by our plan.
Deductible:	The amount you must pay for health care or prescriptions before our plan pays.
Dental Emergency:	When you have a symptom of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected to result in either: placing your dental health in serious jeopardy or serious impairment to dental functions.
Grievance:	A type of complaint you make about our plan, providers, or pharmacies, including a complaint concerning the quality of your care. This does not involve coverage or payment disputes.
Incomplete Services:	Dental procedures that were started but not finished or delivered to the member. An incomplete service has not reached the stage at which the intended clinical outcome or final restoration is achieved.

In-Network / Network:	Provider is the general term for doctors, other health care professionals, and other health care facilities that are licensed or certified by Medicare and by the State to provide health care services. Network providers have an agreement with our plan to accept our payment as payment in full, and in some cases to coordinate as well as provide covered services to members of our plan. Network providers are also called plan providers.
Member:	Person with Medicare who is eligible to get covered services, who has enrolled in our plan, and whose enrollment has been confirmed by the Centers for Medicare & Medicaid Services (CMS).
Member Services:	A department within our plan responsible for answering your questions about your membership, benefits, grievances, and appeal.
Multi-Stage Treatment:	A dental procedure that takes more than one visit to finish. Each appointment completes an important step in the same treatment, such as creating a crown or denture.
Optional Services:	A dental service that is not considered medically or dentally necessary to achieve the intended therapeutic outcome and therefore exceeds or falls outside the scope of covered benefits under the plan.
Out-of-Network:	A provider or facility that does not have a contract with our plan to coordinate or provide covered services to members of our plan. Out-of-network providers are providers that are not employed, owned, or operated by our plan.
Organization Determination:	A decision our plan makes about whether items or services are covered or how much you have to pay for covered items or services. Organization determinations are called coverage decisions in this document.
Patient:	The person receiving dental services.
Plan:	SCAN Health Plan
Prior Authorization:	Approval in advance to get services. Covered services that need prior authorization are marked in the Schedule of Dental Benefits.
Procedure Code:	The Current Dental Terminology (CDT) code assigned by the American Dental Association (ADA) to identify a specific dental service or procedure.
Treating Dentist:	The dentist providing dental services and care.
Us:	SCAN Health Plan
We:	SCAN Health Plan
You, Your, Yourself:	The person receiving dental services.



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