



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D0120	RDC	90	2 per year	PERIODIC ORAL EVALUATION-ESTABLISHED PATIENT 2/YR
D0140	D1M	90		LIMITED ORAL EVALUATION-PROBLEM FOCUSED
D0145	RDC	90	2 per year	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER 2/YR
D0150	RDC	90	2 per year	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT 2/YR
D0160	D1M	90		DETAILED AND EXTENSIVE ORAL EVALUATION-PROBLEM FOCUSED, BY REPORT
D0170	D1M	90		RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)
D0171	D1M	90		RE-EVALUATION POST-OPERATIVE OFFICE VISIT
D0180	D2M	85		COMPREHENSIVE PERIODONTAL EVALUATION-NEW OR ESTABLISHED PATIENT
D0190	D1M EXCD	90 0	Need medical records	NEED MEDICAL RECORDS TO DETERMINE IF THIS SCREENING WAS STATE OR FEDERALLY MANDATED; EXCD IF MANDATED, D1M IF NOT MANDATED BY STATE OR FEDERAL GOVERNMENT.
D0191	D1M	90		ASSESSMENT OF A PATIENT
D0210	FMX	85	1 per 36 mo	INTRAORAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES 1/36MO
D0220	D2M	85		INTRAORAL-PERIAPICAL FIRST RADIOGRAPHIC IMAGE
D0230	D2M	85		INTRAORAL-PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE
D0240	D2M	85		INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE
D0250	D2M	85		EXTRA-ORAL-2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR
D0251	D2M	85		EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE
D0270	BWX	85	2 per year	BITEWING-SINGLE RADIOGRAPHIC IMAGE 2/YR
D0272	BWX	85	2 per year	BITEWINGS-TWO RADIOGRAPHIC IMAGES 2/YR
D0273	BWX	85	2 per year	BITEWINGS-THREE RADIOGRAPHIC IMAGES 2/YR
D0274	BWX	85	2 per year	BITEWINGS-FOUR RADIOGRAPHIC IMAGES 2/YR
D0277	BWX	85	2 per year	VERTICAL BITEWINGS-7 TO 8 RADIOGRAPHIC IMAGES 2/YR
D0310	EXCD	0		SIALOGRAPHY - EXCD
D0320	EXCD	0		TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION-EXCD
D0321	EXCD	0		OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT-EXCD
D0322	FMX	85	1 per 36 mo	TOMOGRAPHIC SURVEY 1/36MO



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D0330	FMX	85	1 per 36 mo	PANORAMIC RADIOGRAPHIC IMAGE 1/36MO
D0340	ORT D2M	50 85		2D CEPHALOMETRIC RADIOGRAPHIC IMAGE-ACQUISITION, MEASUREMENT AND ANALYSIS
D0350	ORT D2M	50 85		2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY
D0364	D2M	85		CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW
D0365	D2M	85		CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE
D0366	D2M	85		CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA, WITH OR WITHOUT CRANIUM
D0367	D2M	85		CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM
D0368	EXCD	0	Diagnostic covered under medical	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES
D0369	D2M	85		MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION
D0370	D2M	85		MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION
D0371	D2M	85		SIALOENDOSCOPY CAPTURE AND INTERPRETATION
D0372	FMX	85	1 per 36 mo	INTRAORAL TOMOSYNTHESIS-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES, WHOLE MOUTH, 1/36 MO
D0373	BWX	85	2 per year	INTRAORAL TOMOSYNTHESIS-BITEWING RADIOGRAPHIC IMAGE, 2/YR
D0374	D2M	85		INTRAORAL TOMOSYNTHESIS-PERIAPICAL RADIOGRAPHIC IMAGE
D0380	D2M	85		CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW
D0381	D2M	85		CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE
D0382	D2M	85		CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA, WITH OR WITHOUT CRANIUM
D0383	D2M	85		CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM
D0384	EXCD	0	Diagnostic covered under medical	CONE BEAM CT CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES
D0385	D2M	85		MAXILLOFACIAL MRI IMAGE CAPTURE
D0386	D2M	85		MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE
D0387	FMX	85	1 per 36 mo	INTRAORAL TOMOSYNTHESIS-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES-IMAGE CAPTURE ONLY, 1/36 MO
D0388	BWX	85	2 per year	INTRAORAL TOMOSYNTHESIS-BITEWING RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY, 2/YR
D0389	D2M	85		INTRAORAL TOMOSYNTHESIS-PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY
D0391	D2M	85		INTERPRETATION OF DIAGNOSTIC IMAGE BY PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF IMAGE



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D0393	D2M	85		VIRTUAL TREATMENT SIMULATION USING 3D IMAGE VOLUME OR SURFACE SCAN
D0394	D2M	85		DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY
D0395	D2M	85		FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES
D0396	D2M	85		3D PRINTING OF A 3D DENTAL SURFACE SCAN
D0411	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-HbA1c IN-OFFICE POINT OF SERVICE TESTING
D0412	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-BLOOD GLUCOSE LEVEL TEST-IN-OFFICE USING A GLUCOSE METER
D0414	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0415	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY
D0416	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-VIRAL CULTURE
D0417	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING
D0418	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-ANALYSIS OF SALIVA SAMPLE
D0419	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT
D0422	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT
D0423	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES-SPECIMEN ANALYSIS
D0425	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-CARIES SUSCEPTIBILITY TESTS
D0431	D1M	90		PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES
D0460	D1M	90	<i>Need medical records</i>	PULP VITALITY TESTS
D0470	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-DIAGNOSTIC CASTS
D0472	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0473	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0474	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0475	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-DECALCIFICATION PROCEDURE
D0476	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-SPECIAL STAINS FOR MICROORGANISMS



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D0477	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-SPECIAL STAINS, NOT FOR MICROORGANISMS
D0478	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-IMMUNOHISTOCHEMICAL STAINS
D0479	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION
D0480	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0481	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-ELECTRON MICROSCOPY
D0482	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-DIRECT IMMUNOFLUORESCENCE
D0483	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-INDIRECT IMMUNOFLUORESCENCE
D0484	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-CONSULTATION ON SLIDES PREPARED ELSEWHERE
D0485	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE
D0486	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-LABORATORY ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0502	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT
D0600	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN, AND CEMENTUM
D0601	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK
D0602	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK
D0603	D1M EXC4D	90 0	<i>Need medical records</i>	NEED MEDICAL RECORDS FOR MED NEC-CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK
D0604	COVD	100	<i>COVID</i>	ANTIGEN TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS
D0605	COVD	100	<i>COVID</i>	ANTIBODY TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS
D0606	COVD	100	<i>COVID</i>	MOLECULAR TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS
D0701	D2M	85		PANORAMIC RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY
D0702	D2M	85		2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY
D0703	D2M	85		2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY-IMAGE CAPTURE ONLY
D0705	D2M	85		EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY
D0706	D2M	85		INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY



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Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D0707	D2M	85		INTRAORAL-PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY
D0708	BWX	85	2 per year	INTRAORAL-BITEWING RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY, 2/YR
D0709	FMX	85	1 per 36 mo	INTRAORAL-COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES-IMAGE CAPTURE ONLY, 1/36 MO
D0801	D2M ORT	85 50		3D INTRAORAL SURFACE SCAN-DIRECT
D0802	D2M ORT	85 50		3D DENTAL SURFACE SCAN-INDIRECT
D0803	D2M ORT	85 50		3D FACIAL SURFACE SCAN-DIRECT
D0804	D2M ORT	85 50		3D FACIAL SURFACE SCAN-INDIRECT
D0999	D1M D2M ORT EXCD EXC4D	90 85 50 0 0	Need medical records	VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED DIAGNOSTIC PROCEDURE
Deleted Codes				
D0110	2019 Deleted Code-Initial Oral Examination			
D0130	2019 Deleted Code-Emergency Oral Examination			
D0260	2016 Deleted Code-Extraoral radiographic, each, add film			
D0290	2019 Deleted Code-Skull and facial bone survey film			
D0471	2016 Deleted Code-Diagnostic photographs			
D0501	2016 Deleted Code-Histopathologic exam			
D0351	2023 Deleted Code-3D image			
D0704	2023 Deleted Code-3D image, image capture only			
Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D1110	SAC	90	2 per year	PROPHYLAXIS-ADULT 2/YR
D1120	SAC	90	2 per year	PROPHYLAXIS-CHILD 2/YR
D1206	FLU	90	2 per year	TOPICAL APPLICATION OF FLUORIDE VARNISH 2/YR
D1208	FLU	90	2 per year	TOPICAL APPLICATION OF FLUORIDE-EXCLUDING VARNISH 2/YR
D1301	EXCD	0		IMMUNIZATION COUNSELING
D1310	EXCD	0		NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE
D1320	EXCD	0		TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE
D1321	EXCD	0		COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE
D1330	EXCD	0		ORAL HYGIENE INSTRUCTIONS
D1351	SET EXCD	85 0	Under 14	SEALANT-PER TOOTH; <14 OKAY TO PAY, 14 AND OVER DENY EXCD



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Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D1352	SET EXCD	85 0	<i>Under 14</i>	PREVENTATIVE RESIN RESTORATION; <14 OKAY TO PAY, 14 AND OVER DENY EXCD
D1353	SET EXCD	85 0	<i>Under 14</i>	SEALANT REPAIR-PER TOOTH; <14 OKAY TO PAY, 14 AND OVER DENY EXCD
D1354	SET EXCD	85 0	<i>Under 14</i>	APPLY CARIES ARRESTING MEDS-PER TOOTH; <14 OK, 14 AND OVER DENY EXCD
D1355	SET EXCD	85 0	<i>Under 14</i>	APPLY CARIES PREVENTION MEDS-PER TOOTH; <14 OK, 14 AND OVER DENY EXCD
D1510	SPM EXCD	90 0	<i>Under 19</i>	SPACE MAINTAINER FIXED UNILATERAL/QUADRANT; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1516	SPM EXCD	90 0	<i>Under 19</i>	SPACE MAINTAINER FIXED BILATERAL/MAXILLARY; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1517	SPM EXCD	90 0	<i>Under 19</i>	SPACE MAINTAINER FIXED BILATERAL/MANDIBULAR; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1520	SPM EXCD	90 0	<i>Under 19</i>	SPACE MAINTAINER REMOVABLE UNILATERAL/QUADRANT; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1526	SPM EXCD	90 0	<i>Under 19</i>	SPACE MAINTAINER REMOVABLE BILATERAL/MAXILLARY; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1527	SPM EXCD	90 0	<i>Under 19</i>	SPACE MAINTAINER REMOVABLE BILATERAL/MANDIBULAR; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1551	SPM EXCD	90 0	<i>Under 19</i>	RECEMENT/REBOND BILATERAL SPACE MAINTAINER MAXILLARY; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1552	SPM EXCD	90 0	<i>Under 19</i>	RECEMENT/REBOND BILATERAL SPACE MAINTAINER/MANDIBULAR; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1553	SPM EXCD	90 0	<i>Under 19</i>	RECEMENT/REBOND UNILATERAL SPACE MAINTAINER/QUADRANT; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1556	SPM EXCD	90 0	<i>Under 19</i>	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER PER QUADRANT; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1557	SPM EXCD	90 0	<i>Under 19</i>	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MAXILLARY; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1558	SPM EXCD	90 0	<i>Under 19</i>	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER/MANDIBULAR; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1575	SPM EXCD	90 0	<i>Under 19</i>	DISTAL SHOE SPACE MAINTAINER FIXED UNILATERAL/PER QUADRANT; <19 OK TO PAY, 19 AND OVER DENY EXCD
D1701	COVD	100	<i>COVID</i>	PFIZER-BIONTECH COVID-19 VACCINATION ADMINISTRATION-FIRST DOSE
D1702	COVD	100	<i>COVID</i>	PFIZER-BIONTECH COVID-19 VACCINATION ADMINISTRATION-SECOND DOSE
D1703	COVD	100	<i>COVID</i>	MODERNA COVID-19 VACCINATION ADMINISTRATION-FIRST DOSE
D1704	COVD	100	<i>COVID</i>	MODERNA COVID-19 VACCINATION ADMINISTRATION-SECOND DOSE
D1705	COVD	100	<i>COVID</i>	ASTRAZENECA COVID-19 VACCINATION ADMINISTRATION-FIRST DOSE
D1706	COVD	100	<i>COVID</i>	ASTRAZENECA COVID-19 VACCINATION ADMINISTRATION-SECOND DOSE
D1707	COVD	100	<i>COVID</i>	JANSSEN COVID-19 VACCINATION ADMINISTRATION
D1708	COVD	100	<i>COVID</i>	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION-THIRD DOSE



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D1709	COVD	100	COVID	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION-BOOSTER DOSE
D1710	COVD	100	COVID	MODERNA COVID-19 VACCINE ADMINISTRATION-THIRD DOSE
D1711	COVD	100	COVID	MODERNA COVID-19 VACCINE ADMINISTRATION-BOOSTER DOSE
D1712	COVD	100	COVID	JANSSEN COVID-19 VACCINE ADMINISTRATION-BOOSTER DOSE
D1713	COVD	100	COVID	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION TRIS-SUCROSE PEDIATRIC-FIRST DOSE
D1714	COVD	100	COVID	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION TRIS-SUCROSE PEDIATRIC-SECOND DOSE
D1781	EXCD	0		VACCINE ADMINISTRATION-HUMAN PAPILLOMAVIRUS-DOSE 1
D1782	EXCD	0		VACCINE ADMINISTRATION-HUMAN PAPILLOMAVIRUS-DOSE 2
D1783	EXCD	0		VACCINE ADMINISTRATION-HUMAN PAPILLOMAVIRUS-DOSE 3
D1999	PPE50 PPE85 PPE90 SUP	50 85 90 Plan	Need medical records	VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED PREVENTIVE PROCEDURE

Deleted Codes

D1201	2016 Deleted Code-Topical fluoride application including prophylaxis, child			
D1203	2016 Deleted Code-Topical fluoride application not including prophylaxis, child			
D1204	2016 Deleted Code-Topical fluoride application not including prophylaxis, adult			
D1205	2019 Deleted Code-Topical fluoride application including prophylaxis, adult			
D1515	2019 Deleted Code-Space Maintenance			
D1525	2019 Deleted Code-Space Maintenance			
D1550	Deleted Code-Recement or re-bond space maintainer			
D1555	Deleted Code-Removal of fixed space maintainer			

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D2140	D2M	85		AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT
D2150	D2M	85		AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT
D2160	D2M	85		AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT
D2161	D2M	85		AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT
D2330	D2M	85		RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR
D2331	D2M	85		RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR
D2332	D2M	85		RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR
D2335	D2M	85		RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES 0(ANTERIOR)
D2390	D2M	85		RESIN-BASED COMPOSITE CROWN, ANTERIOR



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D2391	D2M	85		RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR
D2392	D2M	85		RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR
D2393	D2M	85		RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR
D2394	D2M	85		RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR
D2410	D2M	85		GOLD FOIL-ONE SURFACE
D2420	D2M	85		GOLD FOIL-TWO SURFACES
D2430	D2M	85		GOLD FOIL-THREE SURFACES
D2510	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY METALLIC ONE SURFACE; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2520	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY METALLIC TWO SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2530	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY METALLIC 3 OR MORE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2542	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY METALLIC TWO SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2543	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY METALLIC THREE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2544	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY METALLIC FOUR OR MORE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2610	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY PORCELAIN/CERAMIC ONE SURFACE; DENY EXCD IF COSMETIC
D2620	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY PORCELAIN/CERAMIC TWO SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2630	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY PORCELAIN/CERAMIC THREE OR MORE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2642	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY PORCELAIN/CERAMIC TWO SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2643	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY PORCELAIN/CERAMIC THREE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2644	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY PORCELAIN/CERAMIC FOUR OR MORE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2650	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY RESIN-BASED COMPOSITE ONE SURFACE; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2651	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY RESIN-BASED COMPOSITE TWO SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2652	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	INLAY RESIN-BASED COMPOSITE THREE OR MORE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2662	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY RESIN-BASED COMPOSITE TWO SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2663	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY RESIN-BASED COMPOSITE THREE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC
D2664	D2M EXCD	85 0	<i>Not covered if cosmetic</i>	ONLAY RESIN-BASED COMPOSITE FOUR OR MORE SURFACES; NEED MEDICAL RECORDS, DENY EXCD IF COSMETIC



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D2710	D2M	85		CROWN-RESIN-BASED COMPOSITE (INDIRECT)
D2712	D2M	85		CROWN- ¾ RESIN-BASED COMPOSITE (INDIRECT)
D2720	D2M	85		CROWN-RESIN WITH HIGH NOBLE METAL
D2721	D2M	85		CROWN-RESIN WITH PREDOMINANTLY BASE METAL
D2722	D2M	85		CROWN-RESIN WITH NOBLE METAL
D2740	D2M	85		CROWN-PORCELAIN/CERAMIC
D2750	D2M	85		CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL
D2751	D2M	85		CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
D2752	D2M	85		CROWN-PORCELAIN FUSED TO NOBLE METAL
D2753	D2M	85		CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D2780	D2M	85		CROWN-3/4 CAST HIGH NOBLE METAL
D2781	D2M	85		CROWN-3/4 CAST PREDOMINANTLY BASE METAL
D2782	D2M	85		CROWN-3/4 CAST NOBLE METAL
D2783	D2M	85		CROWN-3/4 PORCELAIN/CERAMIC
D2790	D2M	85		CROWN-FULL CAST HIGH NOBLE METAL
D2791	D2M	85		CROWN-FULL CAST PREDOMINANTLY BASE METAL
D2792	D2M	85		CROWN-FULL CAST NOBLE METAL
D2794	D2M	85		CROWN-TITANIUM AND TITANIUM ALLOYS
D2799	D2M	85		INTERIM CROWN -FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION
D2910	D2M	85		RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION
D2915	D2M	85		RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE
D2920	D2M	85		RE-CEMENT OR RE-BOND CROWN
D2921	D2M	85		REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP
D2928	D2M	85		PREFABRICATED PORCELAIN/CERAMIC CROWN-PERMANENT TOOTH
D2929	D2M	85		PREFABRICATED PORCELAIN/CERAMIC CROWN-PRIMARY TOOTH



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D2930	D2M	85		PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH
D2931	D2M	85		PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH
D2932	D2M	85		PREFABRICATED RESIN CROWN
D2933	D2M	85		PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW
D2934	D2M	85		PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-PRIMARY TOOTH
D2940	D2M	85		PLACEMENT OF INTERIM DIRECT RESTORATION
D2949	D2M	85		RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION
D2950	D2M	85		CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED
D2951	D2M	85		PIN RETENTION-PER TOOTH IN ADDITION TO RESTORATION
D2952	D2M	85		POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED
D2953	D2M	85		EACH ADDITIONAL INDIRECTLY FABRICATED POST-SAME TOOTH
D2954	D2M	85		PREFABRICATED POST AND CORE IN ADDITION TO CROWN
D2955	D2M	85		POST REMOVAL
D2956	D2M	85		REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL TOOTH
D2957	D2M	85		EACH ADDITIONAL PREFABRICATED POST-SAME TOOTH
D2960	D2M EXCD	85 0	10 anterior teeth only	ONLY ALLOWED FOR 10 UPPER AND LOWER ANTERIOR TEETH-LABIAL VENEER (RESIN LAMINATE) DIRECT. IF NOT FOR THE ALLOWED TEETH, DENY EXCD
D2961	D2M EXCD	85 0	10 anterior teeth only	ONLY ALLOWED FOR 10 UPPER AND LOWER ANTERIOR TEETH-LABIAL VENEER (RESIN LAMINATE) INDIRECT. IF NOT FOR THE ALLOWED TEETH, DENY EXCD.
D2962	D2M EXCD	85 0	10 anterior teeth only	ONLY ALLOWED FOR 10 UPPER AND LOWER ANTERIOR TEETH-LABIAL VENEER (PORCELAIN LAMINATE) INDIRECT. IF NOT FOR ALLOWED TEETH, DENY EXCD.
D2971	D2M	85		ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK
D2975	D2M	85		COPING
D2976	D2M	85		BAND STABILIZATION-PER TOOTH
D2980	D2M	85		CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
D2981	D2M	85		INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
D2982	D2M	85		ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D2983	D2M EXCD	85 0	10 anterior teeth only	ONLY ALLOWED FOR 10 UPPER/LOWER ANTERIOR TEETH-VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE. IF NOT FOR ALLOWED TEETH, DENY EXCD.
D2989	D2M	85		EXCAVATION OF A TOOTH RESULTING IN THE DETERMINATION OF NON-RESTORABILITY
D2991	D2M	85		APPLICATION OF HYDROXUAPATITE REGENERATION MEDICAMENT-PER TOOTH
D2990	D2M	85		RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS
D2999	D2M EXCD	85 0		VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED-UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT
Deleted Codes				
D2110	2016 Deleted Code			
D2120	2016 Deleted Code			
D2130	2016 Deleted Code			
D2131	2016 Deleted Code			
D2210	2019 Deleted Code-Silicate cement per restoration			
D2336	2016 Deleted Code-Resin based composite crown			
D2380	2016 Deleted Code-Resin based composite 1 surface prim			
D2381	2016 Deleted Code-Resin based composite 2 surfaces prim			
D2382	2016 Deleted Code-Resin based composite 3 or more surfaces prim			
D2385	2016 Deleted Code-Resin based composite 1 surface perm			
D2386	2016 Deleted Code-Resin based composite 2 surfaces perm			
D2387	2016 Deleted Code-Resin based composite 3 surfaces perm			
D2540	2019 Deleted Code-Onlay metallic per tooth			
D2640	2019 Deleted Code-Onlay porcelain/ceramic per tooth			
D2660	2019 Deleted Code-Onlay composite resin each tooth			
D2810	2019 Deleted Code-Crown ¾ cast metallic			
D2970	2016 Deleted Code-Temporary (fractured tooth)			
D2941	2024 Deleted Code-Interim therapeutic restoration			
Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D3110	D2M	85		PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)
D3120	D2M	85		PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)
D3220	D2M	85		THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)-REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT
D3221	D2M	85		PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH
D3222	D2M	85		PARTIAL PULPOTOMY FOR APEXOGENEIS-PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT
D3230	D2M	85		PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
D3240	D2M	85		PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
D3310	D2M	85		ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
D3320	D2M	85		ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D3330	D2M	85		ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)
D3331	D2M	85		TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS
D3332	D2M	85		INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH
D3333	D2M	85		INTERNAL ROOT REPAIR OF PERFORATION DEFECTS
D3346	D2M	85		RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR
D3347	D2M	85		RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR
D3348	D2M	85		RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR
D3351	D2M	85		APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)
D3352	D2M	85		APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT
D3353	D2M	85		APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)
D3355	D2M	85		PULPAL REGENERATION-INITIAL VISIT
D3356	D2M	85		PULPAL REGENERATION-INTERIM MEDICATION REPLACEMENT
D3357	D2M	85		PULPAL REGENERATION-COMPLETION OF TREATMENT
D3410	D2M CMM	85 Plan	Medical/Dental	APICTOMY-ANTERIOR
D3421	D2M CMM	85 Plan	Medical/Dental	APICTOMY - PREMOLAR (FIRST ROOT)
D3425	D2M CMM	85 Plan	Medical/Dental	APICTOMY - MOLAR (FIRST ROOT)
D3426	D2M CMM	85 Plan	Medical/Dental	APICTOMY - EACH ADDITIONAL ROOT
D3428	D2M CMM	85 Plan	Medical/Dental	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY-PER TOOTH, SINGLE SITE
D3429	D2M CMM	85 Plan	Medical/Dental	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY-EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE
D3430	D2M CMM	85 Plan	Medical/Dental	RETROGRADE FILLING-PER ROOT
D3431	D2M CMM	85 Plan	Medical/Dental	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY
D3432	D2M CMM	85 Plan	Medical/Dental	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY
D3450	D2M CMM	85 Plan	Medical/Dental	ROOT AMPUTATION-PER ROOT
D3460	D2M CMM	85 Plan	Medical/Dental	ENDODONTIC ENDOSSEOUS IMPLANT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D3470	D2M CMM	85 Plan	Medical/Dental	INTENTIONAL RE-IMPLANTATION (INCLUDING NECESSARY SPLINTING)
D3471	D2M CMM	85 Plan	Medical/Dental	SURGICAL REPAIR OF ROOT RESORPTION-ANTERIOR
D3472	D2M CMM	85 Plan	Medical/Dental	SURGICAL REPAIR OF ROOT RESORPTION-PREMOLAR
D3473	D2M CMM	85 Plan	Medical/Dental	SURGICAL REPAIR OF ROOT RESORPTION-MOLAR
D3501	D2M CMM	85 Plan	Medical/Dental	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICTOMY OR REPAIR OF ROOT RESORPTION-ANTERIOR
D3502	D2M CMM	85 Plan	Medical/Dental	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICTOMY OR REPAIR OF ROOT RESORPTION-PREMOLAR
D3503	D2M CMM	85 Plan	Medical/Dental	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICTOMY OR REPAIR OF ROOT RESORPTION-MOLAR
D3910	D2M CMM	85 Plan	Medical/Dental	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM
D3911	D2M CMM	85 Plan	Medical/Dental	INTRAORIFICE BARRIER
D3920	D2M CMM	85 Plan	Medical/Dental	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY
D3921	D2M CMM	85 Plan	Medical/Dental	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH
D3950	D2M CMM	85 Plan	Medical/Dental	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST
D3999	D2M CMM EXCD	85 Plan 0	Medical/Dental	VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT
Deleted Codes				
D3960	2019 Deleted Code-Bleaching discolored tooth			
Procedure Code	Benefit Code	% Paid	Quantity Limits/ Restrictions	Description
D4210	D2M CMM	85 Plan	Medical/Dental	GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4211	D2M CMM	85 Plan	Medical/Dental	GINGIVECTOMY OR GINGIVOPLASTY-ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4212	D2M CMM	85 Plan	Medical/Dental	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH
D4230	D2M CMM	85 Plan	Medical/Dental	ANATOMICAL CROWN EXPOSURE-FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TOOTH SPACES PER QUADRANT
D4231	D2M CMM	85 Plan	Medical/Dental	ANATOMICAL CROWN EXPOSURE-ONE TO THREE TEETH OR BOUNDED TOOTH SPACES PER QUADRANT
D4240	D2M CMM	85 Plan	Medical/Dental	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4241	D2M CMM	85 Plan	Medical/Dental	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4245	D2M CMM	85 Plan	Medical/Dental	APICALLY POSITIONED FLAP
D4249	D2M CMM	85 Plan	Medical/Dental	CLINICAL CROWN LENGTHENING-HARD TISSUE



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D4260	D2M CMM	85 Plan	Medical/Dental	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE)-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4261	D2M CMM	85 Plan	Medical/Dental	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE)-ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED PER QUADRANT
D4263	D2M CMM	85 Plan	Medical/Dental	BONE REPLACEMENT GRAFT-RETAINED NATURAL TOOTH-FIRST SITE IN QUADRANT
D4264	D2M CMM	85 Plan	Medical/Dental	BONE REPLACEMENT GRAFT-RETAINED NATURAL TOOTH-EACH ADDITIONAL SITE IN QUADRANT
D4265	D2M CMM	85 Plan	Medical/Dental	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE
D4266	D2M CMM	85 Plan	Medical/Dental	GUIDED TISSUE REGENERATION, NATURAL TEETH-RESORBABLE BARRIER, PER SITE
D4267	D2M CMM	85 Plan	Medical/Dental	GUIDED TISSUE REGENERATION, NATURAL TEETH-NON-RESORBABLE BARRIER, PER SITE
D4268	D2M CMM	85 Plan	Medical/Dental	SURGICAL REVISION PROCEDURE, PER TOOTH
D4270	D2M CMM	85 Plan	Medical/Dental	PEDICLE SOFT TISSUE GRAFT PROCEDURE
D4273	D2M CMM	85 Plan	Medical/Dental	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT
D4274	D2M CMM	85 Plan	Medical/Dental	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)
D4275	D2M CMM	85 Plan	Medical/Dental	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT
D4276	D2M CMM	85 Plan	Medical/Dental	COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH
D4277	D2M CMM	85 Plan	Medical/Dental	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT
D4278	D2M CMM	85 Plan	Medical/Dental	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
D4283	D2M CMM	85 Plan	Medical/Dental	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
D4285	D2M CMM	85 Plan	Medical/Dental	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
D4286	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF NON-RESORBABLE BARRIER
D4322	D2M	85		SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWN
D4323	D2M	85		SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWN
D4341	D2M	85		PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH PER QUADRANT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D4342	D2M	85		PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH PER QUADRANT
D4346	D2M	85		SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION-FULL MOUTH, AFTER ORAL EVALUATION
D4355	D2M	85		FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT
D4381	D2M	85		LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH
D4910	D2M	85		PERIODONTAL MAINTENANCE
D4920	EXCD	0		UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)
D4921	D2M	85		GINGIVAL IRRIGATION WITH A MEDICINAL AGENT-PER QUADRANT
D4999	D2M CMM EXCD	85 Plan 0		VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-PERIODONTAL SERVICES
Deleted Codes				
D4250	<i>2019 Deleted Code-Mucogingival surgery per quadrant</i>			
D4262	<i>2019 Deleted Code-Bone replacement graft multi</i>			
D4271	<i>2016 Deleted Code-Free soft tissue graft procedure</i>			
D4320	<i>2022 Deleted Code-Provisional splinting-intracoronaral</i>			
D4321	<i>2022 Deleted Code-Provisional splinting-extracoronaral</i>			
D4345	<i>2019 Deleted Code-Periodontal scaling performed with gingival inflammation</i>			
Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D5110	DNT EXCD	50 0	Once per 5 yr	COMPLETE DENTURE-MAXILLARY; CHECK CLAIMS HISTORY FOR BCODE DNT
D5120	DNT EXCD	50 0	Once per 5 yr	COMPLETE DENTURE-MANDIBULAR; CHECK CLAIMS HISTORY FOR BCODE DNT
D5130	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE DENTURE-MAXILLARY; CHECK CLAIMS HISTORY FOR BCODE DNT
D5140	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE DENTURE-MANDIBULAR; CHECK CLAIMS HISTORY FOR BCODE DNT
D5211	DNT EXCD	50 0	Once per 5 yr	MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5212	DNT EXCD	50 0	Once per 5 yr	MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5213	DNT EXCD	50 0	Once per 5 yr	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5214	DNT EXCD	50 0	Once per 5 yr	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D5221	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5222	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5223	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5224	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5225	DNT EXCD	50 0	Once per 5 yr	MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5226	DNT EXCD	50 0	Once per 5 yr	MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5227	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE MAXILLARY PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS, AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5228	DNT EXCD	50 0	Once per 5 yr	IMMEDIATE MANDIBULAR PARTIAL DENTURE-FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS, AND TEETH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5282	DNT EXCD	50 0	Once per 5 yr	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH), MAXILLARY; CHECK CLAIMS HISTORY FOR BCODE DNT
D5283	DNT EXCD	50 0	Once per 5 yr	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH), MANDIBULAR; CHECK CLAIMS HISTORY FOR BCODE DNT
D5284	DNT EXCD	50 0	Once per 5 yr	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH), PER QUADRANT; CHECK CLAIMS HISTORY FOR BCODE DNT
D5286	DNT EXCD	50 0	Once per 5 yr	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE RESIN (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH), PER QUADRANT; CHECK CLAIMS HISTORY FOR BCODE DNT
D5410	D2M	85		ADJUST COMPLETE DENTURE-MAXILLARY
D5411	D2M	85		ADJUST COMPLETE DENTURE-MANDIBULAR
D5421	D2M	85		ADJUST PARTIAL DENTURE-MAXILLARY
D5422	D2M	85		ADJUST PARTIAL DENTURE-MANDIBULAR
D5511	D2M	85		REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR
D5512	D2M	85		REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY
D5520	D3M	50		REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE-PER TOOTH
D5611	D2M	85		REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D5612	D2M	85		REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY
D5621	D2M	85		REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR
D5622	D2M	85		REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY
D5630	D2M	85		REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS-PER TOOTH
D5640	D3M	50		REPLACE MISSING OR BROKEN TEETH-PARTIAL DENTURE-PER TOOTH
D5650	D3M	50		ADD TOOTH TO EXISTING PARTIAL DENTURE-PER TOOTH
D5660	D2M	85		ADD CLASP TO EXISTING PARTIAL DENTURE-PER TOOTH
D5670	D3M	50		REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)
D5671	D3M	50		REPLACE ALL TEETH AND ACRYLIC CAST METAL FRAMEWORK (MANDIBULAR)
D5710	DTS	85	1 per 36 mo	REBASE COMPLETE MAXILLARY DENTURE; 1 PER 36 MONTHS
D5711	DTS	85	1 per 36 mo	REBASE COMPLETE MANDIBULAR DENTURE; 1 PER 36 MONTHS
D5720	DTS	85	1 per 36 mo	REBASE MAXILLARY PARTIAL DENTURE; 1 PER 36 MONTHS
D5721	DTS	85	1 per 36 mo	REBASE MANDIBULAR PARTIAL DENTURE; 1 PER 36 MONTHS
D5725	DTS	85	1 per 36 mo	REBASE HYBRID PROSTHESIS; 1 PER 36 MONTHS
D5730	DTS	85	1 per 36 mo	RELINE COMPLETE MAXILLARY DENTURE (DIRECT); 1 PER 36 MONTHS
D5731	DTS	85	1 per 36 mo	RELINE COMPLETE MANDIBULAR DENTURE (DIRECT); 1 PER 36 MONTHS
D5740	DTS	85	1 per 36 mo	RELINE MAXILLARY PARTIAL DENTURE (DIRECT); 1 PER 36 MONTHS
D5741	DTS	85	1 per 36 mo	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT); 1 PER 36 MONTHS
D5750	DTS	85	1 per 36 mo	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT); 1 PER 36 MONTHS
D5751	DTS	85	1 per 36 mo	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT); 1 PER 36 MONTHS
D5760	DTS	85	1 per 36 mo	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT); 1 PER 36 MONTHS
D5761	DTS	85	1 per 36 mo	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT); 1 PER 36 MONTHS
D5765	DNT EXCD	50 0	Once per 5 yr	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE – INDIRECT; CHECK CLAIMS HISTORY FOR BCODE DNT
D5810	DNT EXCD	50 0	Once per 5 yr	INTERIM COMPLETE DENTURE (MAXILLARY); CHECK CLAIMS HISTORY FOR BCODE DNT
D5811	DNT EXCD	50 0	Once per 5 yr	INTERIM COMPLETE DENTURE (MANDIBULAR); CHECK CLAIMS HISTORY FOR BCODE DNT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/Restrictions	Description
D5820	DNT EXCD	50 0	Once per 5 yr	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY; CHECK CLAIMS HISTORY FOR BCODE DNT
D5821	DNT EXCD	50 0	Once per 5 yr	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR; CHECK CLAIMS HISTORY FOR BCODE DNT
D5850	D2M	85		TISSUE CONDITIONING, MAXILLARY
D5851	D2M	85		TISSUE CONDITIONING, MANDIBULAR
D5862	DNT EXCD	50 0	Once per 5 yr	PRECISION ATTACHMENT, BY REPORT; CHECK CLAIMS HISTORY FOR BCODE DNT
D5863	DNT EXCD	50 0	Once per 5 yr	OVERDENTURE-COMPLETE MAXILLARY; CHECK CLAIMS HISTORY FOR BCODE DNT
D5864	DNT EXCD	50 0	Once per 5 yr	OVERDENTURE-PARTIAL MAXILLARY; CHECK CLAIMS HISTORY FOR BCODE DNT
D5865	DNT EXCD	50 0	Once per 5 yr	OVERDENTURE-COMPLETE MANDIBULAR; CHECK CLAIMS HISTORY FOR BCODE DNT
D5866	DNT EXCD	50 0	Once per 5 yr	OVERDENTURE-PARTIAL MANDIBULAR; CHECK CLAIMS HISTORY FOR BCODE DNT
D5867	DNT EXCD	50 0	Once per 5 yr	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT; CHECK CLAIMS HISTORY FOR BCODE DNT
D5875	IMP	50		MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY
D5876	DNT EXCD	50 0	Once per 5 yr	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH); CHECK CLAIMS HISTORY FOR BCODE DNT
D5899	D2M D3M DNT DTS EXCD	85 50 50 85 0	Once per 5 yr 1 per 36 mo	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT
Deleted Codes				
D5281	2019 Deleted Code-Removable unilateral partial denture			
D5510	2019 Deleted Code-Repair broken complete dental base			
D5610	2019 Deleted Code-Repair resin denture base			
D5620	2019 Deleted Code-Repair cast framework			
D5860	2016 Deleted Code-Overdenture complete			
D5861	2016 Deleted Code-Overdenture partial			
Procedure Code	Benefit Code	% Paid	Quantity Limit/Restrictions	Description
D5911	EXCD	0		FACIAL MOULAGE (SECTIONAL)
D5912	EXCD	0		FACIAL MOULAGE (COMPLETE)
D5913	EXCD	0		NASAL PROSTHESIS
D5914	EXCD	0		AURICULAR PROSTHESIS
D5915	EXCD	0		ORBITAL PROSTHESIS



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D5916	EXCD	0		OCULAR PROSTHESIS
D5919	EXCD	0		FACIAL PROSTHESIS
D5922	EXCD	0		NASAL SEPTAL PROSTHESIS
D5923	EXCD	0		OCULAR PROSTHESIS, INTERIM
D5924	EXCD	0		CRANIAL PROSTHESIS
D5925	EXCD	0		FACIAL AUGMENTATION IMPLANT PROSTHESIS
D5926	EXCD	0		NASAL PROSTHESIS, REPLACEMENT
D5927	EXCD	0		AURICULAR PROSTHESIS, REPLACEMENT
D5928	EXCD	0		ORBITAL PROSTHESIS, REPLACEMENT
D5929	EXCD	0		FACIAL PROSTHESIS, REPLACEMENT
D5931	EXCD	0		OBTURATOR PROSTHESIS, SURGICAL
D5932	EXCD	0		OBTURATOR PROSTHESIS, DEFINITIVE
D5933	EXCD	0		OBTURATOR PROSTHESIS, MODIFICATION
D5934	EXCD	0		MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE
D5935	EXCD	0		MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE
D5936	EXCD	0		OBTURATOR PROSTHESIS, INTERIM
D5937	EXCD	0		TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)
D5951	EXCD	0		FEEDING AID
D5952	EXCD	0		SPEECH AID PROSTHESIS, PEDIATRIC
D5953	EXCD	0		SPEECH AID PROSTHESIS, ADULT
D5954	EXCD	0		PALATAL AUGMENTATION PROSTHESIS
D5955	EXCD	0		PALATAL LIFT PROSTHESIS, DEFINITIVE
D5958	EXCD	0		PALATAL LIFT PROSTHESIS, INTERIM
D5959	EXCD	0		PALATAL LIFT PROSTHESIS, MODIFICATION
D5960	EXCD	0		SPEECH AID PROSTHESIS, MODIFICATION



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D5982	EXCD	0		SURGICAL STENT
D5983	EXCD	0		RADIATION CARRIER
D5984	EXCD	0		RADIATION SHIELD
D5985	EXCD	0		RADIATION CONE LOCATOR
D5986	EXCD	0		FLUORIDE GEL CARRIER
D5987	EXCD	0		COMMISSURE SPLINT
D5988	EXCD	0		SURGICAL SPLINT
D5991	EXCD	0		VESICULOBULLOUS DISEASE MEDICAMENT CARRIER
D5992	EXCD	0		ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT
D5993	EXCD	0		MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA-OR INTRA-ORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT
D5995	EXCD	0		PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL-LABORATORY PROCESSED-MAXILLARY
D5996	EXCD	0		PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL-LABORATORY PROCESSED-MANDIBULAR
D5999	EXCD	0		VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT
Deleted Codes				
D5994	2021 Deleted Code-Periodontal medicament carrier			



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/Restrictions	Description
D6010	IMP CMM	50 Plan	<i>Medical/Dental</i>	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT
D6011	IMP CMM	50 Plan	<i>Medical/Dental</i>	SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE IMPLANT SURGERY)
D6012	IMP CMM	50 Plan	<i>Medical/Dental</i>	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT
D6013	IMP CMM	50 Plan	<i>Medical/Dental</i>	SURGICAL PLACEMENT OF MINI IMPLANT
D6040	IMP CMM	50 Plan	<i>Medical/Dental</i>	SURGICAL PLACEMENT: EPOSTEAL IMPLANT
D6050	IMP CMM	50 Plan	<i>Medical/Dental</i>	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT
D6051	IMP	50		PLACEMENT OF INTERIM IMPLANT ABUTMENT
D6055	IMP	50		CONNECTING BAR-IMPLANT SUPPORTED OR ABUTMENT SUPPORTED
D6056	IMP	50		PREFABRICATED ABUTMENT-INCLUDES MODIFICATION AND PLACEMENT
D6057	IMP	50		CUSTOM FABRICATED ABUTMENT-INCLUDES PLACEMENT
D6058	IMP	50		ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN
D6059	IMP	50		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)
D6060	IMP	50		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)
D6061	IMP	50		ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)
D6062	IMP	50		ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)
D6063	IMP	50		ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)
D6064	IMP	50		ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)
D6065	IMP	50		IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN
D6066	IMP	50		IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO HIGH NOBLE ALLOYS
D6067	IMP	50		IMPLANT SUPPORTED CROWN-HIGH NOBLE ALLOYS
D6068	IMP	50		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD
D6069	IMP	50		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)
D6070	IMP	50		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)
D6071	IMP	50		ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)
D6072	IMP	50		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/Restrictions	Description
D6073	IMP	50		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)
D6074	IMP	50		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)
D6075	IMP	50		IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD
D6076	IMP	50		IMPLANT SUPPORTED RETAINER FOR FPD-PORCELAIN FUSED TO HIGH NOBLE ALLOYS
D6077	IMP	50		IMPLANT SUPPORTED RETAINER FOR METAL FPD-HIGH NOBLE ALLOYS
D6080	IMP	50		IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS
D6081	IMP	50		SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE OF MUCOSITIS, INCLUDING INFLAMMATION, BLEEDING UPON PROBING AND INCREASED POCKET; INCLUDES CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE
D6082	IMP	50		IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS
D6083	IMP	50		IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO NOBLE ALLOYS
D6084	IMP	50		IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO TITANIUM OR TITANIUM ALLOYS
D6085	IMP	50		INTERIM IMPLANT CROWN
D6086	IMP	50		IMPLANT SUPPORTED CROWN-PREDOMINANTLY BASE ALLOYS
D6087	IMP	50		IMPLANT SUPPORTED CROWN-NOBLE ALLOYS
D6088	IMP	50		IMPLANT SUPPORTED CROWN-TITANIUM AND TITANIUM ALLOYS
D6089	IMP	50		ACCESSING AND RETORQUING LOOSE IMPLANT SCREW-PER SCREW
D6090	IMP	50		REPAIR OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS
D6091	IMP	50		REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT
D6092	IMP	50		RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN
D6093	IMP	50		RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE
D6094	IMP	50		ABUTMENT SUPPORTED CROWN TITANIUM AND TITANIUM ALLOYS
D6096	IMP	50		REMOVE BROKEN IMPLANT RETAINING SCREW
D6097	IMP	50		ABUTMENT SUPPORTED CROWN-PORCELAIN FUSED TO TITANIUM OR TITANIUM ALLOYS
D6098	IMP	50		IMPLANT SUPPORTED RETAINER-PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D6099	IMP	50		IMPLANT SUPPORTED RETAINER FOR FPD-PORCELAIN FUSED TO NOBLE ALLOYS
D6100	IMP CMM	50 Plan	<i>Medical/Dental</i>	SURGICAL REMOVAL OF IMPLANT BODY
D6101	IMP CMM	50 Plan	<i>Medical/Dental</i>	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE
D6102	IMP CMM	50 Plan	<i>Medical/Dental</i>	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE
D6103	IMP CMM	50 Plan	<i>Medical/Dental</i>	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT-DOES NOT INCLUDE FLAP ENTRY AND CLOSURE
D6104	IMP CMM	50 Plan	<i>Medical/Dental</i>	BONE GRAFT AT TIME OF IMPLANT PLACEMENT
D6105	IMP CMM	50 Plan	<i>Medical/Dental</i>	REMOVAL OF IMPLANT BODY NOT REQUIRING BONE REMOVAL OR FLAP ELEVATION
D6106	IMP CMM	50 Plan	<i>Medical/Dental</i>	GUIDED TISSUE REGENERATION-RESORBABLE BARRIER, PER IMPLANT
D6107	IMP CMM	50 Plan	<i>Medical/Dental</i>	GUIDED TISSUE REGENERATION-NON-RESORBABLE BARRIER, PER IMPLANT
D6110	IMP	50		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH-MAXILLARY
D6111	IMP	50		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH-MANDIBULAR
D6112	IMP	50		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH-MAXILLARY
D6113	IMP	50		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH-MANDIBULAR
D6114	IMP	50		IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH-MAXILLARY
D6115	IMP	50		IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH-MANDIBULAR
D6116	IMP	50		IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH-MAXILLARY
D6117	IMP	50		IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH-MANDIBULAR
D6118	IMP	50		IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH-MANDIBULAR
D6119	IMP	50		IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH-MAXILLARY
D6120	IMP	50		IMPLANT SUPPORTED RETAINER-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6121	IMP	50		IMPLANT SUPPORTED RETAINER FOR METAL FPD-PREDOMINANTLY BASE ALLOYS
D6122	IMP	50		IMPLANT SUPPORTED RETAINER FOR METAL FPD-NOBLE ALLOYS
D6123	IMP	50		IMPLANT SUPPORTED RETAINER FOR METAL FPD-TITANIUM AND TITANIUM ALLOYS



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D6180	IMP	50		IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH FIXED HYBRID PROSTHESIS IS NOT REMOVED, INCLUDING CLEANSING OF PROSTHESIS AND ABUTMENTS
D6190	IMP CMM	50 Plan	<i>Medical/Dental</i>	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT
D6191	IMP	50		SEMI-PRECISION ABUTMENT-PLACEMENT
D6192	IMP	50		SEMI-PRECISION ATTACHMENT-PLACEMENT
D6193	IMP	50		REPLACEMENT OF AN IMPLANT SCREW
D6194	IMP	50		ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANIUM AND TITANIUM ALLOYS
D6195	IMP	50		ABUTMENT SUPPORTED RETAINER-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6197	IMP	50		REPLACEMENT OF RESTORATIVE MATERIAL USED TO CLOSE AN ACCESS OPENING OF A SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS, PER IMPLANT
D6198	IMP	50		REMOVE INTERIM IMPLANT COMPONENT
D6199	IMP CMM EXCD	50 Plan 0	<i>Medical/Dental</i>	UNSPECIFIC IMPLANT PROCEDURE, BY REPORT

Deleted Codes

<i>D6020</i>	<i>2016 Deleted Code-Abutment placement</i>			
<i>D6030</i>	<i>2019 Deleted Code-Endosseous implant</i>			
<i>D6052</i>	<i>2021 Deleted Code-Semi precision attachment abutment</i>			
<i>D6053</i>	<i>2016 Deleted Code-Implant/abutment remove denture complete</i>			
<i>D6054</i>	<i>2016 Deleted Code-Implant/abutment remove denture partial</i>			
<i>D6078</i>	<i>2016 Deleted Code-Implant/abutment supported fixed denture</i>			
<i>D6079</i>	<i>2016 Deleted Code-Implant/abutment supported fixed denture</i>			
<i>D6095</i>	<i>2024 Deleted Code-Repair implant abutment</i>			

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
				*Each retainer and each pontic constitutes a unit in a fixed partial denture *Fixed partial denture = fixed bridge or bridgework
D6205	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-INDIRECT RESIN BASED COMPOSITE-CHECK CLAIMS HISTORY FOR BCODE DNT
D6210	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-CAST HIGH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6211	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-CAST PREDOMINANTLY BASE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6212	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-CAST NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6214	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-TITANIUM AND TITANIUM ALLOYS-CHECK CLAIMS HISTORY FOR BCODE DNT
D6240	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6241	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-PORCELAIN FUSED PREDOMINANTLY BASE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6242	DNT EXCD	50 0	<i>Once per 5 yr</i>	PONTIC-PORCELAIN FUSED TO NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description *Each retainer and each pontic constitutes a unit in a fixed partial denture *Fixed partial denture = fixed bridge or bridgework
D6243	DNT EXCD	50 0	Once per 5 yr	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS-CHECK CLAIMS HISTORY FOR BCODE DNT
D6245	DNT EXCD	50 0	Once per 5 yr	PONTIC-PORCELAIN/CERAMIC-CHECK CLAIMS HISTORY FOR BCODE DNT
D6250	DNT EXCD	50 0	Once per 5 yr	PONTIC-RESIN WITH HIGH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6251	DNT EXCD	50 0	Once per 5 yr	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6252	DNT EXCD	50 0	Once per 5 yr	PONTIC-RESIN WITH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6253	DNT EXCD	50 0	Once per 5 yr	INTERIM PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION-CHECK CLAIMS HISTORY FOR BCODE DNT
D6545	DNT EXCD	50 0	Once per 5 yr	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS-CHECK CLAIMS HISTORY FOR BCODE DNT
D6548	DNT EXCD	50 0	Once per 5 yr	RETAINER-PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS-CHECK CLAIMS HISTORY FOR BCODE DNT
D6549	DNT EXCD	50 0	Once per 5 yr	RESIN RETAINER-FOR RESIN BONDED FIXED PROSTHESIS-CHECK CLAIMS HISTORY FOR BCODE DNT
D6600	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY – PORCELAIN/CERAMIC, TWO SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6601	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6602	DNT EXCD	50 0	Once per 5 yr	CAST HIGH NOBLE METAL, TWO SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6603	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES- -CHECK CLAIMS HISTORY FOR BCODE DNT
D6604	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES- -CHECK CLAIMS HISTORY FOR BCODE DNT
D6605	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY-CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6606	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY-CAST NOBLE METAL, TWO SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6607	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY-CAST NOBLE METAL, THREE OR MORE SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6608	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-PORCELAIN/CERAMIC, TWO SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6609	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-PORCELAIN/CERAMIC THREE OR MORE SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6610	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-CAST HIGH NOBLE METAL, TWO SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6611	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-CAST HIGH NOBLE METAL, THREE OR MORE SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6612	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-CAST PREDOMINANTLY BASE METAL, TWO SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6613	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6614	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-CAST NOBLE METAL, TWO SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description *Each retainer and each pontic constitutes a unit in a fixed partial denture *Fixed partial denture = fixed bridge or bridgework
D6615	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-CAST NOBLE METAL, THREE OR MORE SURFACES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6624	DNT EXCD	50 0	Once per 5 yr	RETAINER INLAY-TITANIUM-CHECK CLAIMS HISTORY FOR BCODE DNT
D6634	DNT EXCD	50 0	Once per 5 yr	RETAINER ONLAY-TITANIUM-CHECK CLAIMS HISTORY FOR BCODE DNT
D6710	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-INDIRECT RESIN BASED COMPOSITE-CHECK CLAIMS HISTORY FOR BCODE DNT
D6720	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-RESIN WITH HIGH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6721	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-RESIN WITH PREDOMINANTLY BASE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6722	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-RESIN WITH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6740	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-PORCELAIN/CERAMIC-CHECK CLAIMS HISTORY FOR BCODE DNT
D6750	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6751	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6752	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-PORCELAIN FUSED TO NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6753	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS- CHECK CLAIMS HISTORY FOR BCODE DNT
D6780	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-3/4 CAST HIGH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6781	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-3/4 CAST PREDOMINANTLY BASED METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6782	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-3/4 CAST NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6783	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-3/4 PORCELAIN/CERAMIC-CHECK CLAIMS HISTORY FOR BCODE DNT
D6784	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-3/4 - TITANIUM AND TITANIUM ALLOYS-CHECK CLAIMS HISTORY FOR BCODE DNT
D6790	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-FULL CAST HIGH NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6791	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-FULL CAST PREDOMINANTLY BASE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6792	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-FULL CAST NOBLE METAL-CHECK CLAIMS HISTORY FOR BCODE DNT
D6793	DNT EXCD	50 0	Once per 5 yr	INTERIM RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION-CHECK CLAIMS HISTORY FOR BCODE DNT
D6794	DNT EXCD	50 0	Once per 5 yr	RETAINER CROWN-TITANIUM AND TITANIUM ALLOYS-CHECK CLAIMS HISTORY FOR BCODE DNT
D6920	DNT EXCD	50 0	Once per 5 yr	CONNECTOR BAR-CHECK CLAIMS HISTORY FOR BCODE DNT
D6930	D2M	85		RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description *Each retainer and each pontic constitutes a unit in a fixed partial denture *Fixed partial denture = fixed bridge or bridgework
D6940	DNT EXCD	50 0	Once per 5 yr	STRESS BREAKER-CHECK CLAIMS HISTORY FOR BCODE DNT
D6950	DNT EXCD	50 0	Once per 5 yr	PRECISION ATTACHMENT-CHECK CLAIMS HISTORY FOR BCODE DNT
D6980	D2M	85		FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
D6985	DNT EXCD	50 0	Once per 5 yr	NEED MEDICAL RECORDS FOR MEDICAL NECESSITY; PEDIATRIC PARTIAL DENTURE, PRIMARILY FOR AESTHETIC PURPOSES-CHECK CLAIMS HISTORY FOR BCODE DNT
D6999	DNT D2M EXCD	50 85 50	Once per 5 yr	VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT

Deleted Codes

D6520	2016 Deleted Code-Inlay metallic two surfaces			
D6530	2016 Deleted Code-Inlay metallic three or more surfaces			
D6540	2019 Deleted Code-Onlay metallic per tooth			
D6543	2016 Deleted Code-Onlay metallic three surfaces			
D6544	2016 Deleted Code-Onlay metallic four or more surfaces			
D6970	2016 Deleted Code-Cast post and core			
D6971	2016 Deleted Code-Cast post as part of retainer			
D6972	2016 Deleted Code-Prefab post and core			
D6973	2016 Deleted Code-Core buildup for retainer			
D6975	2016 Deleted Code-Coping metal			
D6976	2016 Deleted Code-Each additional cast post same tooth			
D6977	2016 Deleted Code-Each additional prefab post same tooth			

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D7111	D2M CMM	85 Plan	Medical/Dental	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH
D7140	D2M	85		EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (EVALATION AND/OR FORCEPS REMOVAL)
D7210	D2M CMM	85 Plan	Medical/Dental	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED
D7220	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE
D7230	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY
D7240	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF IMPACTED TOOTH-COMpletely BONY
D7241	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF IMPACTED TOOTH-COMplete BONY WITH UNUSUAL SURGICAL COMPLICATIONS
D7250	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
D7251	D2M CMM	85 Plan	Medical/Dental	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY
D7252	D2M CMM	85 Plan	Medical/Dental	PARTIAL EXTRACTION FOR IMMEDIATE IMPLANT REPLACEMENT
D7259	D2M CMM	85 Plan	Medical/Dental	NERVE DISSECTION



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D7260	D2M CMM	85 Plan	Medical/Dental	OROANTRAL FISTULA CLOSURE
D7261	D2M CMM	85 Plan	Medical/Dental	PRIMARY CLOSURE OF A SINUS PERFORATION
D7270	D2M CMM	85 Plan	Medical/Dental	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH
D7272	D2M CMM	85 Plan	Medical/Dental	TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)
D7280	D2M CMM	85 Plan	Medical/Dental	EXPOSURE OF AN UNERUPTED TOOTH
D7282	D2M CMM	85 Plan	Medical/Dental	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION
D7283	D2M CMM	85 Plan	Medical/Dental	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH
D7284	D2M CMM	85 Plan	Medical/Dental	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS
D7285	D2M CMM	85 Plan	Medical/Dental	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)
D7286	D2M CMM	85 Plan	Medical/Dental	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT
D7287	D2M CMM	85 Plan	Medical/Dental	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION
D7288	D2M CMM	85 Plan	Medical/Dental	BRUSH BIOPSY-TRANSEPIHELIAL SAMPLE COLLECTION
D7290	D2M CMM	85 Plan	Medical/Dental	SURGICAL REPOSITIONING OF TEETH
D7291	D2M CMM	85 Plan	Medical/Dental	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT
D7292	D2M CMM	85 Plan	Medical/Dental	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP
D7293	D2M CMM	85 Plan	Medical/Dental	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP
D7294	D2M CMM	85 Plan	Medical/Dental	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP
D7295	D2M CMM	85 Plan	Medical/Dental	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE
D7296	D2M CMM	85 Plan	Medical/Dental	CORTICOTOMY-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
D7297	D2M CMM	85 Plan	Medical/Dental	CORTICOTOMY-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7298	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP
D7299	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP
D7300	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP
D7310	D2M CMM	85 Plan	Medical/Dental	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D7311	D2M CMM	85 Plan	Medical/Dental	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
D7320	D2M CMM	85 Plan	Medical/Dental	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7321	D2M CMM	85 Plan	Medical/Dental	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
D7340	D2M CMM	85 Plan	Medical/Dental	VESTIBULOPLASTY-RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)
D7350	D2M CMM	85 Plan	Medical/Dental	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)
D7410	D2M CMM	85 Plan	Medical/Dental	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	D2M CMM	85 Plan	Medical/Dental	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
D7412	D2M CMM	85 Plan	Medical/Dental	EXCISION OF BENIGN LESION, COMPLICATED
D7413	D2M CMM	85 Plan	Medical/Dental	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
D7414	D2M CMM	85 Plan	Medical/Dental	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
D7415	D2M CMM	85 Plan	Medical/Dental	EXCISION OF MALIGNANT LESION, COMPLICATED
D7440	D2M CMM	85 Plan	Medical/Dental	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM
D7441	D2M CMM	85 Plan	Medical/Dental	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM
D7450	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM
D7451	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM
D7460	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM
D7461	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM
D7465	D2M CMM	85 Plan	Medical/Dental	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT
D7471	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)
D7472	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF TORUS PALATINUS
D7473	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF TORUS MANDIBULARIS
D7485	D2M CMM	85 Plan	Medical/Dental	REDUCTION OF OSSEOUS TUBEROSITY
D7490	D2M CMM	85 Plan	Medical/Dental	RADICAL RESECTION OF MAXILLA OR MANDIBLE
D7509	D2M CMM	85 Plan	Medical/Dental	MARSUPIALIZATION OF ODONTOGENIC CYST



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D7510	D2M CMM	85 Plan	Medical/Dental	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE
D7511	D2M CMM	85 Plan	Medical/Dental	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE-COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)
D7520	D2M CMM	85 Plan	Medical/Dental	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE
D7521	D2M CMM	85 Plan	Medical/Dental	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE-COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)
D7530	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE
D7540	D2M CMM	85 Plan	Medical/Dental	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM
D7550	D2M CMM	85 Plan	Medical/Dental	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE
D7560	D2M CMM	85 Plan	Medical/Dental	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY
D7610	D2M CMM	85 Plan	Medical/Dental	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
D7620	D2M CMM	85 Plan	Medical/Dental	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
D7630	D2M CMM	85 Plan	Medical/Dental	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
D7640	D2M CMM	85 Plan	Medical/Dental	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
D7650	D2M CMM	85 Plan	Medical/Dental	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7660	D2M CMM	85 Plan	Medical/Dental	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7670	D2M CMM	85 Plan	Medical/Dental	ALVEOLUS-CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7671	D2M CMM	85 Plan	Medical/Dental	ALVEOLUS-OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7680	D2M CMM	85 Plan	Medical/Dental	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES
D7710	D2M CMM	85 Plan	Medical/Dental	MAXILLA-OPEN REDUCTION
D7720	D2M CMM	85 Plan	Medical/Dental	MAXILLA-CLOSED REDUCTION
D7730	D2M CMM	85 Plan	Medical/Dental	MANDIBLE-OPEN REDUCTION
D7740	D2M CMM	85 Plan	Medical/Dental	MANDIBLE-CLOSED REDUCTION
D7750	D2M CMM	85 Plan	Medical/Dental	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7760	D2M CMM	85 Plan	Medical/Dental	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7770	D2M CMM	85 Plan	Medical/Dental	ALVEOLUS-OPEN REDUCTION STABILIZATION OF TEETH



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D7771	D2M CMM	85 Plan	Medical/Dental	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH
D7780	D2M CMM	85 Plan	Medical/Dental	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES
D7810	EXCD	0		OPEN REDUCTION OF DISLOCCATION
D7820	EXCD	0		CLOSED REDUCTION OF DISLOCATION
D7830	EXCD	0		MANIPULATION UNDER ANESTHESIA
D7840	EXCD	0		CONDYLECTOMY
D7850	EXCD	0		SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT
D7852	EXCD	0		DISC REPAIR
D7854	EXCD	0		SYNOVECTOMY
D7856	EXCD	0		MYOTOMY
D7858	EXCD	0		JOINT RECONSTRUCTION
D7860	EXCD	0		ARTHROTOMY
D7865	EXCD	0		ARTHROPLASTY
D7870	EXCD	0		ARTHROCENTESIS
D7871	EXCD	0		NON-ARTHROSCOPIC LYSIS AND LAVAGE
D7872	EXCD	0		ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY
D7873	EXCD	0		ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS
D7874	EXCD	0		ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION
D7875	EXCD	0		ARTHROSCOPY: SYNOVECTOMY
D7876	EXCD	0		ARTHROSCOPY: DISCECTOMY
D7877	EXCD	0		ARTHROSCOPY: DEBRIDEMENT
D7880	EXCD	0		OCCUSAL ORTHOTIC DEVICE, BY REPORT, FOR TMJ
D7881	EXCD	0		OCCUSAL ORTHOTIC DEVICE ADJUSTMENT, FOR TMJ
D7899	EXCD	0		UNSPECIFIED TMD THERAPY, BY REPORT
D7910	D2M CMM	85 Plan	Medical/Dental	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D7911	D2M CMM	85 Plan	Medical/Dental	COMPLICATED SUTURE- UP TO 5 CM
D7912	D2M CMM	85 Plan	Medical/Dental	COMPLICATED SUTURE- GREATHER THAN 5 CM
D7920	D2M CMM	85 Plan	Medical/Dental	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE GRAFT)
D7921	D2M CMM	85 Plan	Medical/Dental	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT
D7922	D2M CMM	85 Plan	Medical/Dental	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE
D7939	D2M CMM	85 Plan	Medical/Dental	INDEXING FOR OSTEOTOMY USING DYNAMIC ROBOTIC ASSISTED OR DYNAMIC NAVIGATION
D7940	D2M CMM	85 Plan	Medical/Dental	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES
D7941	D2M CMM	85 Plan	Medical/Dental	OSTEOTOMY-MANDIBULAR RAMI
D7943	D2M CMM	85 Plan	Medical/Dental	OSTEOTOMY-MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT
D7944	D2M CMM	85 Plan	Medical/Dental	OSTEOTOMG-SEGMENTED OR SUBAPICAL
D7945	D2M CMM	85 Plan	Medical/Dental	OSTEOTOMY-BODY OF MANDIBLE
D7946	D2M CMM	85 Plan	Medical/Dental	LEFORT I (MAXILLA-TOTAL)
D7947	D2M CMM	85 Plan	Medical/Dental	LEFORT I (MAXILLA-SEGMENTED)
D7948	D2M CMM	85 Plan	Medical/Dental	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)-WITHOUT BONE GRAFT
D7949	D2M CMM	85 Plan	Medical/Dental	LEFORT II OR LEFORT III-WITH BONE GRAFT
D7950	D2M CMM	85 Plan	Medical/Dental	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA-AUTOGENOUS OR NONAUTOGENOUS, BY REPORT
D7951	D2M CMM	85 Plan	Medical/Dental	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH
D7952	D2M CMM	85 Plan	Medical/Dental	SINUS AUGMENTATION VIA A VERTICAL APPROACH
D7953	D2M CMM	85 Plan	Medical/Dental	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION-PER SITE
D7955	D2M CMM	85 Plan	Medical/Dental	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT
D7956	D2M CMM	85 Plan	Medical/Dental	GUIDED TISSUE REGENERATION, EDENTULOUS AREA-RESORBABLE BARRIER, PER SITE
D7957	D2M CMM	85 Plan	Medical/Dental	GUIDED TISSUE REGENERATION, EDENTULOUS AREA-NON-RESORBABLE BARRIER, PER SITE
D7961	D2M CMM	85 Plan	Medical/Dental	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)
D7962	D2M CMM	85 Plan	Medical/Dental	LINGUAL FRENECTOMY (FRENULECTOMY)



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D7963	D2M CMM	85 Plan	Medical/Dental	FRENULOPLASTY
D7970	D2M CMM	85 Plan	Medical/Dental	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH
D7971	D2M CMM	85 Plan	Medical/Dental	EXCISION OF PERICORONAL GINGIVA
D7972	D2M CMM	85 Plan	Medical/Dental	SURGICAL REDUCTION OF FIBROUS TUBEROSITY
D7979	D2M	85		NON-SURGICAL SIALOLITHOTOMY
D7980	D2M CMM	85 Plan	Medical/Dental	SURGICAL SIALOLITHOTOMY
D7981	D2M CMM	85 Plan	Medical/Dental	EXCISION OF SALIVARY GLAND, BY REPORT
D7982	D2M CMM	85 Plan	Medical/Dental	SIALODOCHOPLASTY
D7983	D2M CMM	85 Plan	Medical/Dental	CLOSURE OF SALIVARY FISTULA
D7990	D2M CMM	85 Plan	Medical/Dental	EMERGENCY TRACHEOTOMY
D7991	D2M CMM	85 Plan	Medical/Dental	CORONOIDECTOMY
D7993	D2M CMM	85 Plan	Medical/Dental	SURGICAL PLACEMENT OF CRANIOFACIAL IMPLANT - EXTRA ORAL
D7994	D2M CMM	85 Plan	Medical/Dental	SURGICAL PLACEMENT: ZYGOMATIC IMPLANT
D7995	D2M CMM	85 Plan	Medical/Dental	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT
D7996	IMP CMM	50 Plan	Medical/Dental	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT
D7997	D2M CMM	85 Plan	Medical/Dental	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR
D7998	D2M CMM	85 Plan	Medical/Dental	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE
D7999	D2M IMP TMJ CMM EXCD	85 50 50 Plan 0	Medical/Dental \$3500 lifetime max	VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT
Deleted Codes				
D7110	2016 Deleted Code-Single tooth extraction			
D7120	2016 Deleted Code-Extraction each additional tooth			
D7130	2016 Deleted Code-Root removal exposed roots			
D7271	2019 Deleted Code-Tooth implantation			
D7281	2016 Deleted Code-Surgical exposure impacted tooth			
D7420	Deleted Code-Excision less than 1.25cm diameter			
D7430	2016 Deleted Code-Excision benign tumor up to 1.25cm			
D7431	2016 Deleted Code-Excision benign tumor less than 1.25cm			
D7470	2019 Deleted Code-Removal exostosis mandibular/maxillary			
D7480	2016 Deleted Code-Partial osteotomy			



Dental Procedure Codes

D7942	Deleted Code-Osteotomy			
D7960	2021 Deleted Code-Frenulectomy			
Procedure Code	Benefit Code	% Paid	Quantity Limit/Restrictions	Description
D8010	ORT	50	\$2000 lifetime max	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION
D8020	ORT	50	\$2000 lifetime max	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION
D8030	ORT	50	\$2000 lifetime max	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION
D8040	ORT	50	\$2000 lifetime max	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION
D8070	ORT	50	\$2000 lifetime max	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION
D8080	ORT	50	\$2000 lifetime max	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION
D8090	ORT	50	\$2000 lifetime max	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION
D8091	ORT	50	\$2000 lifetime max	COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC SURGERY
D8210	ORT	50	\$2000 lifetime max	REMOVABLE APPLIANCE THERAPY
D8220	ORT	50	\$2000 lifetime max	FIXED APPLIANCE THERAPY
D8660	ORT	50	\$2000 lifetime max	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT
D8670	ORT	50	\$2000 lifetime max	PERIODIC ORTHODONTIC TREATMENT VISIT
D8671	ORT	50	\$2000 lifetime max	PERIODIC ORTHODONTIC TREATMENT VISIT ASSOCIATED WITH ORTHOGNATHIC SURGERY
D8680	ORT	50	\$2000 lifetime max	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))
D8681	ORT	50	\$2000 lifetime max	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT
D8695	ORT	50	\$2000 lifetime max	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT
D8696	ORT	50	\$2000 lifetime max	REPAIR OF ORTHODONTIC APPLIANCE-MAXILLARY
D8697	ORT	50	\$2000 lifetime max	REPAIR OF ORTHODONTIC APPLIANCE-MANDIBULAR
D8698	ORT	50	\$2000 lifetime max	RE-CEMENT OR RE-BOND FIXED RETAINER-MAXILLARY
D8699	ORT	50	\$2000 lifetime max	RE-CEMENT OR RE-BOND FIXED RETAINER-MANDIBULAR
D8701	ORT	50	\$2000 lifetime max	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MAXILLARY
D8702	ORT	50	\$2000 lifetime max	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MANDIBULAR
D8703	ORT EXCD	50 0	\$2000 lifetime max	NEED RECORDS TO DETERMINE IF LOST OR BROKEN: REPLACEMENT OF LOST (EXCD) OR BROKEN RETAINER (ORT)-MAXILLARY
D8704	ORT EXCD	50 0	\$2000 lifetime max	NEED RECORDS TO DETERMINE IF LOST OR BROKEN: REPLACEMENT OF LOST (EXCD) OR BROKEN RETAINER (ORT)-MANDIBULAR



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D8999	ORT EXCD	50 0	<i>\$2000 lifetime max</i>	VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT
Deleted Codes				
<i>D8050</i>	<i>2022 Deleted Code-Interceptive orthodontic treatment adult dentition</i>			
<i>D8060</i>	<i>2022 Deleted Code-Interceptive orthodontic treatment transitional dentition</i>			
<i>D8110</i>	<i>Deleted Code-Removable appliance therapy</i>			
<i>D8120</i>	<i>Deleted Code-Fixed appliance therapy</i>			
<i>D8360</i>	<i>Deleted Code-Removable appliance therapy</i>			
<i>D8370</i>	<i>Deleted Code-Fixed appliance therapy</i>			
<i>D8460</i>	<i>Deleted Code-Class I malocclusion</i>			
<i>D8470</i>	<i>Deleted Code-Class II malocclusion</i>			
<i>D8480</i>	<i>Deleted Code-Class III malocclusion</i>			
<i>D8560</i>	<i>Deleted Code-Class I malocclusion</i>			
<i>D8570</i>	<i>Deleted Code-Class II malocclusion</i>			
<i>D8580</i>	<i>Deleted Code-Class III malocclusion</i>			
<i>D8650</i>	<i>Deleted Code-Treatment atypical</i>			
<i>D8690</i>	<i>2022 Deleted Code-Orthodontic treatment</i>			
<i>D8691</i>	<i>Deleted Code-Repair of orthodontic appliance</i>			
<i>D8692</i>	<i>Deleted Code-Replacement of lost or broken retainer</i>			
<i>D8693</i>	<i>Deleted Code-Recement or re-bond retainer</i>			
<i>D8694</i>	<i>Deleted Code-Repair of fixed retainer</i>			
<i>D8750</i>	<i>Deleted Code-Post treatment stabilization</i>			
Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D9110	D1M	90		PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT
D9120	DNT EXCD	50 0	<i>Once per 5 yr</i>	FIXED PARTIAL DENTURE SECTIONING-CHECK CLAIMS HISTORY FOR BCODE DNT
D9130	EXCD	0		TEMPOROMANDIBULAR JOINT DYSFUNCTION-NON-INVASIVE PHYSICAL THERAPIES
D9210	D2M	85		LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES
D9211	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	REGIONAL BLOCK ANESTHESIA
D9212	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	TRIGEMINAL DIVISION BLOCK ANESTHESIA
D9215	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES
D9219	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA
D9222	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 15 MINUTES
D9223	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	DEEP SEDATION/GENERAL ANESTHESIA-EACH SUBSEQUENT 15 MINUTE INCREMENT
D9230	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS
D9239	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-FIRST 15 MINUTES
D9243	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-EACH SUBSEQUENT 15 MINUTE INCREMENT



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D9248	D2M CMM	85 Plan	<i>Dental Medical/Dental</i>	NON-INTRAVENOUS CONSCIOUS SEDATION
D9310	D1M	90		CONSULTATION-DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN
D9311	EXCD	0		CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL
D9410	D1M	90		HOUSE/EXTENDED CARE FACILITY CALL
D9420	D1M	90		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL
D9430	D1M	90		OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS)- NO OTHER SERVICES PERFORMED
D9440	D1M	90		OFFICE VISIT-AFTER REGULAR SCHEDULED HOURS
D9450	D1M	90		CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE TREATMENT PLANNING
D9610	D2M	85		THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION
D9612	D2M	85		THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS
D9613	D2M	85		INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG, PER QUADRANT
D9630	D2M	85		MUST HAVE DETAILED DESC OF SERVICES-DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE; PEND PL216 IF INFO IS NEEDED
D9910	D2M	85		APPLICATION OF DESENSITIZING MEDICAMENT
D9911	D2M	85		APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH
D9912	EXCD	0		PRE-VISIT PATIENT SCREENING
D9913	EXCD	0		ADMINISTRATION OF NEUROMODULATORS
D9914	EXCD	0		ADMINISTRATION OF DERMAL FILLERS
D9920	EXCD	0		BEHAVIOR MANAGEMENT, BY REPORT
D9930	D2M CMM	85 Plan	<i>Medical/Dental</i>	TREATMENT OF COMPLICATIONS (POST-SURGICAL)-UNUSUAL CIRCUMSTANCES, BY REPORT
D9932	D2M	85		CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY
D9933	D2M	85		CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR
D9934	D2M	85		CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY
D9935	D2M	85		CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR
D9938	EXCD	0		FABRICATION OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY AESTHETIC APPLIANCE
D9939	EXCD	0		PLACEMENT OF A CUSTOM REMOVABLE CLEAR PLASTIC TEMPORARY AESTHETIC APPLIANCE



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D9941	EXCD	0		FABRICATION OF ATHLETIC MOUTHGUARD
D9942	D3M EXCD	50 0	Once per 3 yr	REPAIR AND/OR RELINE OF OCCLUSAL GUARD-CHECK CLAIMS HISTORY, 1 EVERY 3 YRS ALLOWED
D9943	D3M EXCD	50 0		OCCLUSAL GUARD ADJUSTMENT
D9944	D3M EXCD	50 0	Once per 3 yr	OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH, 1 PER 3 YR
D9945	D3M EXCD	50 0	Once per 3 yr	OCCLUSAL GUARD-SOFT APPLIANCE, FULL ARCH, 1 PER 3 YR
D9946	D3M EXCD	50 0	Once per 3 yr	OCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH, 1 PER 3 YR
D9950	D3M	50		OCCLUSAL ANALYSIS-MOUNTED CASE-DIAGNOSTIC, EVALUATION
D9951	D3M	50		OCCLUSAL ADJUSTMENT-LIMITED
D9952	D3M	50		OCCLUSAL ADJUSTMENT-COMPLETE
D9959	EXCD	0		UNSPECIFIED SLEEP APNEA SERVICES, BY REPORT
D9961	EXCD	0		DUPLICATE/COPY PATIENT'S RECORDS
D9970	EXCD	0		ENAMEL MICROABRASION
D9971	EXCD	0		ODONTOPLASTY, PER TOOTH
D9972	EXCD	0		EXTERNAL BLEACHING-PER ARCH-PERFORMED IN OFFICE
D9973	EXCD	0		EXTERNAL BLEACHING-PER TOOTH
D9974	EXCD	0		INTERNAL BLEACHING-PER TOOTH
D9975	EXCD	0		EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS
D9985	D2M	85		SALES TAX
D9986	EXCD	0		MISSED APPOINTMENT
D9987	EXCD	0		CANCELLED APPOINTMENT
D9990	EXCD	0		CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES-PER VISIT
D9991	EXCD	0		DENTAL CASE MANAGEMENT-ADDRESSING APPOINTMENT COMPLIANCE BARRIERS
D9992	EXCD	0		DENTAL CASE MANAGEMENT-CARE COORDINATION
D9993	EXCD	0		DENTAL CASE MANAGEMENT-MOTIVATIONAL INTERVIEWING
D9994	EXCD	0		DENTAL CASE MANAGEMENT-PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY



Dental Procedure Codes

Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D9995	EXCD	0		TELEDENTISTRY-SYNCHRONOUS; REAL-TIME ENCOUNTER
D9996	EXCD	0		TELEDENTISTRY-ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW
D9997	EXCD	0		DENTAL CASE MANAGEMENT-PATIENTS WITH SPECIAL HEALTH CARE NEEDS
D9999	D1M D2M D3M DNT CMM EXCD	90 85 50 50 Plan 0	Once per 5 yr	VERIFY PROCEDURE/REQUEST NOTES IF NECESSARY-UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT
Deleted Codes				
D9220	2016 Deleted Code-General anesthesia first 30 minutes			
D9221	2016 Deleted Code-General anesthesia each additional 15 minutes			
D9240	2016 Deleted Code-Intravenous sedation			
D9940	2019 Deleted Code- Occlusal guard			
Procedure Code	Benefit Code	% Paid	Quantity Limit/ Restrictions	Description
D9947	EXCD	0		CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT
D9948	EXCD	0		ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE
D9949	EXCD	0		REPAIR OF CUSTOM SLEEP APNEA APPLIANCE
D9953	EXCD	0		RELINE CUSTOM SLEEP APNEA APPLIANCE (DIRECT)
D9954	EXCD	0		FABRICATION AND DELIVERY OF ORAL APPLIANCE THERAPY (OAT) MORNING POSITIONING DEVICE
D9955	EXCD	0		ORAL APPLIANCE THERAPY (OAT) TITRATION VISIT
D9956	EXCD	0		ADMISTRATION OF HOME SLEEP APNEA TEST
D9957	EXCD	0		SCREENING OF SLEEP RELATED BREATHING DISORDERS