Summary of Benefits and Coverage		Family Dental Plan		
Member Cost Share amounts describe the Enrollee's out of pocket		Copay Plan		
costs.		Pediatric Dental EHB	Adult Dental	
	and Family Dental Plan designs can be offered	Up to Age 19	Age 19 and Older	
	Marketplace and Covered California for Small			
Business.				
Actuarial Value		84.33%	Not Calculated	
		In-Network	In-Network	
Individual Deductible		None	None	
Family Deductible (Two	· · · · · · · · · · · · · · · · · · ·	Not Applicable	Not Applicable	
Individual Out of Pocke		\$350	Not Applicable	
	aximum (Two or More Children)	\$700	Not Applicable	
Office Copay		\$0	\$0	
Waiting Period		None	None	
	ovision, as defined in Health & Safety Code			
	Insurance Code 10198.6(d).)			
Annual Benefit Limit		None	None	
(the maximum amount	the dental plan will pay in the benefit year)			
Procedure Category	Service Type	Member Cost Share	Member Cost Share	
	Oral Exam	No charge	No charge	
	Preventive - Cleaning	No charge	No charge	
	Preventive - X-ray	No charge	No charge	
	Sealants per Tooth	No charge	No charge if covered	
Diagnostic &	Topical Fluoride Application	No charge	No charge if covered	
Preventive	Space Maintainers - Fixed	No charge	No charge if covered	
	Restorative Procedures			
	Periodontal Maintenance Services			
	Adult Periodontics (other than			
	maintenance)			
	(Group Dental Plans only)			
	Adult Endodontics	See 2023 Dental Copay	See 2023 Dental	
Basic Services	(Group Dental Plans only)	Schedule	Copay Schedule	
	Periodontics (other than maintenance) Endodontics			
	Crowns and Casts			
	Prosthodontics	See 2023 Dental Copay	See 2023 Dental	
Major Services	Oral Surgery	Schedule	Copay Schedule	
Orthodontia	Medically Necessary Orthodontia	\$350	Not covered	

SCHEDULE A

Description of Benefits and Copayments
[Delta Dental Individual & Family
DeltaCare® USA
Family Dental HMO]

The Benefits shown below are performed as needed and deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the DeltaCare USA Plan ("Plan"). Please refer to Schedule B for further clarification of Benefits. Enrollees should discuss all treatment options with their assigned Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under this Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2022 Procedure Codes, descriptors or nomenclature which is under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Out-of-Pocket Maximum ("OOPM") for Pediatric Enrollees (Under Age 19):

OOPM applies only to Essential Health Benefits ("EHB") for Pediatric Enrollee(s). OOPM means the maximum amount of money that a Pediatric Enrollee must pay for Pediatric Benefits under this Plan during a Calendar Year. Payment for Premiums and payment for services that are Optional, that are upgraded treatments, or that are not covered under this Policy, will not count toward the OOPM, and payment for such services will continue to apply even after the OOPM is met.

If more than one Pediatric Enrollee is covered by this Policy, the financial obligation for Pediatric Benefits is not more than the OOPM for multiple Pediatric Enrollees. After a Pediatric Enrollee meets their OOPM, they will have no further payment for the remainder of the Calendar Year for Pediatric Benefits. Once the amount paid by all Pediatric Enrollee(s) equals the OOPM for multiple Pediatric Enrollees, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Calendar Year for Pediatric Benefits.

Delta Dental recommends that the Pediatric Enrollee or other party responsible for the Pediatric Enrollee keep a record of payment for Pediatric Benefits. If you have any questions regarding your OOPM, please contact Delta Dental's Customer Care at 888-282-8528.

		Pediatric	Adult Enrollee	Clarification/ Limitations for	Clarification/ Limitations for
Code	Description	Enrollee Pays	Pays	Pediatric Enrollees	Adult Enrollees
	00999 I. DIAGNOSTIC		_ · / ·		
D0999	Unspecified diagnostic procedure, by report	No charge	No charge	Includes office visit, per visit (in addition to other services); In addition, shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.	Includes office visit, per visit (in addition to other services); In addition, shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.
D0120	Periodic oral evaluation - established	No charge	No charge	1 per 6 months per Contract	
D0140	patient Limited oral evaluation - problem focused	No charge	No charge	Dentist 1 per Enrollee per Contract Dentist	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No charge	Not Covered	1 per 6 months per Contract Dentist, included with D0120, D0150	
D0150	Comprehensive oral evaluation - new or established patient	No charge	No charge	Initial evaluation, 1 per Contract Dentist	
D0160	Detailed and extensive oral evaluation - problem focused, by report	No charge	No charge	1 per Enrollee per Contract Dentist	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No charge	No charge	6 per 3 months, not to exceed 12 per 12 month period	
D0171	Re-evaluation - post-operative office visit	No charge	No charge		
D0180	Comprehensive periodontal evaluation - new or established patient	No charge	No charge	Included with D0150	
D0190	Screening of a patient	Not Covered	No charge		
D0191	Assessment of a patient	Not Covered	No charge		
D0210	Intraoral - complete series of radiographic images	No charge	No charge	1 series per 36 months per Contract Dentist	1 series per 24 months
D0220	Intraoral - periapical first radiographic image	No charge	No charge	20 images (D0220, D0230) per 12 months per Contract Dentist	
D0230	Intraoral - periapical each additional radiographic image	No charge	No charge	20 images (D0220, D0230) per 12 months per Contract Dentist	
D0240	Intraoral - occlusal radiographic image	No charge	No charge	2 per 6 months per Contract Dentist	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D0250	Extra-oral - 2D projection	No charge	No charge	1 per date of service	
	radiographic image created using a				
	stationary radiation source, and				
	detector				
D0251	Extra-oral posterior dental	No charge	Not	4 per date of service	
D0270	radiographic image	No obouse	Covered	1 of (D0270 D0272) non-data of	
D0270	Bitewing - single radiographic image	No charge	No charge	1 of (D0270, D0273) per date of service	
D0272	Bitewings - two radiographic images	No charge	No charge	1 of (D0272, D0273) per 6 months	
50272	Site wings two radiograpme images	TTO CHAIGE	ito charge	per Contract Dentist	
D0273	Bitewings - three radiographic images	No charge	No charge	1 of (D0270, D0273) per date of	
			_	service; 1 of (D0272, D0273) per 6	
				months per Contract Dentist	
D0274	Bitewings - four radiographic images	No charge	No charge	1 of (D0274, D0277) per 6 months	1 series per 6 months
				per Contract Dentist	
D0277	Vertical bitewings - 7 to 8	No charge	No charge	1 of (D0274, D0277) per 6 months	
D0310	radiographic images Sialography	No charge	Not	per Contract Dentist	
D0310	Sialography	No charge	Covered		
D0320	Temporomandibular joint	No charge	Not	Limited to trauma or pathology; 3	
00320	arthrogram, including injection	110 charge	Covered	per date of service	
D0322	Tomographic survey	No charge	Not	2 per 12 months per Contract	
			Covered	Dentist	
D0330	Panoramic radiographic image	No charge	No charge	1 per 36 months per Contract	1 per 24 consecutive
				Dentist	months
D0340	2D cephalometric radiographic image	No charge	Not	2 per 12 months per Contract	
	- acquisition, measurement and		Covered	Dentist	
D0350	analysis  2D oral/facial photographic image	No charge	Not	For the diagnosis and treatment	
D0330	obtained intra-orally or extra-orally	No charge	Covered	of the specific clinical condition	
	cotamos mais cram, er entra eram,		0010.00	not apparent on radiographs;	
				4 per date of service	
D0351	3D photographic image	No charge	No charge	1 per date of service	
D0419	Assessment of salivary flow by	Not	No charge		1 per 12 months
	measurement	Covered			
D0460	Pulp vitality tests	No charge	No charge		
D0470	Diagnostic casts	No charge	No charge	For the evaluation of orthodontic	
				Benefits only; 1 per Contract	
				Dentist unless special	
				circumstances are documented (such as trauma or pathology	
				which has affected the course of	
				orthodontic treatment)	
D0502	Other oral pathology procedures, by	No charge	Not	Performed by an oral pathologist	
	report		Covered		
D0601	Caries risk assessment and	No charge	No charge	1 of (D0601, D0602, D0603) per	1 of (D0601, D0602,
	documentation, with a finding of low			12 months per Contract Dentist or	D0603) per 12 months
	risk			dental office	per Contract Dentist or
Dococ	Conice viels are	NI- 1	NI- I	4 - 5 / DOCO4   DOCO2   DOCO2	dental office
D0602	Caries risk assessment and	No charge	No charge	1 of (D0601, D0602, D0603) per	1 of (D0601, D0602,
	documentation, with a finding of moderate risk			12 months per Contract Dentist or dental office	D0603) per 12 months per Contract Dentist or
	moderate risk			acmai ojjice	dental office
	1	<u> </u>	I		acritar office

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D0603	Caries risk assessment and	No charge	No charge	1 of (D0601, D0602, D0603) per	1 of (D0601, D0602,
	documentation, with a finding of high			12 months per Contract Dentist or	D0603) per 12 months
	risk			dental office	per Contract Dentist or
					dental office
D0701	Panoramic radiographic image -	No charge	No charge		
	image capture only				
D0702	2D cephalometric radiographic image	No charge	No charge		
D0702	- image capture only	A1 1			
D0703	2D oral/facial photographic image	No charge	No charge		
	obtained intra-orally or extra-orally -				
D0704	image capture only  3D photographic image - image	No charge	No charge		
D0704	capture only	No charge	No charge		
D0705	Extra-oral posterior dental	No charge	Not		
	radiographic image - image capture		Covered		
	only				
D0706	Intraoral - occlusal radiographic	No charge	No charge		
	image - image capture only				
D0707	Intraoral - periapical radiographic	No charge	No charge		
	image - image capture only				
D0708	Intraoral - bitewing radiographic	No charge	No charge		
	image - image capture only				
D0709	Intraoral - complete series of	No charge	No charge		
	radiographic images - image capture				
D1000 D	only 1999 II. PREVENTIVE				
D1110	Prophylaxis - adult	No charge	No charge	Cleaning; 1 of (D1110, D1120,	Cleaning; 2 of (D1110,
DIIIO	1 Tophylaxis - addit	No charge	No charge	D4346) per 6 months	D4346) per 12 months
D1120	Prophylaxis - child	No charge	Not	Cleaning; 1 of (D1110, D1120,	z re re, per zz menene
		0 -	Covered	D4346) per 6 months	
D1206	Topical application of fluoride varnish	No charge	No charge	1 of (D1206, D1208) per 6 months	2 of (D1206, D1208) per
					12 months
D1208	Topical application of fluoride -	No charge	No charge	1 of (D1206, D1208) per 6 months	2 of (D1206, D1208) per
	excluding varnish				12 months
D1310	Nutritional counseling for control of	No charge	No charge		
	dental disease				
D1320	Tobacco counseling for the control	No charge	No charge		
D1221	and prevention of oral disease	No shares	Not		
D1321	Counseling for the control and prevention of adverse oral,	No charge	Not Covered		
	behavioral, and systemic health		Covered		
	effects associated with high-risk				
	substance use				
D1330	Oral hygiene instructions	No charge	No charge		
D1351	Sealant - per tooth	No charge	Not	1 per tooth per 36 months per	
	·		Covered	Contract Dentist; limited to	
				permanent first and second	
				molars without restorations or	
				decay and third permanent molars	
				that occupy the second molar	
				position	

D1354 Interim caries arresting medicament application - per tooth  D1354 Interim caries arresting medicament application - per tooth  D1355 Interim caries arresting medicament application - per tooth  D1356 Caries preventive medicament application - per tooth  D1357 Caries preventive medicament application - per tooth  D1358 D1355 Caries preventive medicament application - per tooth  D1359 D1350 Space maintainer - fixed, unilateral per quadrant  D1351 Space maintainer - fixed - bilateral, mother amandibular  D1352 Space maintainer - fixed - bilateral, mother amandibular  D1353 Space maintainer - fixed - bilateral, mother application - per quadrant  D1354 Interim caries arresting medicament application - per tooth  D1356 Space maintainer - fixed, bilateral, mother application - per tooth  D1357 Space maintainer - fixed - bilateral, mother application - per quadrant  D1358 Space maintainer - fixed - bilateral, mother application - per quadrant  D1359 Space maintainer - fixed - bilateral, mother application - per quadrant  D1350 Space maintainer - fixed - bilateral, mother application - per quadrant  D1350 Space maintainer - removable, unilateral - per quadrant  D1350 Space maintainer - removable - bilateral, mandibular  D1351 Re-cement or re-bond bilateral space maintainer - mandibular  D1351 Re-cement or re-bond bilateral space maintainer - mandibular  D1353 Re-cement or re-bond bilateral space maintainer - per quadrant  D1350 Re-cement or re-bond bilateral space maintainer - per quadrant  D1350 Re-cement or re-bond bilateral space maintainer - per quadrant  D1351 Re-cement or re-bond bilateral space maintainer - per quadrant  D1352 Re-cement or re-bond bilateral space maintainer - per quadrant  D1353 Re-cement or re-bond bilateral space maintainer - per quadrant  D1354 Re-cement or re-bond bilateral space maintainer - per quadrant  D1355 Removal of fixed bilateral space maintainer - maxillary  D1356 Removal of fixed bilateral space maintainer - maxillary  D1357 D1351 Re-cement or re-bond bilateral space maintai			Pediatric	Adult	Clarification/	Clarification/
D1352 Preventive restin restoration in a moderate to high caries risk patient permanent tooth  D1353 Sealant repair - per tooth  D1353 Sealant repair - per tooth  D1354 Interim caries arresting medicament application - per tooth  D1355 Caries preventive medicament application - per tooth  D1356 Space maintainer - fixed - bilateral, maxillary  D1357 Space maintainer - fixed - bilateral - per quadrant to maxillary  D1358 Space maintainer - removable - bilateral - per quadrant to space maintainer - removable - bilateral, maxillary  D1359 Space maintainer - removable - bilateral, maxillary  D1350 Space maintainer - removable - bilateral, maxillary  D1350 Space maintainer - removable - bilateral, maxillary  D1350 Space maintainer - removable - bilateral, maxillary  D1351 Space maintainer - removable - bilateral, maxillary  D1352 Space maintainer - removable - bilateral, maxillary  D1353 Space maintainer - removable - bilateral, maxillary  D1354 Space maintainer - removable - bilateral, maxillary  D1355 Space maintainer - removable - bilateral, maxillary  D1356 Space maintainer - removable - bilateral, maxillary  D1357 Space maintainer - removable - bilateral, maxillary  D1358 Space maintainer - removable - bilateral, maxillary  D1359 Space maintainer - removable - bilateral, maxillary  D1350 Space maintainer - removable - bilateral, maxillary  D1351 Space maintainer - removable - bilateral, maxillary  D1352 Space maintainer - removable - bilateral, maxillary  D1353 Space maintainer - removable - bilateral, maxillary  D1354 Space maintainer - removable - bilateral, maxillary  D1355 Space maintainer - removable - bilateral, maxillary  D1356 Space maintainer - removable - bilateral, maxillary  D1357 Space maintainer - removable - bilateral, maxillary  D1358 Removal of fixed bilateral space maintainer - removable - bilateral, maxillary  D1359 Space maintainer - removable - bilateral, maxillary  D1350 Space maintainer - removable - bilateral, maxillary  D1351 Space maintainer - removable - bilateral, maxillary  D1352 Spa						
moderate to high caries risk patient- permanent tooth    Covered   Permanent first and second molars without restorations or a decay and third permanent molars that occupy the second molars without restorations or a decay and third permanent molars that occupy the second molars position position   Sealant repair - per tooth						Adult Enrollees
permanent tooth    permanent tooth   permanent first and second molars without restorations or decay and third permanent molars that occupy the second molar position   The original Contract Dentist or decay and third permanent molars that occupy the second molar position   The original Contract Dentist or decay and third permanent molars that occupy the second molar position   The original Contract Dentist or denti office is responsible for any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or any repair or replacement during the 36-month period   The original Contract Dentist or dential office who placed appliance   The original Contract Dentist or dential office who placed appliance   The original Contract Dentist or dential office who placed appliance   The original Contract Dentist or dential office who placed appliance   The original Contract Dentist or dential office who placed appliance   The original Contract Dentist or dential office who placed appliance   The original Contract Dentist or dential office who placed appliance   The original Contract Dentist or dential office who placed appliance   The origin	D1352		No charge			
D1353 Sealant repair - per tooth No charge		_		Covered	-	
Description		permanent tooth				
that occupy the second molar position						
Distal Sealant repair - per tooth   No charge   Not   Covered   Covered   Assessment   Assessm						
D1353 Sealant repair - per tooth  No charge  No charge  Interim caries arresting medicament application - per tooth  D1354 Interim caries arresting medicament application - per tooth  D1355 Caries preventive medicament application - per tooth  D1356 Caries preventive medicament application - per tooth  D1357 Caries preventive medicament application - per tooth  D1358 Caries preventive medicament application - per tooth  D1359 Caries preventive medicament application - per tooth  D1350 Space maintainer - fixed, unilateral - per quadrant  D1351 Space maintainer - fixed - bilateral, maxillary  D1352 Space maintainer - fixed - bilateral, maxillary  D1353 Space maintainer - removable - bilateral, maxillary  D1354 Interim caries arresting medicament application - per tooth  D1355 Caries preventive medicament application - per tooth  D1356 Space maintainer - fixed, unilateral - per quadrant  D1356 Space maintainer - fixed - bilateral, maxillary  D1357 Space maintainer - removable, unilateral - per quadrant  D1358 Space maintainer - removable - bilateral, maxillary  D1359 Space maintainer - removable - bilateral, maxillary  D1351 Re-cement or re-bond bilateral space maintainer - maxillary  D1352 Space maintainer - per quadrant  D1353 Space maintainer - per quadrant  D1354 Interim caries arresting medicament application - per tooth  No charge  D1356 Re-cement or re-bond bilateral space maintainer - per quadrant  D1357 Re-cement or re-bond bilateral space maintainer - per quadrant  D1356 Removal of fixed bilateral space maintainer - per quadrant  D1356 Removal of fixed bilateral space maintainer - per quadrant  D1357 Space maintainer - per quadrant  D1358 Removal of fixed bilateral space maintainer - per quadrant  D1359 Removal of fixed bilateral space maintainer - per quadrant  D1350 Removal of fixed bilateral space maintainer - per quadrant  D1350 Removal of fixed bilateral space maintainer - per quadrant  D1350 Removal of fixed bilateral space maintainer - per quadrant  D1350 Removal of fixed bilateral space maintaine						
D1354 Interim caries arresting medicament application - per tooth  D1354 Interim caries arresting medicament application - per tooth  D1355 Interim caries arresting medicament application - per tooth  D1356 Interim caries arresting medicament application - per tooth  D1357 Interim caries arresting medicament application - per tooth  D1358 Interim caries arresting medicament application - per tooth  D1359 Interim caries arresting medicament application - per tooth  D1350 Interim caries arresting medicament application - per tooth  D1350 Interim caries arresting medicament application - per tooth  D1350 Interim caries arresting medicament application - per tooth  D1350 Interim caries arresting medicament application - per tooth  D1351 Interim caries arresting medicament application - per tooth  D1352 Interiol - per tooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"  D1351 Interiol - per quadrant  D1352 Interiol - per quadrant  D1353 Interiol - per tooth  D1354 Interim caries arresting medicament application - per tooth  D1355 Interiol - per tooth  D1356 Interiol - per tooth  D1357 Interiol - per quadrant  D1358 Interiol - per quadrant  D1359 Interiol - per quadrant  D1350 Interiol - per quadrant  D1350 Interiol - per quadrant  D1351 Interiol - per quadrant  D1352 Interiol - per quadrant  D1353 Interiol - per quadrant  D1354 Interiol - per quadrant  D1355 Interiol - per quadrant  D1356 Interiol - per quadrant  D1357 Interiol - per quadrant  D1358 Interiol - per quadrant  D1359 Interiol - per quadrant  D1350 Interiol - per quadrant  D1351 Interiol - per quadrant  D1352 Interiol - per quadrant  D1353 Interiol - per quadrant  D1354 Interiol - per quadrant  D1355 Interiol - per quadrant  D1356 Interiol - per quadrant  D1357 Interiol - per quadrant  D1358 Interiol - per quadrant  D1359 Interiol - per quadrant  D1350 Interiol - per quadrant  D1350 Interiol - per quadrant  D1351 Interiol - per quadrant  D1352 Interiol - per quadrant  D1353 Interiol - per quadran					•	
Interim caries arresting medicament application - per tooth   Port ooth per 6 months when application - per tooth   Port ooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"   I per tooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"   I per tooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"   I per tooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"   I per quadrant posterior teeth   I per quadrant; posterior t	D1353	Sealant repair - per tooth	No charge	Not	The original Contract Dentist or	
Interim caries arresting medicament application - per tooth   No charge application - per tooth				Covered	dental office is responsible for any	
Interim caries arresting medicament application - per tooth per 6 months when application - per tooth application - per toot					repair or replacement during the	
application - per tooth  application - per tooth  D1355  Caries preventive medicament application - per tooth  application - per tooth  D1355  Caries preventive medicament application - per tooth  D1510  D1510  D1510  D1510  D1510  D1510  D1511  D1510  D1511  D1510  D1511  D1510  D1511  D1510  D1511  D1511  D1511  D1511  D1512  D1512  D1512  D1513  D1513  D1514  D1514  D1515  D1515  D1515  D1515  D1515  D1516  D1516  D1516  D1516  D1517  D1517  D1517  D1517  D1517  D1518  D1518  D1518  D1518  D1518  D1518  D1518  D1519  D1519  D1519  D1519  D1519  D1519  D1510  D					36-month period	
assessment and documentation, with a finding of "high risk" and documentation, with a plication - per tooth application - per quadrant - per qua	D1354	Interim caries arresting medicament	No charge	No charge	1 per tooth per 6 months when	1 per tooth per 6 months
D1355 Caries preventive medicament application - per tooth application - per tooth		application - per tooth			Enrollee has a caries risk	when Enrollee has a
D1355 Caries preventive medicament application - per tooth					assessment and documentation,	caries risk assessment
D1355 Caries preventive medicament application - per tooth					with a finding of "high risk"	and documentation, with
D1510 D1510 Space maintainer - fixed, unilateral per quadrant maxillary D1510 Space maintainer - fixed - bilateral, maxillary D1510 Space maintainer - removable unilateral per duadrant maxillary D1511 Space maintainer - removable bilateral, maxillary D1512 Space maintainer - removable bilateral, maxillary D1513 Space maintainer - removable unilateral, maxillary D1514 Space maintainer - removable unilateral, maxillary D1515 Re-cement or re-bond bilateral space maintainer - removable maintainer - removable of maintainer - removable bilateral, maxillary D1510 Space maintainer - removable bilateral, maxillary Space maintainer - removable Space Maintainer - maxillary Space Maintainer - per quadrant Space Maintainer - maxillary Space Maintainer - maxillar						
application - per tooth  by a caries risk assessment and documentation, with a finding of "high risk"  D1510 Space maintainer - fixed, unilateral per quadrant  D1516 Space maintainer - fixed - bilateral, maxillary  D1517 Space maintainer - fixed - bilateral, mandibular  D1520 Space maintainer - removable, unilateral - per quadrant  D1520 Space maintainer - removable - bilateral, maxillary  D1527 Space maintainer - removable - bilateral, maxillary  D1528 Re-cement or re-bond bilateral space maintainer - maxillary  D1529 Re-cement or re-bond bilateral space maintainer - mandibular  D1550 Removal of fixed unilateral space maintainer - per quadrant  D1551 Removal of fixed bilateral space maintainer - maxillary  D1552 Removal of fixed bilateral space maintainer - maxillary  D1553 Removal of fixed bilateral space maintainer - maxillary  D1554 Removal of fixed bilateral space maintainer - maxillary  D1555 Removal of fixed bilateral space maintainer - maxillary  D1556 Removal of fixed bilateral space maintainer - maxillary  D1557 D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1559 D1550 D1551 Removal of fixed bilateral space maintainer - maxillary  D1550 D1551 Removal of fixed bilateral space maintainer - maxillary  D1550 D1551 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 D1551 Removal of fixed bilateral space maintainer - maxillary  D1550 D1551 S151 Shoe space maintainer - fixed, unilateral - fixed, unilateral - fixed, unilateral - per quadrant  D1550 D1551 S151 Shoe space maintainer - fixed, unilateral - per quadrant  D1550 D1551 D	D1355	Caries preventive medicament	No charge	Not	1 per tooth per 6 months when	, , , ,
assessment and documentation, with a finding of "high risk"  Discorption of the per quadrant per					•	
With a finding of "high risk"					assessment and documentation.	
Display   Space maintainer - fixed, unilateral per quadrant   No charge maintainer - fixed - bilateral, maxillary   No charge unilateral - per quadrant   No charge per quadrant   No charge unilateral - per quadrant   No charge per quadrant   No charge unilateral - per quadrant   No charge per					-	
D1516 Space maintainer - fixed - bilateral, maxillary D1517 Space maintainer - fixed - bilateral, mandibular D1528 Space maintainer - removable, unilateral - per quadrant D1529 Space maintainer - removable - bilateral, maxillary D1520 Space maintainer - removable - bilateral, maxillary D1521 Space maintainer - removable - bilateral, maxillary D1522 Space maintainer - removable - bilateral, maxillary D1523 Space maintainer - removable - bilateral, maxillary D1524 Space maintainer - removable - bilateral, mandibular D1555 Re-cement or re-bond bilateral space maintainer - maxillary D1551 Re-cement or re-bond unilateral space maintainer - per quadrant D1551 Re-cement or re-bond unilateral space maintainer - per quadrant D1551 Removal of fixed bilateral space maintainer - per quadrant D1551 Removal of fixed bilateral space maintainer - maxillary D1552 Removal of fixed bilateral space maintainer - maxillary D1553 Removal of fixed bilateral space maintainer - maxillary D1554 Removal of fixed bilateral space maintainer - maxillary D1555 Removal of fixed bilateral space maintainer - maxillary D1556 Removal of fixed bilateral space maintainer - maxillary D1557 Space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1559 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1551 Space maintainer - fixed, unilateral - per quadrant D1552 Space maintainer - fixed, unilateral - per quadrant D1553 Space maintainer - fixed, unilateral - per quadrant D1554 Space maintainer - fixed, unilateral - per quadrant D1555 Space maintainer - fixed, unilateral - per quadrant D1564 Space maintainer - fixed, unilateral - per quadrant D1565 Space maintainer - fixed, unilateral - per quadrant D1566 Space maintainer - fixed, unilateral - per quadrant D1567 Space maintainer - fixed, unilateral - per quadrant D1567 Space maintainer - fixed, unilateral - per quadrant D1567 Space maintainer - fixed bilateral - fixed, unilateral - per quadrant D1567 Space ma	D1510	Space maintainer - fixed, unilateral -	No charge	Not		
D1516 Space maintainer - fixed - bilateral, mandibular D1520 Space maintainer - removable, unilateral - per quadrant D1521 Space maintainer - removable - bilateral, mandibular D1522 Space maintainer - removable - bilateral, mandibular D1523 Space maintainer - removable - bilateral, maxillary D1524 Space maintainer - removable - bilateral, maxillary D1525 Space maintainer - removable - bilateral, maxillary D1526 Re-cement or re-bond bilateral space maintainer - mandibular D1551 Re-cement or re-bond unilateral space maintainer - per quadrant D1552 Re-cement or re-bond unilateral space maintainer - per quadrant D1553 Re-cement or re-bond unilateral space maintainer - per quadrant D1554 Removal of fixed unilateral space maintainer - per quadrant D1555 Removal of fixed bilateral space maintainer - maxillary D1556 Removal of fixed bilateral space maintainer - maxillary D1557 Distal shoe space maintainer - fixed, unilateral - per quadrant D1558 Distal shoe space maintainer - fixed, unilateral - per quadrant D1559 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant - fixed bilateral space unilateral - per quadrant - fixed bilateral space placed appliance D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant - fixed bilateral space placed appliance	D1310		ito charge		1 per quadrant, posterior teeth	
maxillary  D1517 Space maintainer - fixed - bilateral, mandibular  D1520 Space maintainer - removable, unilateral - per quadrant  D1526 Space maintainer - removable - bilateral, maxillary  D1527 Space maintainer - removable - bilateral, maxillary  D1528 Re-cement or re-bond bilateral space maintainer - maxillary  D1551 Re-cement or re-bond bilateral space maintainer - maxillary  D1552 Re-cement or re-bond unilateral space maintainer - per quadrant  D1553 Re-cement or re-bond unilateral space maintainer - per quadrant  D1554 Re-cement or re-bond bilateral space maintainer - per quadrant  D1555 Re-cement or re-bond bilateral space maintainer - per quadrant  D1556 Re-cement or re-bond unilateral space maintainer - per quadrant  D1557 Removal of fixed bilateral space maintainer - per quadrant  D1558 Removal of fixed bilateral space maintainer - maxillary  D1559 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1550 Removal of fixed bilateral space maintainer - maxillary  D1551 Removal of fixed bilateral space maintainer - maxillary  D1552 Removal of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1554 Removal of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1555 D1555 D1556 Removal of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1556 D1575 D158 Removal of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1576 D1577 D1578 D1	D1516		No charge		1 ner arch: nosterior teeth	
Distail   Space maintainer - fixed - bilateral, mandibular   No charge unilateral - per quadrant   No charge unilateral - per quadrant   No charge bilateral, maxillary   No charge unilateral - per quadrant   No charge bilateral, maxillary   No charge unilateral - removable - bilateral, mandibular   No charge bilateral, maxillary   No charge unilateral, mandibular   No charge unilateral, mandibular   No charge unilateral, mandibular   No charge unilateral, mandibular   No charge unilateral - per quadrant or re-bond bilateral space unintainer - maxillary   No charge unilateral - per quadrant   No charge unintainer - maxillary   No charge unintainer - per quadrant   No charge unintainer - maxillary	D1310		110 charge		1 per aren, posterior teetir	
mandibular  D1520 Space maintainer - removable, unilateral - per quadrant  D1526 Space maintainer - removable - bilateral, maxillary  D1527 Space maintainer - removable - bilateral, mandibular  D1528 Re-cement or re-bond bilateral space maintainer - mandibular  D1551 Re-cement or re-bond unilateral space maintainer - per quadrant  D1552 Re-cement or re-bond unilateral space maintainer - per quadrant  D1553 Re-cement or re-bond bilateral space maintainer - per quadrant  D1554 Re-cement or re-bond bilateral space maintainer - per quadrant  D1555 Re-cement or re-bond unilateral space maintainer - per quadrant  D1556 Removal of fixed unilateral space maintainer - per quadrant  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1559 Semoval of fixed bilateral space maintainer - maxillary  D1550 Semoval of fixed bilateral space maintainer - maxillary  D1550 Semoval of fixed bilateral space maintainer - maxillary  D1557 Semoval of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1559 Semoval of fixed bilateral space maintainer - maxillary  D1550 Semoval of fixed bilateral space maintainer - maxillary  D1557 Semoval of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1558 Removal of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1557 Semoval of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1557 Semoval of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1558 Semoval of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1559 Semoval of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1579 Semoval of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1570 Semoval of fixed bilateral space maintainer - fixed, unilateral - per quadrant  D1570 Semoval of fixed bilateral space maintai	D1517		No charge		1 ner arch: nosterior teeth	
D1520 Space maintainer - removable, unilateral - per quadrant D1526 Space maintainer - removable - bilateral, maxillary D1527 Space maintainer - removable - bilateral, mandibular D1528 Re-cement or re-bond bilateral space maintainer - mandibular D1551 Re-cement or re-bond bilateral space maintainer - mandibular D1552 Re-cement or re-bond bilateral space maintainer - mandibular D1553 Re-cement or re-bond unilateral space maintainer - per quadrant D1554 Removal of fixed bilateral space maintainer - maxillary D1555 Removal of fixed bilateral space maintainer - maxillary D1556 Removal of fixed bilateral space maintainer - maxillary D1557 D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1559 D1550 D1550 D1550 D1551 D1550 D1551 D1550 D1	D1317	•	No charge		I per aren, posterior teetir	
unilateral - per quadrant D1526 Space maintainer - removable - bilateral, maxillary D1527 Space maintainer - removable - bilateral, mandibular D1551 Re-cement or re-bond bilateral space maintainer - mandibular D1552 Re-cement or re-bond unilateral Space maintainer - per quadrant D1553 Re-cement or re-bond unilateral Space maintainer - per quadrant D1556 Removal of fixed bilateral space maintainer - maxillary D1557 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1559 Removal of fixed bilateral space maintainer - maxillary D1550 Removal of fixed bilateral space maintainer - per quadrant D1550 Removal of fixed bilateral space maintainer - maxillary D1557 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - maxillary D1559 D1550 D1551	D1520	Space maintainer - removable,	No charge	Not	1 per quadrant; posterior teeth	
bilateral, maxillary D1527 Space maintainer - removable - bilateral, mandibular D1551 Re-cement or re-bond bilateral space maintainer - maxillary D1552 Re-cement or re-bond bilateral space maintainer - mandibular D1553 Re-cement or re-bond bilateral space maintainer - per quadrant D1554 Removal of fixed bilateral space maintainer - maxillary D1555 Removal of fixed bilateral space maintainer - mandibular D1556 Removal of fixed bilateral space maintainer - maxillary D1557 D1558 Removal of fixed bilateral space maintainer - per quadrant D1558 Removal of fixed bilateral space maintainer - per quadrant D1558 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - mandibular D1558 Removal of fixed bilateral space maintainer - mandibular D1558 Removal of fixed bilateral space maintainer - mandibular D1558 D1558 Removal of fixed bilateral space maintainer - fixed, unilateral - per quadrant D1559 D1550 D1551 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1550 D1551 D1551 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1550 D1551 D1551 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1550 D1551 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1552 D1553 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1553 D1554 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1555 S151 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1555 S151 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1555 S151 S151 S151 Shoe space maintainer - fixed, unilateral - per quadrant D1556 S151 S151 S151 S151 S151 S151 S151				Covered		
D1551 Re-cement or re-bond bilateral space maintainer - per quadrant D1551 Re-cement or re-bond bilateral space maintainer - mandibular D1552 Re-cement or re-bond bilateral space maintainer - mandibular D1553 Re-cement or re-bond bilateral space maintainer - mandibular D1554 Re-cement or re-bond bilateral space maintainer - mandibular D1555 Re-cement or re-bond unilateral space maintainer - per quadrant D1556 Removal of fixed unilateral space maintainer - mandibular D1557 Removal of fixed bilateral space maintainer - mandibular D1558 Removal of fixed bilateral space maintainer - mandibular D1558 Removal of fixed bilateral space maintainer - mandibular D1558 Removal of fixed bilateral space maintainer - mandibular D1559 D1550 D1551 Stal shoe space maintainer - fixed, unilateral - per quadrant D1550 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant D1550 D1551 Space maintainer - fixed, unilateral - per quadrant D1550 D1551 Space maintainer - fixed, unilateral - per quadrant D1550 D1551 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1550 Space maintainer - fixed, unilateral - per quadrant D1551 Space maintainer - fixed, unilateral - per quadrant D1552 Space maintainer - fixed, unilateral - per quadrant D1553 Space maintainer - fixed, unilateral - per quadrant D1554 Space maintainer - fixed, unilateral - per quadrant D1555 Space maintainer - fixed, unilateral - per quadrant D1556 Space maintainer - fixed, unilateral - per quadrant D1560 Space maintainer - fixed, unilateral - per quadrant D1575 Space maintainer - fixed, unilateral - per quad	D1526	Space maintainer - removable -	No charge	Not	1 per arch, through age 17;	
bilateral, mandibular  D1551 Re-cement or re-bond bilateral space maintainer - maxillary  D1552 Re-cement or re-bond bilateral space maintainer - mandibular  D1553 Re-cement or re-bond bilateral space maintainer - mandibular  D1554 Re-cement or re-bond unilateral space maintainer - per quadrant  D1555 Removal of fixed unilateral space maintainer - per quadrant  D1556 Removal of fixed bilateral space maintainer - mandibular  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - mandibular  D1558 Removal of fixed bilateral space maintainer - mandibular  D1558 Removal of fixed bilateral space maintainer - mandibular  D1558 Removal of fixed bilateral space maintainer - mandibular  D1559 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1550 Distal shoe space maint		bilateral, maxillary		Covered	posterior teeth	
No charge maintainer - maxillary   No charge maintainer - mandibular   No charge maintainer - per quadrant   No charge maintainer - maxillary   No charge maintainer - maxillary   No charge maintainer - mandibular   No charge mainta	D1527	Space maintainer - removable -	No charge	Not	1 per arch, through age 17;	
maintainer - maxillary  D1552 Re-cement or re-bond bilateral space maintainer - mandibular  D1553 Re-cement or re-bond unilateral space maintainer - per quadrant  D1554 Removal of fixed unilateral space maintainer - maxillary  D1555 Removal of fixed bilateral space maintainer - maxillary  D1556 Removal of fixed bilateral space maintainer - maxillary  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - mandibular  D1559 D1550 D1551 D1551 S1550		bilateral, mandibular		Covered	posterior teeth	
Re-cement or re-bond bilateral space maintainer - mandibular  Re-cement or re-bond unilateral space maintainer - per quadrant  No charge space maintainer - maxillary  No charge space maintainer - mandibular  No charge space maintainer - fixed, unilateral - per quadrant  No charge space maintainer - fixed, unilateral - per quadrant  No charge space maintainer - fixed, unilateral - per quadrant  No charge space space maintainer - fixed, unilateral - per quadrant  No charge space space space maintainer - fixed, unilateral - per quadrant  No charge space	D1551	Re-cement or re-bond bilateral space	No charge	Not	1 per Contract Dentist, per	
maintainer - mandibular  D1553 Re-cement or re-bond unilateral space maintainer - per quadrant  D1556 Removal of fixed unilateral space maintainer - per quadrant  D1556 Removal of fixed bilateral space maintainer - maxillary  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1559 D1550 D1551 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant  D1550 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant  D1550 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant  D1552 C1553 Space maintainer - fixed, unilateral - per quadrant  D1553 C255 Space maintainer - fixed, unilateral - per quadrant  D1554 Space maintainer - fixed, unilateral - per quadrant  D1555 Space maintainer - fixed, unilateral - per quadrant  D1556 Space maintainer - fixed, unilateral - per quadrant  D1557 Space maintainer - fixed, unilateral - per quadrant  D1558 Space maintainer - fixed, unilateral - per quadrant  D1559 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - per quadrant  D		maintainer - maxillary		Covered	quadrant or arch, through age 17	
maintainer - mandibular  D1553 Re-cement or re-bond unilateral space maintainer - per quadrant  D1556 Removal of fixed unilateral space maintainer - per quadrant  D1556 Removal of fixed bilateral space maintainer - maxillary  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - maxillary  D1559 D1550 D1551 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant  D1550 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant  D1550 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant  D1552 C1553 Space maintainer - fixed, unilateral - per quadrant  D1553 C255 Space maintainer - fixed, unilateral - per quadrant  D1554 Space maintainer - fixed, unilateral - per quadrant  D1555 Space maintainer - fixed, unilateral - per quadrant  D1556 Space maintainer - fixed, unilateral - per quadrant  D1557 Space maintainer - fixed, unilateral - per quadrant  D1558 Space maintainer - fixed, unilateral - per quadrant  D1559 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - per quadrant  D	D1552	Re-cement or re-bond bilateral space	No charge	Not	1 per Contract Dentist, per	
space maintainer - per quadrant  D1556 Removal of fixed unilateral space maintainer - per quadrant  D1556 Removal of fixed unilateral space maintainer - per quadrant  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - mandibular  D1558 D1558 D1558 D1558 D1558 D1558 D1558 D1555 D1558 D1555 D1558 D1555 D1556		-		Covered	quadrant or arch, through age 17	
space maintainer - per quadrant  D1556 Removal of fixed unilateral space maintainer - per quadrant  D1556 Removal of fixed bilateral space maintainer - maxillary  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - mandibular  D1559 D1550 D1551 D1551 Space maintainer - fixed, unilateral - per quadrant  D1550 D1551 Space maintainer - fixed, unilateral - per quadrant  D1551 C1551 Space maintainer - fixed, unilateral - per quadrant  D1552 C255 Space maintainer - fixed, unilateral - per quadrant  D1553 Space maintainer - per quadrant  D1554 Space maintainer - fixed, unilateral - per quadrant  D1555 Space maintainer - fixed, unilateral - per quadrant  D1556 Space maintainer - fixed, unilateral - per quadrant  D1557 Space maintainer - per quadrant  D1558 Space maintainer - fixed, unilateral - per quadrant  D1559 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - per quadrant  D1550 Space maintainer - fixed, unilateral - per quadrant  D1550 Space maintainer - per quadrant  D1550 Space main	D1553	Re-cement or re-bond unilateral	No charge	Not	1 per Contract Dentist, per	
D1556 Removal of fixed unilateral space maintainer - per quadrant  D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - mandibular  D1558 D1558 D1558 D1558 D1558 D1558 D1558 PD D1559 P					-	
maintainer - per quadrant  Covered  Dentist or dental office who placed appliance  No charge maintainer - maxillary  D1558  Removal of fixed bilateral space maintainer - mandibular  D1558  D1	D1556		No charge			
D1557 Removal of fixed bilateral space maintainer - maxillary D1558 Removal of fixed bilateral space maintainer - mandibular D1575 Distal shoe space maintainer - fixed, unilateral - per quadrant D1575 Possible		-			,	
D1557 Removal of fixed bilateral space maintainer - maxillary  D1558 Removal of fixed bilateral space maintainer - mandibular  D1558 D1558 D1558 D1558 D1558 D1558 D1559						
maintainer - maxillary  Dentist or dental office who placed appliance  No charge maintainer - mandibular  Distal shoe space maintainer - fixed, unilateral - per quadrant  Covered Dentist or dental office who placed appliance  No charge Not Dentist or dental office who placed appliance  No charge Not Dentist or dental office who placed appliance  No charge Not Dentist or dental office who placed appliance  Dentist or dental office who placed in case by Contract  Dentist or dental office who placed in case by Contract  Dentist or dental office who placed in case by Contract  Dentist or dental office who placed appliance	D1557	Removal of fixed bilateral space	No charge	Not		
D1558 Removal of fixed bilateral space Mo charge Mot Included in case by Contract Covered Dentist or dental office who placed appliance  D1575 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1575 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1576 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1577 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1578 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1579 Distal shoe space maintainer - fixed, unilateral - per quadrant  D1579 Distal shoe space maintainer - fixed, unilateral - per quadrant		•	. 0		-	
D1558 Removal of fixed bilateral space maintainer - mandibular  D1575 Distal shoe space maintainer - fixed, unilateral - per quadrant  No charge Not Included in case by Contract Dentist or dental office who placed appliance  No charge Not 1 per quadrant, age 8 and under; D1575 Covered Dentist or dental office who placed appliance  No charge Not 1 per quadrant, age 8 and under; D1576 Distal shoe space maintainer - fixed, unilateral - per quadrant		,				
maintainer - mandibular  Covered  Dentist or dental office who placed appliance  Distal shoe space maintainer - fixed, unilateral - per quadrant  Covered  Dentist or dental office who placed appliance  Not 1 per quadrant, age 8 and under; Covered posterior teeth	D1558	Removal of fixed bilateral space	No charge	Not		
placed appliance  D1575 Distal shoe space maintainer - fixed, unilateral - per quadrant	= = = = = =	-			7	
D1575 Distal shoe space maintainer - fixed,				23.2.20		
unilateral - per quadrant Covered posterior teeth	D1575	Distal shoe space maintainer - fixed	No charge	Not		
		- I	.10 5110150		_	
UZUUGUZ 777 UL DENI UDA IIVE	D2000-1	D2999 III. RESTORATIVE	<u> </u>	Sovercu	Factorial teetif	

<sup>-</sup> Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

<sup>-</sup> Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years (60+ months) old.

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D2140	Amalgam - one surface, primary or	\$25	\$25	1 per 12 months per Contract	
	permanent			Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
D21F0	Amalana tura sunfaces minerani es	ćao	¢20	permanent teeth	
D2150	Amalgam - two surfaces, primary or	\$30	\$30	1 per 12 months per Contract	
	permanent			Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
D2160	Amalgam three surfaces primary or	\$40	\$40	permanent teeth 1 per 12 months per Contract	
D2100	Amalgam - three surfaces, primary or permanent	Ş4U	Ş40	Dentist for primary teeth; 1 per 36	
	permanent			months per Contract Dentist for	
				permanent teeth	
D2161	Amalgam - four or more surfaces,	\$45	\$45	1 per 12 months per Contract	
D2101	primary or permanent	743	743	Dentist for primary teeth; 1 per 36	
	primary or permanent			months per Contract Dentist for	
				permanent teeth	
D2330	Resin-based composite - one surface,	\$30	\$30	1 per 12 months per Contract	
D2330	anterior	750	750	Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
				permanent teeth	
D2331	Resin-based composite - two	\$45	\$45	1 per 12 months per Contract	
	surfaces, anterior	7	7 .5	Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
				permanent teeth	
D2332	Resin-based composite - three	\$55	\$55	1 per 12 months per Contract	
	surfaces, anterior			Dentist for primary teeth; 1 per 36	
	·			months per Contract Dentist for	
				permanent teeth	
D2335	Resin-based composite - four or more	\$60	\$60	1 per 12 months per Contract	
	surfaces or involving incisal angle			Dentist for primary teeth; 1 per 36	
	(anterior)			months per Contract Dentist for	
				permanent teeth	
D2390	Resin-based composite crown,	\$50	\$50	1 per 12 months per Contract	
	anterior			Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
				permanent teeth	
D2391	Resin-based composite - one surface,	\$30	\$30	1 per 12 months per Contract	
	posterior			Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
		4 -	1.	permanent teeth	
D2392	Resin-based composite - two	\$40	\$40	1 per 12 months per Contract	
	surfaces, posterior			Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
Dagge	B . I I	A=-	A	permanent teeth	
D2393	Resin-based composite - three	\$50	\$50	1 per 12 months per Contract	
	surfaces, posterior			Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for	
D2204	Docin hasad same site. face and	670	670	permanent teeth	
D2394	Resin-based composite - four or more	\$70	\$70	1 per 12 months per Contract  Dentist for primary teath: 1 per 26	
	surfaces, posterior			Dentist for primary teeth; 1 per 36	
				months per Contract Dentist for permanent teeth	
D2542	Onlay - metallic - two surfaces	Not	\$185	permanent teeth	1 per 60 months
D2342	Omay - metanic - two surfaces	Covered	7103		I per ou months
		Covered	1		

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D2543	Onlay - metallic - three surfaces	Not Covered	\$200		1 per 60 months
D2544	Onlay - metallic - four or more surfaces	Not Covered	\$215		1 per 60 months
D2642	Onlay - porcelain/ceramic - two	Not	\$250		1 per 60 months
	surfaces	Covered	4		
D2643	Onlay - porcelain/ceramic - three surfaces	Not Covered	\$275		1 per 60 months
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not	\$300		1 per 60 months
D2662	Onlay - resin-based composite - two	Covered Not	\$160		1 per 60 months
D2002	surfaces	Covered	\$100		1 per ou montris
D2663	Onlay - resin-based composite - three surfaces	Not Covered	\$180		1 per 60 months
D2664	Onlay - resin-based composite - four or more surfaces	Not Covered	\$200		1 per 60 months
D2710	Crown - resin-based composite (indirect)	\$140	\$140	1 per 60 months, permanent teeth; age 13 through 18	1 per 60 months
D2712	Crown - 3/4 resin-based composite	\$190	\$200	1 per 60 months, permanent	1 per 60 months
D2720	(indirect)  Crown - resin with high noble metal	Not	\$300	teeth; age 13 through 18	1 per 60 months
		Covered		_	
D2721	Crown - resin with predominantly base metal	\$300	\$300	1 per 60 months, permanent teeth; age 13 through 18	1 per 60 months
D2722	Crown - resin with noble metal	Not Covered	\$300		1 per 60 months
D2740	Crown - porcelain/ceramic substrate	\$300	\$300	1 per 60 months, permanent teeth; age 13 through 18	1 per 60 months
D2750	Crown - porcelain fused to high noble metal	Not Covered	\$300		1 per 60 months
D2751	Crown - porcelain fused to predominantly base metal	\$300	\$300	1 per 60 months, permanent teeth; age 13 through 18	1 per 60 months
D2752	Crown - porcelain fused to noble metal	Not Covered	\$300	, ,	1 per 60 months
D2753	Crown - porcelain fused to titanium and titanium alloys	Not Covered	\$300		1 per 60 months
D2780	Crown - 3/4 cast high noble metal	Not	\$300		1 per 60 months
		Covered			
D2781	Crown - 3/4 cast predominantly base metal	\$300	\$300	1 per 60 months, permanent teeth; age 13 through 18	1 per 60 months
D2782	Crown - 3/4 cast noble metal	Not Covered	\$300		1 per 60 months
D2783	Crown - 3/4 porcelain/ceramic	\$310	\$310	1 per 60 months, permanent teeth; age 13 through 18	1 per 60 months
D2790	Crown - full cast high noble metal	Not Covered	\$300	teetii, age 13 tiiroagii 10	1 per 60 months
D2791	Crown - full cast predominantly base metal	\$300	\$300	1 per 60 months, permanent teeth; age 13 through 18	1 per 60 months
D2792	Crown - full cast noble metal	Not Covered	\$300	, , , , , , , , , , , , , , , , , , , ,	1 per 60 months
D2794	Crown - titanium and titanium alloys	Not Covered	\$300		1 per 60 months
D2910	Re-cement or re-bond inlay, onlay,	\$25	\$25	1 per 12 months per Contract	
	veneer or partial coverage restoration			Dentist	

		Dadiatria	0 4.14	Clarification /	Clawification /
		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D2915	Re-cement or re-bond indirectly	\$25	\$25		
	fabricated or prefabricated post and				
2222	core	40-	44-		
D2920	Re-cement or re-bond crown	\$25	\$15	Recementation during the 12	
				months after initial placement is	
				included; no additional charge to	
				the Enrollee or plan is permitted.	
				The listed fee applies for service	
				provided by a Contract Dentist	
				other than the original treating	
				Contract Dentist/dental office.	
D2921	Reattachment of tooth fragment,	\$45	\$45	1 per 12 months	Anterior tooth; 1 per 24
	incisal edge or cusp				months
D2928	Prefabricated porcelain/ceramic	\$120	Not	1 per 36 months	
	crown - permanent tooth		Covered		
D2929	Prefabricated porcelain/ceramic	\$95	Not	1 per 12 months	
	crown - primary tooth		Covered		
D2930	Prefabricated stainless steel crown -	\$65	Not	1 per 12 months	
	primary tooth		Covered		
D2931	Prefabricated stainless steel crown -	\$75	\$75	1 per 36 months	
	permanent tooth				
D2932	Prefabricated resin crown	\$75	Not	1 per 12 months for primary teeth;	
			Covered	1 per 36 months for permanent	
				teeth	
D2933	Prefabricated stainless steel crown	\$80	Not	1 per 12 months for primary teeth;	
	with resin window		Covered	1 per 36 months for permanent	
				teeth	
D2940	Protective restoration	\$25	\$20	1 per 6 months per Contract	
				Dentist	
D2941	Interim therapeutic restoration -	\$30	Not	1 per tooth per 6 months per	
	primary dentition		Covered	Contract Dentist	
D2949	Restorative foundation for an indirect	\$45	Not		
	restoration		Covered		
D2950	Core buildup, including any pins when	\$20	\$20		
	required				
D2951	Pin retention - per tooth, in addition	\$25	\$20	1 per tooth regardless of the	
	to restoration			number of pins placed; permanent	
				teeth	
D2952	Post and core in addition to crown,	\$100	\$60	Base metal post; 1 per tooth; a	Base metal post; includes
	indirectly fabricated			Benefit only in conjunction with	canal preparation
				covered crowns on root canal	
				treated permanent teeth	
D2953	Each additional indirectly fabricated	\$30	\$30	Performed in conjunction with	
	post - same tooth			D2952	
D2954	Prefabricated post and core in	\$90	\$60	1 per tooth; a Benefit only in	Includes canal
	addition to crown			conjunction with covered crowns	preparation
				on root canal treated permanent	
				teeth	
1	1		1	1	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D2955	Post removal	\$60	Not Covered	Included in case fee by Contract Dentist or dental office who performed endodontic and restorative procedures. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.	
D2957	Each additional prefabricated post - same tooth	\$35	\$35	Performed in conjunction with D2954	
D2971	Additional procedures to customize a	\$35	Not	Included in the fee for laboratory	
	crown to fit under an existing partial denture framework	·	Covered	processed crowns. The listed fee applies for service provided by a Contract Dentist other than the original treating Dentist/dental office.	
D2980	Crown repair necessitated by restorative material failure	\$50	\$50	Repair during the 12 months following initial placement or previous repair is included, no additional charge to the Enrollee or plan is permitted by the original treating Contract Dentist/dental office.	
D2999	Unspecified restorative procedure, by report	\$40	\$40	Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.	Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.
D3000-D	3999 IV. ENDODONTICS	I.	1	1	
D3110	Pulp cap - direct (excluding final restoration)	\$20	\$20		
D3120	Pulp cap - indirect (excluding final restoration)	\$25	\$25		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40	Not Covered	1 per primary tooth	
D3221	Pulpal debridement, primary and permanent teeth	\$40	\$50	1 per tooth	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D3222	Partial pulpotomy for apexogenesis -	\$60	Not	1 per permanent tooth	
	permanent tooth with incomplete		Covered		
D3230	root development Pulpal therapy (resorbable filling) -	\$55	Not	1 nor tooth	
D3230	anterior, primary tooth (excluding	Ş <b>ə</b> ə	Covered	1 per tooth	
	final restoration)		Covered		
D3240	Pulpal therapy (resorbable filling) -	\$55	Not	1 per tooth	
	posterior, primary tooth (excluding		Covered		
	final restoration)				
D3310	Endodontic therapy, anterior tooth	\$195	\$200	Root canal	Root canal
	(excluding final restoration)				
D3320	Endodontic therapy, bicuspid tooth	\$235	\$235	Root canal	Root canal
	(excluding final restoration)				
D3330	Endodontic therapy, molar tooth	\$300	\$300	Root canal	Root canal
D2224	(excluding final restoration)	<b>650</b>	ć.co		
D3331	Treatment of root canal obstruction; non-surgical access	\$50	\$50		
D3332	Incomplete endodontic therapy;	Not	\$85		
23332	inoperable, unrestorable or fractured	Covered	γos		
	tooth				
D3333	Internal root repair of perforation	\$80	\$80		
	defects				
D3346	Retreatment of previous root canal	\$240	\$245	Retreatment during the 12	
	therapy - anterior			months following initial treatment	
				is included at no charge to the	
				Enrollee or plan. The listed fee	
				applies for service provided by a	
				Contract Dentist other than the	
				original treating Contract	
D3347	Retreatment of previous root canal	\$295	\$295	Dentist/dental office. Retreatment during the 12	
D3347	therapy - bicuspid	Ş295	\$295	months following initial treatment	
	therapy - bicuspiu			is included at no charge to the	
				Enrollee or plan. The listed fee	
				applies for service provided by a	
				Contract Dentist other than the	
				original treating Contract	
				Dentist/dental office.	
D3348	Retreatment of previous root canal	\$365	\$365	Retreatment during the 12	
	therapy - molar			months following initial treatment	
				is included at no charge to the	
				Enrollee or plan. The listed fee	
				applies for service provided by a	
				Contract Dentist other than the	
				original treating Contract Dentist/dental office.	
D3351	Apexification/recalcification - initial	\$85	Not	1 per permanent tooth	
23331	visit (apical closure/calcific repair of	703	Covered	_ per permanent tooth	
	perforations, root resorption, etc.)		55.0.00		
D3352	Apexification/recalcification - interim	\$45	Not	1 per permanent tooth	
	medication replacement		Covered		
D3410	Apicoectomy - anterior	\$240	\$240	1 per 24 months by the same	
				Contract Dentist or dental office;	
				permanent teeth only	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D3421	Apicoectomy - bicuspid (first root)	\$250	\$250	1 per 24 months by the same	
				Contract Dentist or dental office;	
				permanent teeth only	
D3425	Apicoectomy - molar (first root)	\$275	\$275	1 per 24 months by the same	
				Contract Dentist or dental office;	
20126		4440	4440	permanent teeth only	
D3426	Apicoectomy (each additional root)	\$110	\$110	1 per 24 months by the same	
				Contract Dentist or dental office; permanent teeth only; a benefit	
				for 3rd molar if it occupies the 1st	
				or 2nd molar position or is an	
				abutment for an existing fixed	
				partial denture or removable	
				partial denture with cast clasps or	
				rests.	
D3430	Retrograde filling - per root	\$90	\$90		
D3450	Root amputation - per root	Not	\$110		
		Covered	4		
D3471	Surgical repair of root resorption -	\$160	\$160	1 per 24 months by the same	
D2472	anterior	¢160	¢160	Contract Dentist or dental office	
D3472	Surgical repair of root resorption - premolar	\$160	\$160	1 per 24 months by the same Contract Dentist or dental office	
D3473	Surgical repair of root resorption -	\$160	\$160	1 per 24 months by the same	
55475	molar	7100	7100	Contract Dentist or dental office	
D3910	Surgical procedure for isolation of	\$30	Not		
	tooth with rubber dam		Covered		
D3920	Hemisection (including any root	Not	\$120		
	removal), not including root canal	Covered			
	therapy	4	4		
D3999	Unspecified endodontic procedure,	\$100	\$100	Shall be used: for a procedure	Shall be used: for a
	by report			which is not adequately described	procedure which is not
				by a CDT code; or for a procedure that has a CDT code that is not a	adequately described by a CDT code; or for a
				Benefit but the patient has an	procedure that has a CDT
				exceptional medical condition to	code that is not a Benefit
				justify the medical necessity.	but the patient has an
				Documentation shall include the	exceptional medical
				specific conditions addressed by	condition to justify the
				the procedure, the rationale	medical necessity.
				demonstrating medical necessity,	Documentation shall
				any pertinent history and the	include the specific
				actual treatment.	conditions addressed by
					the procedure, the
					rationale demonstrating medical necessity, any
					pertinent history and the
					actual treatment.
D4000-E	D4999 V. PERIODONTICS	1	1	ı	
	es pre-operative and post-operative eva	luations and	treatment u	nder a local anesthetic.	
D4210	Gingivectomy or gingivoplasty - four	\$150	\$150	1 per quadrant per 36 months,	
	or more contiguous teeth or tooth			age 13+	
	bounded spaces per quadrant	4 -	4 -		
D4211	Gingivectomy or gingivoplasty - one	\$50	\$50	1 per quadrant per 36 months,	
	to three contiguous teeth or tooth bounded spaces per quadrant			age 13+	
	bounded spaces per quadrant			1	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Not Covered	\$135		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Not Covered	\$70		
D4249	Clinical crown lengthening - hard tissue	\$165	\$200		
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$265	\$265	1 per quadrant per 36 months, age 13+	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$140	\$140	1 per quadrant per 36 months, age 13+	
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Not Covered	\$105		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Not Covered	\$75		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$80	Not Covered		
D4266	Guided tissue regeneration - resorbable barrier, per site	Not Covered	\$145		
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Not Covered	\$175		
D4270	Pedicle soft tissue graft procedure	Not Covered	\$155		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Not Covered	\$220		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Not Covered	\$190		1 per quadrant per 36 months
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not Covered	\$185		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$55	\$55	1 per quadrant per 24 months; age 13+	4 quadrants per 12 consecutive months
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$30	\$25	1 per quadrant per 24 months; age 13+	4 quadrants per 12 consecutive months
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$40	\$40	Cleaning; 1 of (D1110, D1120, D4346) per 6 months	Cleaning; limited to 2 of (D1110, D4346) per 12 months

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D4355	Full mouth debridement to enable	\$40	\$40	1 treatment per 12 consecutive	1 treatment per 12
	comprehensive evaluation and diagnosis			months	consecutive months
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10	\$10		
D4910	Periodontal maintenance	\$30	\$30	1 per 3 months; service must be within the 24 months following the last scaling and root planing	2 treatments per 12 months
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$15	Not Covered	1 per Contract Dentist; age 13+	
D4999	Unspecified periodontal procedure, by report  5899 VI. PROSTHODONTICS (removable	\$350	\$350	Enrollees age 13+. Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.	Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.

# D5000-D5899 VI. PROSTHODONTICS (removable)

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years (60+ months) old.							
D5110	Complete denture - maxillary	\$300	\$400	1 per 60 months	1 per 60 months		
D5120	Complete denture - mandibular	\$300	\$400	1 per 60 months	1 per 60 months		
D5130	Immediate denture - maxillary	\$300	\$400	1 per lifetime; subsequent complete dentures (D5110, D5120) are not a Benefit within 60 months.	1 per 60 months		
D5140	Immediate denture - mandibular	\$300	\$400	1 per lifetime; subsequent complete dentures (D5110, D5120) are not a Benefit within 60 months.	1 per 60 months		
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	\$300	\$325	1 per 60 months	1 per 60 months		
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	\$300	\$325	1 per 60 months	1 per 60 months		

<sup>-</sup> For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

		Pediatric Enrollee	Adult Enrollee	Clarification/ Limitations for	Clarification/ Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$335	\$375	1 per 60 months	1 per 60 months
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$335	\$375	1 per 60 months	1 per 60 months
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$275	\$300	1 per 60 months	1 per 60 months
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$275	\$300	1 per 60 months	1 per 60 months
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$330	\$370	1 per 60 months	1 per 60 months
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$330	\$370	1 per 60 months	1 per 60 months
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Not Covered	\$375		1 per 60 months
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Not Covered	\$375		1 per 60 months
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375		1 per 60 months
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375		1 per 60 months
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Not Covered	\$250		1 per 60 months
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Not Covered	\$250		1 per 60 months
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	Not Covered	\$250		1 per 60 months
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	Not Covered	\$250		1 per 60 months

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D5410	Adjust complete denture - maxillary	\$20	\$20	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months	
D5411	Adjust complete denture - mandibular	\$20	\$20	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months	
D5421	Adjust partial denture - maxillary	\$20	\$20	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months	
D5422	Adjust partial denture - mandibular	\$20	\$20	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months	
D5511	Repair broken complete denture base, mandibular	\$40	\$30	1 per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months	
D5512	Repair broken complete denture base, maxillary	\$40	\$30	1 per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months	
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40	\$30	Up to 4 per arch per date of service after the initial 6 months; up to 2 per arch per 12 months per Contract Dentist	
D5611	Repair resin denture base, mandibular	\$40	\$30	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months	
D5612	Repair resin denture base, maxillary	\$40	\$30	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months	
D5621	Repair cast framework, mandibular	\$40	\$35	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months	
D5622	Repair cast framework, maxillary	\$40	\$35	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months	
D5630	Repair or replace broken retentive clasping materials - per tooth	\$50	\$30	3 per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist	
D5640	Replace broken teeth - per tooth	\$35	\$30	4 per arch per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist	
D5650	Add tooth to existing partial denture	\$35	\$35	Up to 3 per date of service per Contract Dentist; 1 per tooth after the initial 6 months	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D5660	Add clasp to existing partial denture -	\$60	\$45	3 per date of service after the	Addit Lillollees
	per tooth	, , ,	<b>V</b> 13	initial 6 months; 2 per arch per 12 months per Contract Dentist	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not Covered	\$195	months per contract bentist	
D5671	Replace all teeth and acrylic on cast	Not	\$195		
	metal framework (mandibular)	Covered	7 = 0 0		
D5710	Rebase complete maxillary denture	Not Covered	\$155		1 per 12 months
D5711	Rebase complete mandibular denture	Not Covered	\$155		1 per 12 months
D5720	Rebase maxillary partial denture	Not	\$150		1 per 12 months
		Covered			
D5721	Rebase mandibular partial denture	Not	\$150		1 per 12 months
		Covered			
D5730	Reline complete maxillary denture (direct)	\$60	\$80	Included for the first 6 months after placement by the Contract Dentist or dental office where the appliance was originally delivered; 1 per 12 month period after the initial 6 months	1 per 12 months
D5731	Reline complete mandibular denture (direct)	\$60	\$80	1 per 12 month period after the initial 6 months	1 per 12 months
D5740	Reline maxillary partial denture (direct)	\$60	\$75	1 per 12 month period after the initial 6 months	1 per 12 months
D5741	Reline mandibular partial denture (direct)	\$60	\$75	1 per 12 month period after the initial 6 months	1 per 12 months
D5750	Reline complete maxillary denture (indirect)	\$90	\$120	1 per 12 month period after the initial 6 months	1 per 12 months
D5751	Reline complete mandibular denture (indirect)	\$90	\$120	1 per 12 month period after the initial 6 months	1 per 12 months
D5760	Reline maxillary partial denture (indirect)	\$80	\$110	1 per 12 month period after the initial 6 months	1 per 12 months
D5761	Reline mandibular partial denture (indirect)	\$80	\$110	1 per 12 month period after the initial 6 months	1 per 12 months
D5850	Tissue conditioning, maxillary	\$30	\$35	2 per prosthesis per 36 months after the initial 6 months	1 per 12 months
D5851	Tissue conditioning, mandibular	\$30	\$35	2 per prosthesis per 36 months after the initial 6 months	1 per 12 months
D5862	Precision attachment, by report	\$90	Not Covered	Included in the fee for prosthetic and restorative procedures by the Contract Dentist or dental office where the service was originally delivered. The listed fee applies for service provided by a dentist other than the original treating Contract Dentist or dental office.	
D5863	Overdenture - complete maxillary	\$300	Not Covered	1 per 60 months	
D5864	Overdenture - partial maxillary	\$300	Not Covered	1 per 60 months	
D5865	Overdenture - complete mandibular	\$300	Not Covered	1 per 60 months	
D5866	Overdenture - partial mandibular	\$300	Not Covered	1 per 60 months	

		Enrollee	Enrollee	Limitations for	Limitations for
Cada	Description				
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D5899	Unspecified removable prosthodontic	\$350	\$400	Shall be used: for a procedure	Shall be used: for a
	procedure, by report			which is not adequately described	procedure which is not
				by a CDT code; or for a procedure	adequately described by
				that has a CDT code that is not a	a CDT code; or for a
				Benefit but the Enrollee has an	procedure that has a CDT
				exceptional medical condition to	code that is not a Benefit
				justify the medical necessity.	but the Enrollee has an
				Documentation shall include the	exceptional medical
				specific conditions addressed by	condition to justify the
				the procedure, the rationale	medical necessity.
				demonstrating medical necessity,	Documentation shall
				any pertinent history and the	include the specific
				actual treatment.	conditions addressed by
					the procedure, the
					rationale demonstrating
					medical necessity, any
					pertinent history and the
					actual treatment.
D5900-D	5999 VII. MAXILLOFACIAL PROSTHETICS	5			
- All max	illofacial prosthetic procedures require	prior Author	ization.		
D5911	Facial moulage (sectional)	\$285	Not		
			Covered		
D5912	Facial moulage (complete)	\$350	Not		
			Covered		
D5913	Nasal prosthesis	\$350	Not		
			Covered		
D5914	Auricular prosthesis	\$350	Not		
			Covered		
D5915	Orbital prosthesis	\$350	Not		
			Covered		
D5916	Ocular prosthesis	\$350	Not		
	·		Covered		
D5919	Facial prosthesis	\$350	Not		
	·		Covered		
D5922	Nasal septal prosthesis	\$350	Not		
			Covered		
D5923	Ocular prosthesis, interim	\$350	Not		
	·		Covered		
D5924	Cranial prosthesis	\$350	Not		
	·		Covered		
D5925	Facial augmentation implant	\$200	Not		
	prosthesis		Covered		
D5926	Nasal prosthesis, replacement	\$200	Not		
	, ,		Covered		
D5927	Auricular prosthesis, replacement	\$200	Not		
20027	Transcalar prostricts, replacement	7_00	Covered		
D5928	Orbital prosthesis, replacement	\$200	Not		
		7_00	Covered		
D5929	Facial prosthesis, replacement	\$200	Not		
55525	rada. prostresis, replacement	7200	Covered		
D5931	Obturator prosthesis, surgical	\$350	Not		
23331	over ator prostriction, surgicul	<b>4330</b>	Covered		
D5932	Obturator prosthesis, definitive	\$350	Not		
55552	Obtained production, definitive	7330	Covered		
	I	<u> </u>	COVERCE	I.	

Pediatric

Adult

Clarification/

Clarification/

Code   Description   Pays			Pediatric	Adult	Clarification/	Clarification/
D5933 Obturator prosthesis, modification D5934 Mandibular resection prosthesis with guide flange D5935 Mandibular resection prosthesis with covered D5936 Montbular resection prosthesis with covered D5936 Montbular resection prosthesis D5936 Detail of flange D5936 Detail of flange D5936 Detail of flange D5936 Obturator prosthesis, interim D5937 Trismus appliance (not for TMD S85 Not Covered D5937 Trismus appliance (not for TMD Covered D5951 Feeding aid D5952 Speech aid prosthesis, pediatric D5953 Speech aid prosthesis, adult D5954 Palatal augmentation prosthesis D5955 Speech aid prosthesis, adult D5956 Palatal lift prosthesis, definitive D5957 Palatal lift prosthesis, definitive D5958 Palatal lift prosthesis, interim D5959 Palatal lift prosthesis, interim D5950 Speech aid prosthesis, modification D5950 Speech aid prosthesis, modification D5950 Speech aid prosthesis, modification D5950 Palatal lift prosthesis, modification D5960 Speech aid prosthesis, modification D5981 Radiation carrier D5982 Surgical stent D5983 Radiation carrier D5984 Radiation carrier D5985 Speech aid prosthesis D555 Not Covered D5986 Fluoride gel carrier D5987 Covered D5988 Surgical splint D5988 Surgical splint D5989 Vesiculobullous disease medicament carrier D5980 Urspecified maxillofacial prosthesis, by report D5999 Uspecified maxillofacial prosthesis, by report D5991 Uspecified maxillofacial prosthesis, D550 Not Covered D5999 Uspecified maxillofacial prosthesis, D550 Not D550			Enrollee	Enrollee	Limitations for	Limitations for
D5934   Mandibular resection prosthesis with guide flange   D5935   Mandibular resection prosthesis with guide flange   D5936   Obturator prosthesis, interim   S350   Not   Covered   D5936   Obturator prosthesis, interim   S350   Not   Covered   D5937   Trismus appliance (not for TMD   S85   Not   Treatment)   Covered   D5951   Feeding aid   S135   Not   Covered   D5952   Speech aid prosthesis, pediatric   S350   Not   Covered   D5953   Speech aid prosthesis, adult   S350   Not   Covered   D5954   Palatal augmentation prosthesis   S135   Not   Covered   D5955   Palatal lift prosthesis, definitive   S350   Not   Covered   D5958   Palatal lift prosthesis, interim   S350   Not   Covered   D5959   Palatal lift prosthesis, modification   S145   Not   Covered   D5959   Palatal lift prosthesis, modification   S145   Not   Covered   D5950   Speech aid prosthesis, modification   S145   Not   Covered   D5960   Speech aid prosthesis, modification   S145   Not   Covered   D5982   Surgical stent   S70   Not   Covered   D5988   Radiation carrier   S55   Not   Covered   D5988   Radiation shield   S85   Not   Covered   D5988   Radiation cone locator   S135   Not   Covered   D5988   Radiation cone locator   S135   Not   Covered   D5988   Surgical splint   S85   Not   Covered   D5989   Uspical splint   S85   Not   Covered   D5980   Uspical splint   S85   D50   D500   D5000   D5000   D5000   D5000   D5000   D5000   D5000   D5000	Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D5934 Mandibular resection prosthesis with guide flange D5935 Mandibular resection prosthesis Without guide flange D5936 Obturator prosthesis, interim D5937 Trismus appliance (not for TMD treatment) D5937 Trismus appliance (not for TMD treatment) D5938 Teeding aid D594 Pelatal guide flange D595 Speech aid prosthesis, pediatric D595 Speech aid prosthesis, pediatric D595 Speech aid prosthesis, adult D595 Speech aid prosthesis, adult D595 Palatal lift prosthesis, definitive D595 Palatal lift prosthesis, interim D595 Palatal lift prosthesis, interim D595 Palatal lift prosthesis, modification D595 Palatal lift prosthesis, modification D596 Speech aid prosthesis, modification D596 Speech aid prosthesis, modification D596 Speech aid prosthesis, modification D597 Palatal lift prosthesis, modification D598 Surgical stent D598 Surgical stent D598 Radiation carrier D598 Radiation carrier D598 Radiation carrier D598 Radiation cone locator D598 Radiation cone locator D598 Radiation cone locator D598 Surgical splint D599 Vesiculobullous disease medicament carrier D599 Unspecified maxillofacial prosthesis, by report	D5933	Obturator prosthesis, modification	\$150	Not	2 per 12 months	
D5935   Mandibular resection prosthesis   S350   Not   Covered				Covered		
Degas	D5934	-	\$350	Not		
without guide flange D5936 Obturator prosthesis, interim D5937 Trismus appliance (not for TMD treatment) D5951 Feeding aid D5951 Feeding aid D5952 Speech aid prosthesis, pediatric D5953 Speech aid prosthesis, adult D5954 Palatal augmentation prosthesis D5955 Speech aid prosthesis, adult D5956 Palatal lift prosthesis, definitive D5957 Palatal lift prosthesis, definitive D5958 Palatal lift prosthesis, interim D5959 Palatal lift prosthesis, modification D5959 Palatal lift prosthesis, modification D5959 Palatal lift prosthesis, modification D5950 Speech aid prosthesis, modification D5951 Palatal lift prosthesis, modification D5952 Surgical stent D5953 Speech aid prosthesis, modification D5954 Palatal lift prosthesis, modification D5955 Palatal lift prosthesis, modification D5960 Speech aid prosthesis, Not Covered D5960 Speech aid prosth		<u> </u>				
DS936   Obturator prosthesis, interim   S350   Not   Covered	D5935	•	\$350	Not		
Covered						
D5937   Trismus appliance (not for TMD treatment)   Treatment   Treatment)   Treatment	D5936	Obturator prosthesis, interim	\$350			
treatment) D5951 Feeding aid D5952 Speech aid prosthesis, pediatric D5953 Speech aid prosthesis, adult D5954 Palatal augmentation prosthesis D5955 Palatal lift prosthesis, definitive D5956 Palatal lift prosthesis, interim D5957 Palatal lift prosthesis, interim D5958 Palatal lift prosthesis, interim D5959 Palatal lift prosthesis, modification D5959 Palatal lift prosthesis, modification D5950 Speech aid prosthesis, modification D5960 Speech aid prosthesis, Not Covered D5981 Radiation carrier D5982 Surgical stent D5983 Radiation carrier S555 Not Covered D5984 Radiation shield S85 Not Covered D5985 Radiation cone locator S135 Not Covered D5986 Fluoride gel carrier S35 Not Covered D5987 Commissure splint S85 Not Covered D5988 Surgical splint S85 Not Covered D5999 Vesiculobullous disease medicament carrier Unspecified maxillofacial prosthesis, by report						
D5951   Feeding aid   S135   Not   Covered	D5937		\$85			
D5952 Speech aid prosthesis, pediatric  D5953 Speech aid prosthesis, adult  D5954 Palatal augmentation prosthesis  D5955 Palatal lift prosthesis, definitive  D5956 Palatal lift prosthesis, interim  D5957 Palatal lift prosthesis, interim  D5958 Palatal lift prosthesis, interim  D5959 Palatal lift prosthesis, modification  D5959 Palatal lift prosthesis, modification  D5959 Palatal lift prosthesis, modification  D5960 Speech aid prosthesis, modification  D5960 Speech aid prosthesis, modification  D5982 Surgical stent  D5983 Radiation carrier  D5984 Radiation shield  D5985 Radiation shield  D5986 Fluoride gel carrier  D5987 Commissure splint  D5987 Commissure splint  D5988 Surgical splint  D5999 Urspecified maxillofacial prosthesis, by report  D5999 Urspecified maxillofacial prosthesis, by report  D5990 Urspecified maxillofacial prosthesis, by report  D5900 Inspecified medical ecessity.	DE054	·	6425			
D5952   Speech aid prosthesis, pediatric   S350   Not   Covered	D5951	Feeding aid	\$135			
Covered   D5953   Speech aid prosthesis, adult   S350   Not   Covered	DEOES	Speech aid prosthesis padiatria	¢2F0			
D5953   Speech aid prosthesis, adult   S350   Not Covered	D5952	speech aid prostnesis, pediatric	\$350			
Covered	DE0E3	Speech aid prosthosis adult	¢2E0			
D5954   Palatal augmentation prosthesis   \$135   Not Covered	טפטט	speech aid prostriesis, addit	3330			
Covered	D595/I	Palatal augmentation prosthesis	\$135			
D5955   Palatal lift prosthesis, definitive   \$350   Not Covered	03334	r diatar augmentation prostriesis	7133			
D5958   Palatal lift prosthesis, interim   \$350   Not   Covered	D5955	Palatal lift prosthesis definitive	\$350			
D5958   Palatal lift prosthesis, interim   S350   Not Covered	23333	r diatar inte prosenesis, derimetre	<b>γ</b> 550			
D5959   Palatal lift prosthesis, modification   S145   Not   Covered	D5958	Palatal lift prosthesis, interim	\$350			
D5959   Palatal lift prosthesis, modification   S145   Not Covered			,	Covered		
D5960   Speech aid prosthesis, modification   S145   Not   Covered	D5959	Palatal lift prosthesis, modification	\$145		2 per 12 months	
D5982 Surgical stent \$70 Not Covered D5983 Radiation carrier \$55 Not Covered D5984 Radiation shield \$85 Not Covered D5985 Radiation cone locator \$135 Not Covered D5986 Fluoride gel carrier \$35 Not Covered D5987 Commissure splint \$85 Not Covered D5988 Surgical splint \$95 Not Covered D5999 Vesiculobullous disease medicament carrier D5999 Unspecified maxillofacial prosthesis, by report  D5999 Unspecified maxillofacial prosthesis, by report  D5990 Unspecified maxillofacial prosthesis, by report  D5991 Vesiculobullous disease medicament covered Covered Covered Covered D5999 Unspecified maxillofacial prosthesis, by report		·			,	
D5982 Surgical stent \$70 Not Covered  D5983 Radiation carrier \$55 Not Covered  D5984 Radiation shield \$85 Not Covered  D5985 Radiation cone locator \$135 Not Covered  D5986 Fluoride gel carrier \$35 Not Covered  D5987 Commissure splint \$85 Not Covered  D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier \$70 Not Covered  D5999 Unspecified maxillofacial prosthesis, by report \$350 Not Covered Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D5960	Speech aid prosthesis, modification	\$145	Not	2 per 12 months	
Covered				Covered	·	
D5984 Radiation shield \$85 Not Covered  D5985 Radiation cone locator \$135 Not Covered  D5986 Fluoride gel carrier \$35 Not Covered  D5987 Commissure splint \$85 Not Covered  D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier S70 Not Covered  D5999 Unspecified maxillofacial prosthesis, by report S70 Not Covered Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D5982	Surgical stent	\$70	Not		
Covered				Covered		
D5984 Radiation shield \$85 Not Covered  D5985 Radiation cone locator \$135 Not Covered  D5986 Fluoride gel carrier \$35 Not Covered  D5987 Commissure splint \$85 Not Covered  D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier \$70 Not Covered  D5999 Unspecified maxillofacial prosthesis, by report \$350 Not Covered Which is not a dequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D5983	Radiation carrier	\$55	Not		
Covered						
D5985 Radiation cone locator \$135 Not Covered  D5986 Fluoride gel carrier \$35 Not Covered  D5987 Commissure splint \$85 Not Covered  D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier  D5999 Unspecified maxillofacial prosthesis, by report  D5990 Vesiculobullous disease medicament carrier  D5990 Unspecified maxillofacial prosthesis, by report  D5991 Vesiculobullous disease medicament carrier  D5990 Unspecified maxillofacial prosthesis, by report	D5984	Radiation shield	\$85			
D5986 Fluoride gel carrier \$35 Not Covered  D5987 Commissure splint \$85 Not Covered  D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier \$70 Not Covered  D5999 Unspecified maxillofacial prosthesis, by report \$350 Not Covered \$450 Proceed Proceed Procedure \$450 Procedure						
D5986 Fluoride gel carrier \$35 Not Covered  D5987 Commissure splint \$85 Not Covered  D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier \$70 Not Covered  D5999 Unspecified maxillofacial prosthesis, by report \$350 Not Covered \$350 Not	D5985	Radiation cone locator	\$135			
D5987 Commissure splint \$85 Not Covered D5988 Surgical splint \$95 Not Covered D5991 Vesiculobullous disease medicament carrier Covered D5999 Unspecified maxillofacial prosthesis, by report \$350 Not Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.			4			
D5987 Commissure splint \$85 Not Covered  D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier  D5999 Unspecified maxillofacial prosthesis, by report  S350 Not Covered  Covered Which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D5986	Fluoride gel carrier	\$35			
D5988 Surgical splint \$95 Not Covered  D5991 Vesiculobullous disease medicament carrier Covered  D5999 Unspecified maxillofacial prosthesis, by report \$350 Not Covered Which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D5007		ćor			
D598 Surgical splint  \$95	D5987	Commissure splint	\$85			
D5991 Vesiculobullous disease medicament carrier S70 Not Covered D5999 Unspecified maxillofacial prosthesis, by report Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	DEOOO	Surgical calint	ĆOE			
D5991 Vesiculobullous disease medicament carrier  D5999 Unspecified maxillofacial prosthesis, by report  Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D3966	Surgical Spilit	393			
carrier  D5999 Unspecified maxillofacial prosthesis, by report  Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D5001	Vesiculabullous disease medicament	\$70			
D5999 Unspecified maxillofacial prosthesis, by report  Not Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	03331		٧,٠			
by report  Covered  which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.	D5999		\$350		Shall he used: for a procedure	
by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.		·	Ţ O O O		= -	
that has a CDT code that is not a  Benefit but the Enrollee has an  exceptional medical condition to justify the medical necessity.		Sy repert		0070.00		
Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity.						
exceptional medical condition to justify the medical necessity.						
justify the medical necessity.					=	
Documentation shall include the					Documentation shall include the	
specific conditions addressed by					specific conditions addressed by	
the procedure, the rationale					the procedure, the rationale	
demonstrating medical necessity,					demonstrating medical necessity,	
any pertinent history and the					7	
actual treatment.					actual treatment.	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
	D6199 VIII. IMPLANT SERVICES				
	efit only under exceptional medical cond		1		В.
D6010	Surgical placement of implant body:	\$350	Not	A Benefit only under exceptional	
5.011	endosteal implant	40.50	Covered	medical conditions	
D6011	Surgical access to an implant body	\$350	Not	A Benefit only under exceptional	
DC043	(second stage implant surgery)	6250	Covered	medical conditions	
D6013	Surgical placement of mini implant	\$350	Not	A Benefit only under exceptional medical conditions	
D6040	Surgical placement: eposteal implant	\$350	Covered Not	A Benefit only under exceptional	
D6040	Surgical placement, eposteal implant	\$55U	Covered	medical conditions	
D6050	Surgical placement: transosteal	\$350	Not	A Benefit only under exceptional	
D0030	implant	7550	Covered	medical conditions	
D6055	Connecting bar - implant supported	\$350	Not	A Benefit only under exceptional	
	or abutment supported	7000	Covered	medical conditions	
D6056	Prefabricated abutment - includes	\$135	Not	A Benefit only under exceptional	
	modification and placement		Covered	medical conditions	
D6057	Custom fabricated abutment -	\$180	Not	A Benefit only under exceptional	
	includes placement		Covered	medical conditions	
D6058	Abutment supported	\$320	Not	A Benefit only under exceptional	
	porcelain/ceramic crown		Covered	medical conditions	
D6059	Abutment supported porcelain fused	\$315	Not	A Benefit only under exceptional	
	to metal crown (high noble metal)		Covered	medical conditions	
D6060	Abutment supported porcelain fused	\$295	Not	A Benefit only under exceptional	
	to metal crown (predominantly base		Covered	medical conditions	
	metal)				
D6061	Abutment supported porcelain fused	\$300	Not	A Benefit only under exceptional	
D.CO.CO	to metal crown (noble metal)	4045	Covered	medical conditions	
D6062	Abutment supported cast metal	\$315	Not	A Benefit only under exceptional	
D6063	crown (high noble metal)	\$300	Covered Not	medical conditions	
D6063	Abutment supported cast metal crown (predominantly base metal)	\$300	Covered	A Benefit only under exceptional medical conditions	
D6064	Abutment supported cast metal	\$315	Not	A Benefit only under exceptional	
D0004	crown (noble metal)	7313	Covered	medical conditions	
D6065	Implant supported porcelain/ceramic	\$340	Not	A Benefit only under exceptional	
20003	crown	7540	Covered	medical conditions	
D6066	Implant supported crown - porcelain	\$335	Not	A Benefit only under exceptional	
2000	fused to high noble alloys	7555	Covered	medical conditions	
D6067	Implant supported crown - high noble	\$340	Not	A Benefit only under exceptional	
	alloys	,	Covered	medical conditions	
D6068	Abutment supported retainer for	\$320	Not	A Benefit only under exceptional	
	porcelain/ceramic FPD		Covered	medical conditions	
D6069	Abutment supported retainer for	\$315	Not	A Benefit only under exceptional	
	porcelain fused to metal FPD (high		Covered	medical conditions	
	noble metal)				
D6070	Abutment supported retainer for	\$290	Not	A Benefit only under exceptional	
	porcelain fused to metal FPD		Covered	medical conditions	
	(predominantly base metal)				
D6071	Abutment supported retainer for	\$300	Not	A Benefit only under exceptional	
	porcelain fused to metal FPD (noble		Covered	medical conditions	
D.C.C.	metal)	45:-		1.0	
D6072	Abutment supported retainer for cast	\$315	Not	A Benefit only under exceptional	
DC072	metal FPD (high noble metal)	¢200	Covered	medical conditions	
D6073	Abutment supported retainer for cast	\$290	Not	A Benefit only under exceptional	
	metal FPD (predominantly base		Covered	medical conditions	
	metal)				

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D6074	Abutment supported retainer for cast	\$320	Not	A Benefit only under exceptional	
	metal FPD (noble metal)		Covered	medical conditions	
D6075	Implant supported retainer for	\$335	Not	A Benefit only under exceptional	
	ceramic FPD		Covered	medical conditions	
D6076	Implant supported retainer for FPD -	\$330	Not	A Benefit only under exceptional	
	porcelain fused to high noble alloys		Covered	medical conditions	
D6077	Implant supported retainer for metal	\$350	Not	A Benefit only under exceptional	
	FPD - high noble alloys		Covered	medical conditions	
D6080	Implant maintenance procedures	\$30	Not	A Benefit only under exceptional	
	when prostheses are removed and		Covered	medical conditions	
	reinserted, including cleansing of				
	prostheses and abutments	4			
D6081	Scaling and debridement in the	\$30	Not	A Benefit only under exceptional	
	presence of inflammation or		Covered	medical conditions	
	mucositis of a single implant,				
	including cleaning of the implant				
	surfaces, without flap entry and closure				
D6082	Implant supported crown - porcelain	\$335	Not	A Benefit only under exceptional	
D0002	fused to predominantly base alloys	2333	Covered	medical conditions.	
D6083	Implant supported crown - porcelain	\$335	Not	A Benefit only under exceptional	
D0003	fused to noble alloys	7555	Covered	medical conditions	
D6084	Implant supported crown - porcelain	\$335	Not	A Benefit only under exceptional	
D0004	fused to titanium and titanium alloys	7555	Covered	medical conditions	
D6085	Provisional implant crown	\$300	Not	A Benefit only under exceptional	
		7000	Covered	medical conditions	
D6086	Implant supported crown -	\$340	Not	A Benefit only under exceptional	
	predominantly base alloys		Covered	medical conditions	
D6087	Implant supported crown - noble	\$340	Not	A Benefit only under exceptional	
	alloys		Covered	medical conditions	
D6088	Implant supported crown - titanium	\$340	Not	A Benefit only under exceptional	
	and titanium alloys		Covered	medical conditions	
D6090	Repair implant supported prosthesis,	\$65	Not	A Benefit only under exceptional	
	by report	4	Covered	medical conditions	
D6091	Replacement of replaceable part of	\$40	Not	A Benefit only under exceptional	
	semi-precision or precision		Covered	medical conditions	
	attachment (male or female				
	component) of implant/abutment				
D6092	supported prosthesis, per attachment Re-cement or re-bond	\$25	Not	A Benefit only under exceptional	
DUUSZ	implant/abutment supported crown	<i>\$</i> 25	Covered	medical conditions	
D6093	Re-cement or re-bond	\$35	Not	A Benefit only under exceptional	
D0033	implant/abutment supported fixed	755	Covered	medical conditions	
	partial denture		covered	medical conditions	
D6094	Abutment supported crown -	\$295	Not	A Benefit only under exceptional	
1 .	titanium and titanium alloys	,	Covered	medical conditions	
D6095	Repair implant abutment, by report	\$65	Not	A Benefit only under exceptional	
	, , ,		Covered	medical conditions	
D6096	Remove broken implant retaining	\$60	Not	A Benefit only under exceptional	
	screw		Covered	medical conditions	
D6097	Abutment supported crown -	\$315	Not	A Benefit only under exceptional	
	porcelain fused to titanium and		Covered	medical conditions	
	titanium alloys				

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D6098	Implant supported retainer -	\$330	Not	A Benefit only under exceptional	
	porcelain fused to predominantly		Covered	medical conditions	
	base alloys				
D6099	Implant supported retainer for FPD -	\$330	Not	A Benefit only under exceptional	
	porcelain fused to noble alloys		Covered	medical conditions	
D6100	Surgical removal of implant body	\$110	Not	A Benefit only under exceptional	
			Covered	medical conditions	
D6110	Implant/abutment supported	\$350	Not	A Benefit only under exceptional	
	removable denture for edentulous		Covered	medical conditions	
	arch - maxillary				
D6111	Implant/abutment supported	\$350	Not	A Benefit only under exceptional	
	removable denture for edentulous		Covered	medical conditions	
	arch - mandibular				
D6112	Implant/abutment supported	\$350	Not	A Benefit only under exceptional	
	removable denture for partially		Covered	medical conditions	
	edentulous arch - maxillary				
D6113	Implant/abutment supported	\$350	Not	A Benefit only under exceptional	
	removable denture for partially		Covered	medical conditions	
	edentulous arch - mandibular				
D6114	Implant/abutment supported fixed	\$350	Not	A Benefit only under exceptional	
	denture for edentulous arch -		Covered	medical conditions	
	maxillary				
D6115	Implant/abutment supported fixed	\$350	Not	A Benefit only under exceptional	
	denture for edentulous arch -		Covered	medical conditions	
	mandibular				
D6116	Implant/abutment supported fixed	\$350	Not	A Benefit only under exceptional	
	denture for partially edentulous arch		Covered	medical conditions	
	- maxillary				
D6117	Implant/abutment supported fixed	\$350	Not	A Benefit only under exceptional	
	denture for partially edentulous arch		Covered	medical conditions	
	- mandibular	4			
D6120	Implant supported retainer -	\$330	Not	A Benefit only under exceptional	
	porcelain fused to titanium and		Covered	medical conditions	
20121	titanium alloys	4050			
D6121	Implant supported retainer for metal	\$350	Not	A Benefit only under exceptional	
DC122	FPD - predominantly base alloys	ĆZEO	Covered	medical conditions	
D6122	Implant supported retainer for metal	\$350	Not	A Benefit only under exceptional	
D6122	FPD - noble alloys	¢2F0	Covered	medical conditions	
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	\$350	Not	A Benefit only under exceptional medical conditions	
D6190	,	\$75	Covered Not	A Benefit only under exceptional	
D0190	Radiographic/surgical implant index, by report	\$/5	Covered	medical conditions	
D6191	Semi-precision abutment - placement	\$350	Not	A Benefit only under exceptional	
DOTAT	Semi-precision abutilient - placement	<b>γ330</b>	Covered	medical conditions	
D6192	Semi-precision attachment -	\$350	Not	A Benefit only under exceptional	
D0132	placement	, , , , , , , , , , , , , , , , , , ,	Covered	medical conditions	
D6194	Abutment supported retainer crown	\$265	Not	A Benefit only under exceptional	
20134	for FPD - titanium and titanium alloys		Covered	medical conditions	
D6195	Abutment supported retainer -	\$315	Not	A Benefit only under exceptional	
	porcelain fused to titanium and	7515	Covered	medical conditions	
	titanium alloys		22.0.00		
L	1	1	1	1	

		Enrolled	Enrolles	Limitations for	Limitations for
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D6199	Unspecified implant procedure, by	\$350	Not	Implant services are a Benefit only	
	report		Covered	when exceptional medical	
				conditions are documented and	
				shall be reviewed for medical	
				necessity. Written documentation	
				shall describe the specific	
				conditions addressed by the	
				procedure, the rationale	
				demonstrating the medical	
				necessity, any pertinent history	
				and the proposed treatment.	
D6200 D	SCOOL IX DEACTHODONTICS fixed			una the proposea treatment.	
	6999 IX. PROSTHODONTICS, fixed	4 i.a. a. £ia.da		us (huidess)	
	tainer and each pontic constitutes a uni				0
-	ement of a crown, pontic, inlay, onlay or		•	tne existing briage to be 5+ years (60	
D6205	Pontic - indirect resin based	Not	\$165		1 per 60 months
	composite	Covered			
D6210	Pontic - cast high noble metal	Not	\$300		1 per 60 months
		Covered			
D6211	Pontic - cast predominantly base	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
	metal				
D6212	Pontic - cast noble metal	Not	\$300		1 per 60 months
		Covered			
D6214	Pontic - titanium and titanium alloys	Not	\$300		1 per 60 months
D0214	Torrice creaman and creaman anoys	Covered	7500		1 per do monens
D6240	Pontic - porcelain fused to high noble	Not	\$300		1 per 60 months
D0240	_		Ş300		1 per ou months
D.C.2.44	metal	Covered	<b>4200</b>	1 60 11 12	1 60 11
D6241	Pontic - porcelain fused to	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
	predominantly base metal				
D6242	Pontic - porcelain fused to noble	Not	\$300		1 per 60 months
	metal	Covered			
D6243	Pontic - porcelain fused to titanium	Not	\$300		1 per 60 months
	and titanium alloys	Covered			
D6245	Pontic - porcelain/ceramic	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
D6250	Pontic - resin with high noble metal	Not	\$300		1 per 60 months
	0	Covered			
D6251	Pontic - resin with predominantly	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
50231	base metal	7500	7500	per do monens, age 13.	1 per ou monens
DC2F2	Pontic - resin with noble metal	Not	¢200		1 nor 60 months
D6252	Pontic - resin with noble metal	Not	\$300		1 per 60 months
		Covered	4		
D6608	Retainer onlay - porcelain/ceramic,	Not	\$200		1 per 60 months
	two surfaces	Covered	_		
D6609	Retainer onlay - porcelain/ceramic,	Not	\$200		1 per 60 months
	three or more surfaces	Covered			
D6610	Retainer onlay - cast high noble	Not	\$200		1 per 60 months
	metal, two surfaces	Covered			
D6611	Retainer onlay - cast high noble	Not	\$200		1 per 60 months
	metal, three or more surfaces	Covered			
D6612	Retainer onlay - cast predominantly	Not	\$200		1 per 60 months
- 3012	base metal, two surfaces	Covered	7200		= ps. 55o.
D6613	Retainer onlay - cast predominantly	Not	\$200		1 per 60 months
סדסחם	1 - 1		۶ <u>۷</u> 00		τ μει ου ποπαις
DCC4.4	base metal, three or more surfaces	Covered	6300		1
D6614	Retainer onlay - cast noble metal, two		\$200		1 per 60 months
	surfaces	Covered			
D6615	Retainer onlay - cast noble metal,	Not	\$200		1 per 60 months
	three or more surfaces	Covered			

Pediatric

Adult

Clarification/

Clarification/

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D6710	Retainer crown - indirect resin based	Not	\$200	rediatife Efficiees	1 per 60 months
D0710	composite	Covered	<b>J200</b>		1 per ou montris
D6720	Retainer crown - resin with high	Not	\$300		1 per 60 months
D0720	noble metal		\$300		1 per 60 months
D6721	Retainer crown - resin with	Covered \$300	\$300	1 per 60 months; age 13+	1 per 60 months
00/21		\$500	\$300	1 per 60 months, age 13+	1 per 60 months
D6722	predominantly base metal  Retainer crown - resin with noble	Not	\$300		1 per 60 months
D0722	metal	Covered	3300		1 per 60 months
DC740			¢200	1 60 13:	1 man CO mantha
D6740 D6750	Retainer crown - porcelain/ceramic	\$300	\$300 \$300	1 per 60 months; age 13+	1 per 60 months
D6750	Retainer crown - porcelain fused to	Not	\$300		1 per 60 months
DC7F1	high noble metal	Covered	¢200	1 60 13:	1 man CO mantha
D6751	Retainer crown - porcelain fused to	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
D6752	predominantly base metal	Not	\$300		1 nor 60 months
D6752	Retainer crown - porcelain fused to	Not	\$300		1 per 60 months
DC752	noble metal	Covered	¢200		1
D6753	Retainer crown - porcelain fused to	Not	\$300		1 per 60 months
DC704	titanium and titanium alloys	Covered	¢200	1 60 12.	1
D6781	Retainer crown - 3/4 cast	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
D.C.7.0.2	predominantly base metal		6200		1 60 11
D6782	Retainer crown - 3/4 cast noble metal		\$300		1 per 60 months
DC702	Dataire a success 2/4	Covered	¢200	1 60 12.	1 60
D6783	Retainer crown - 3/4	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
DC704	porcelain/ceramic	6200	¢200	1 60 13:	1 man CO manths
D6784	Retainer crown - 3/4 titanium and	\$300	\$300	1 per 60 months; age 13+	1 per 60 months
D6791	titanium alloys Retainer crown - full cast	\$300	\$300	1 per 60 months; age 13+	1 nor CO months
D6/91		\$300	\$300	1 per 60 months; age 13+	1 per 60 months
D6794	predominantly base metal Retainer crown - titanium and	Not	\$300		1 nor 60 months
D0794			\$300		1 per 60 months
D6930	titanium alloys  Re-cement or re-bond fixed partial	Covered \$40	\$40	Recementation during the 12	
D0930	-	\$40	<b>340</b>	months after initial placement is	
	denture			included; no additional charge to	
				1	
				the Enrollee or plan is permitted.	
				The listed fee applies for service	
				provided by a Contract Dentist	
				other than the original treating	
DCCCC	Final position dans	605	605	Contract Dentist/dental office.	
D6980	Fixed partial denture repair	\$95	\$95		
	necessitated by restorative material				
	failure				

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D6999	Unspecified fixed prosthodontic	\$350	\$400	Shall be used: for a procedure	Shall be used: for a
	procedure, by report			which is not adequately described	procedure which is not
				by a CDT code; or for a procedure	adequately described by
				that has a CDT code that is not a	a CDT code; or for a
				Benefit but the patient has an	procedure that has a CDT
				exceptional medical condition to	code that is not a Benefit
				justify the medical necessity.	but the patient has an
				Documentation shall include the	exceptional medical
				specific conditions addressed by	condition to justify the
				the procedure, the rationale	medical necessity.
				demonstrating medical necessity,	Documentation shall
				any pertinent history and the	include the specific
				actual treatment. Not a Benefit	conditions addressed by
				within 12 months of initial	the procedure, the
				placement of a fixed partial	rationale demonstrating
				denture by the same Contract	medical necessity, any
				Dentist/office.	pertinent history and the
					actual treatment.
D7000-D	7999 X. ORAL AND MAXILLOFACIAL SUI	RGERY			

<sup>-</sup> Includes pre-operative and post-operative evaluations and treatment under a local anesthetic. Post-operative services include exams, suture removal and treatment of complications.

D7111	Extraction, coronal remnants - deciduous tooth	\$40	\$40		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$65	\$65		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$120	\$115		
D7220	Removal of impacted tooth - soft tissue	\$95	\$85		
D7230	Removal of impacted tooth - partially bony	\$145	\$145		
D7240	Removal of impacted tooth - completely bony	\$160	\$160		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$175	\$175		
D7250	Removal of residual tooth roots (cutting procedure)	\$80	\$75		
D7260	Oroantral fistula closure	\$280	Not Covered		
D7261	Primary closure of a sinus perforation	\$285	Not Covered		
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$185	\$185	1 per arch regardless of number of teeth involved; permanent anterior teeth	
D7280	Exposure of an unerupted tooth	\$220	\$220		
D7283	Placement of device to facilitate eruption of impacted tooth	\$85	\$85	For active orthodontic treatment only	

<sup>-</sup> Prior Authorization required for procedures performed by a Contract Specialist. Medical necessity must be demonstrated for procedures D7340 - D7997. Refer also to Schedule B.

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D7285	Incisional biopsy of oral tissue-hard	\$180	Not	1 per arch per date of service;	
	(bone, tooth)		Covered	regardless of number of areas	
				involved	
D7286	Incisional biopsy of oral tissue-soft	\$110	\$110	3 per date of service	
D7290	Surgical repositioning of teeth	\$185	Not	1 per arch, for permanent teeth	
			Covered	only; applies to active orthodontic	
				treatment	
D7291	Transseptal fiberotomy/supra crestal	\$80	Not	1 per arch; applies to active	
	fiberotomy, by report		Covered	orthodontic treatment	
D7310	Alveoloplasty in conjunction with	\$85	\$85		
	extractions - four or more teeth or				
	tooth spaces, per quadrant				
D7311	Alveoloplasty in conjunction with	\$50	\$50		
	extractions - one to three teeth or				
	tooth spaces, per quadrant				
D7320	Alveoloplasty not in conjunction with	\$120	\$120		
	extractions - four or more teeth or				
	tooth spaces, per quadrant				
D7321	Alveoloplasty not in conjunction with	\$65	\$65		
	extractions - one to three teeth or				
	tooth spaces, per quadrant				
D7340	Vestibuloplasty - ridge extension	\$350	Not	1 per arch per 60 months	
	(secondary epithelialization)		Covered		
D7350	Vestibuloplasty - ridge extension	\$350	Not	1 per arch	
	(including soft tissue grafts, muscle		Covered		
	reattachment, revision of soft tissue				
	attachment and management of				
	hypertrophied and hyperplastic				
	tissue)				
D7410	Excision of benign lesion up to 1.25	\$75	Not		
	cm		Covered		
D7411	Excision of benign lesion greater than	\$115	Not		
	1.25 cm	4	Covered		
D7412	Excision of benign lesion, complicated	\$175	Not		
		4	Covered		
D7413	Excision of malignant lesion up to	\$95	Not		
57444	1.25 cm	4400	Covered		
D7414	Excision of malignant lesion greater	\$120	Not		
D744F	than 1.25 cm	ĆOFF	Covered		
D7415	Excision of malignant lesion,	\$255	Not		
D7440	complicated	Ć10F	Covered		
D7440	Excision of malignant tumor - lesion	\$105	Not		
D7441	diameter up to 1.25 cm	Ć10F	Covered		
D7441	Excision of malignant tumor - lesion	\$185	Not		
D74F0	diameter greater than 1.25 cm	¢100	Covered		
D7450	Removal of benign odontogenic cyst	\$180	\$180		
	or tumor - lesion diameter up to 1.25				
D74F4	CM  Removal of benign adentagenic syst	6220	6220		
D7451	Removal of benign odontogenic cyst	\$330	\$330		
	or tumor - lesion diameter greater				
D74C0	than 1.25 cm	Ć1FF	NIOT		
D7460	Removal of benign nonodontogenic	\$155	Not		
	cyst or tumor - lesion diameter up to		Covered		
	1.25 cm	<u> </u>			

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D7461	Removal of benign nonodontogenic	\$250	Not		
	cyst or tumor - lesion diameter		Covered		
DZACE	greater than 1.25 cm	\$40	Not		
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$40	Not Covered		
D7471	Removal of lateral exostosis (maxilla	\$140	\$140	1 per quadrant	
D7471	or mandible)	7140	7140	1 per quadrant	
D7472	Removal of torus palatinus	\$145	\$140	1 per lifetime	
D7473	Removal of torus mandibularis	\$140	\$140	1 per quadrant	
D7485	Reduction of osseous tuberosity	\$105	Not	1 per quadrant	
	,		Covered	,	
D7490	Radical resection of maxilla or	\$350	Not		
	mandible		Covered		
D7510	Incision and drainage of abscess -	\$70	\$55	1 per quadrant per date of service	
	intraoral soft tissue				
D7511	Incision and drainage of abscess -	\$70	Not	1 per quadrant per date of service	
	intraoral soft tissue - complicated		Covered		
	(includes drainage of multiple fascial				
D7520	spaces) Incision and drainage of abscess -	\$70	Not		
D7320	extraoral soft tissue	3/0	Covered		
D7521	Incision and drainage of abscess -	\$80	Not		
77522	extraoral soft tissue - complicated	700	Covered		
	(includes drainage of multiple fascial				
	spaces)				
D7530	Removal of foreign body from	\$45	Not	1 per date of service	
	mucosa, skin, or subcutaneous		Covered		
	alveolar tissue				
D7540	Removal of reaction producing	\$75	Not	1 per date of service	
	foreign bodies, musculoskeletal		Covered		
D7550	system Partial ostectomy/sequestrectomy	\$125	Not	1 per quadrant per date of service	
D7330	for removal of non-vital bone	\$12J	Covered	i per quadrant per date of service	
D7560	Maxillary sinusotomy for removal of	\$235	Not		
	tooth fragment or foreign body	7-55	Covered		
D7610	Maxilla - open reduction (teeth	\$140	Not		
	immobilized, if present)		Covered		
D7620	Maxilla - closed reduction (teeth	\$250	Not		
	immobilized, if present)		Covered		
D7630	Mandible - open reduction (teeth	\$350	Not		
D7C40	immobilized, if present)	ĆZEO	Covered		
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$350	Not Covered		
D7650	Malar and/or zygomatic arch - open	\$350	Not		
D7030	reduction	7550	Covered		
D7660	Malar and/or zygomatic arch - closed	\$350	Not		
	reduction		Covered		
D7670	Alveolus - closed reduction, may	\$170	Not		
	include stabilization of teeth		Covered		
D7671	Alveolus - open reduction, may	\$230	Not		
D7666	include stabilization of teeth	6252	Covered		
D7680	Facial bones - complicated reduction	\$350	Not		
	with fixation and multiple surgical approaches		Covered		
	арргоаспез				

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D7710	Maxilla - open reduction	\$110	Not		
			Covered		
D7720	Maxilla - closed reduction	\$180	Not		
			Covered		
D7730	Mandible - open reduction	\$350	Not		
			Covered		
D7740	Mandible - closed reduction	\$290	Not		
			Covered		
D7750	Malar and/or zygomatic arch - open	\$220	Not		
	reduction		Covered		
D7760	Malar and/or zygomatic arch - closed	\$350	Not		
	reduction		Covered		
D7770	Alveolus - open reduction	\$135	Not		
	stabilization of teeth		Covered		
D7771	Alveolus, closed reduction	\$160	Not		
	stabilization of teeth		Covered		
D7780	Facial bones - complicated reduction	\$350	Not		
	with fixation and multiple approaches		Covered		
D7810	Open reduction of dislocation	\$350	Not		
			Covered		
D7820	Closed reduction of dislocation	\$80	Not		
			Covered		
D7830	Manipulation under anesthesia	\$85	Not		
			Covered		
D7840	Condylectomy	\$350	Not		
			Covered		
D7850	Surgical discectomy, with/without	\$350	Not		
	implant		Covered		
D7852	Disc repair	\$350	Not		
			Covered		
D7854	Synovectomy	\$350	Not		
			Covered		
D7856	Myotomy	\$350	Not		
			Covered		
D7858	Joint reconstruction	\$350	Not		
			Covered		
D7860	Arthrotomy	\$350	Not		
			Covered		
D7865	Arthroplasty	\$350	Not		
			Covered		
D7870	Arthrocentesis	\$90	Not		
			Covered		
D7871	Non-arthroscopic lysis and lavage	\$150	Not		
			Covered		
D7872	Arthroscopy - diagnosis, with or	\$350	Not		
	without biopsy	·	Covered		
D7873	Arthroscopy: lavage and lysis of	\$350	Not		
	adhesions		Covered		
D7874	Arthroscopy: disc repositioning and	\$350	Not		
	stabilization		Covered		
D7875	Arthroscopy: synovectomy	\$350	Not		
			Covered		
D7876	Arthroscopy: discectomy	\$350	Not		
	, ,		Covered		
<u> </u>	1	1		1	1

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D7877	Arthroscopy: debridement	\$350	Not		
		4	Covered		
D7880	Occlusal orthotic device, by report	\$120	Not		
D7881	Occlusal orthotic device adjustment	\$30	Covered Not	1 per date of service per Contract	
D/001	Occiusai ortifotic device adjustifierit	Ş3U	Covered	Dentist; 2 per 12 months per	
			Covered	Contract Dentist	
D7899	Unspecified TMD therapy, by report	\$350	Not		
			Covered		
D7910	Suture of recent small wounds up to	\$35	Not		
	5 cm		Covered		
D7911	Complicated suture - up to 5 cm	\$55	Not		
D7012	Compulsated autum a greater than 5	Ć120	Covered		
D7912	Complicated suture - greater than 5 cm	\$130	Not Covered		
D7920	Skin graft (identify defect covered,	\$120	Not		
D7320	location and type of graft)	7120	Covered		
D7922	Placement of intra-socket biological	\$80	\$80		
	dressing to aid in hemostasis or clot		-		
	stabilization, per site				
D7940	Osteoplasty - for orthognathic	\$160	Not		
	deformities		Covered		
D7941	Osteotomy - mandibular rami	\$350	Not		
D7042	Osteotomy - mandibular rami with	\$350	Covered Not		
D7943	bone graft; includes obtaining the	\$350	Covered		
	graft		Covered		
D7944	Osteotomy - segmented or subapical	\$275	Not		
	, .		Covered		
D7945	Osteotomy - body of mandible	\$350	Not		
			Covered		
D7946	LeFort I (maxilla - total)	\$350	Not		
D7947	LeFort I (maxilla - segmented)	\$350	Covered		
D/94/	LeFort I (maxina - segmenteu)	\$55U	Not Covered		
D7948	LeFort II or LeFort III (osteoplasty of	\$350	Not		
	facial bones for midface hypoplasia or		Covered		
	retrusion) - without bone graft				
D7949	LeFort II or LeFort III - with bone graft	\$350	Not		
			Covered		
D7950	Osseous, osteoperiosteal, or cartilage	\$190	Not		
	graft of the mandible or maxilla -		Covered		
	autogenous or nonautogenous, by report				
D7951	Sinus augmentation with bone or	\$290	Not		
D7331	bone substitutes via a lateral open	7230	Covered		
	approach				
D7952	Sinus augmentation via a vertical	\$175	Not		
	approach		Covered		
D7955	Repair of maxillofacial soft and/or	\$200	Not		
D7064	hard tissue defect	6430	Covered	1 non analy non-data of	
D7961	Buccal/labial frenectomy (frenulectomy)	\$120	\$120	1 per arch per date of service; a Benefit only when the permanent	
	(Hendlectority)			incisors and cuspids have erupted	
		I	1	messors and caspias have erapted	

Enrollee Pays Pays Pediatric Enrollees Adult Enrollees  \$120 \$120	CodeDescriptionEnrollee PaysEnrollee PaysD7962Lingual frenectomy (frenulectomy)\$120\$120D7963Frenuloplasty\$120Not CoveredD7970Excision of hyperplastic tissue - per arch\$175\$176D7971Excision of pericoronal gingiva\$80\$80D7972Surgical reduction of fibrous tuberosity\$100Not CoveredD7979Non-surgical sialolithotomy\$155Not CoveredD7980Sialolithotomy\$155Not CoveredD7981Excision of salivary gland, by report\$120Not CoveredD7982Sialodochoplasty\$215Not CoveredD7983Closure of salivary fistula\$140Not CoveredD7990Emergency tracheotomy\$350Not Covered
Pays     Pays     Pediatric Enrollees     Adult Enrollees       \$120     \$120     1 per arch per date of service; a Benefit only when the permanent incisors and cuspids have erupted       \$120     Not Covered     1 per arch per date of service; a Benefit only when the permanent incisors and cuspids have erupted       \$175     \$176     1 per arch per date of service       \$80     \$80       \$100     Not Covered       \$155     Not Covered       \$150     Not Covered       \$120     Not Covered       \$120     Not Covered       \$215     Not Covered       \$350     Not Covered       \$345     Not Covered	CodeDescriptionPaysPaysD7962Lingual frenectomy (frenulectomy)\$120\$120D7963Frenuloplasty\$120Not CoveredD7970Excision of hyperplastic tissue - per arch\$175\$176D7971Excision of pericoronal gingiva\$80\$80D7972Surgical reduction of fibrous tuberosity\$100Not CoveredD7979Non-surgical sialolithotomy\$155Not CoveredD7980Sialolithotomy\$155Not CoveredD7981Excision of salivary gland, by report\$120Not CoveredD7982Sialodochoplasty\$215Not CoveredD7983Closure of salivary fistula\$140Not CoveredD7990Emergency tracheotomy\$350Not CoveredD7990Emergency tracheotomy\$350Not Covered
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Benefit only when the permanent incisors and cuspids have erupted  \$120    Not	D7963 Frenuloplasty \$120 Not Covered  D7970 Excision of hyperplastic tissue - per arch  D7971 Excision of pericoronal gingiva \$80 \$80  D7972 Surgical reduction of fibrous tuberosity Covered  D7979 Non-surgical sialolithotomy \$155 Not Covered  D7980 Sialolithotomy \$155 Not Covered  D7981 Excision of salivary gland, by report \$120 Not Covered  D7982 Sialodochoplasty \$215 Not Covered  D7983 Closure of salivary fistula \$140 Not Covered  D7990 Emergency tracheotomy \$350 Not Covered
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Covered Benefit only when the permanent incisors and cuspids have erupted  \$175 \$176 \$176 \$1 per arch per date of service  \$80 \$80 \$80 \$100 Not 1 per quadrant per date of service Covered  \$155 Not Covered \$155 Not Covered \$120 Not Covered \$120 Not Covered \$140 Not Covered \$140 Not Covered \$140 Not Covered \$140 Not Covered \$155 Not Covered \$155 Not Covered \$155 Not Covered \$156 Not Covered \$157 Not Covered \$158 Not Covered \$159 Not Covered \$140 Not Covered \$150	D7970 Excision of hyperplastic tissue - per arch  D7971 Excision of pericoronal gingiva \$80 \$80  D7972 Surgical reduction of fibrous tuberosity Covered  D7979 Non-surgical sialolithotomy \$155 Not Covered  D7980 Sialolithotomy \$155 Not Covered  D7981 Excision of salivary gland, by report \$120 Not Covered  D7982 Sialodochoplasty \$215 Not Covered  D7983 Closure of salivary fistula \$140 Not Covered  D7990 Emergency tracheotomy \$350 Not Covered
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	D7997 Appliance removal (not by dentist \$60 Not who placed appliance), includes Covered
THE MADRIES FOR SELVICE DISTRICT DV	D7997 Appliance removal (not by dentist \$60 Not
	D7997 Appliance removal (not by dentist \$60 Not who placed appliance), includes Covered
a Contract Dentist other than the	D7997 Appliance removal (not by dentist \$60 Not who placed appliance), includes Covered
a Contract Dentist other than the original treating Contract	D7997 Appliance removal (not by dentist \$60 Not who placed appliance), includes Covered
a Contract Dentist other than the original treating Contract Dentist/dental office.	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure Shall be used: for a	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described procedure which is not	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure adequately described by	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
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a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure adequately described by that has a CDT code that is not a Benefit but the patient has an procedure that has a CDT	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to code that is not a Benefit	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an procedure that has a CDT exceptional medical condition to justify the medical necessity.	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
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a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical specific conditions addressed by condition to justify the	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale  \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity,  Documentation shall	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
\$350 \$350 \$All be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the Shall be used: for a procedure which is not a dequately described by a CDT code; or for a procedure that has a CDT code; or for a procedure that has a CDT code; or for a procedure that has a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the according a CDT code; or for a procedure that has a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale actual treatment.  Shall be used: for a procedure which is not a dequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 \$Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.  Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
\$350 \$350 \$350 \$All be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.  Shall be used: for a procedure which is not a dequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
a Contract Dentist other than the original treating Contract Dentist/dental office.  \$350 \$350 \$Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.  Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating	D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar  D7999 Unspecified oral surgery procedure, \$350 \$350
fee applies for service provided by	D7997 Appliance removal (not by dentist \$60 Not who placed appliance), includes Covered

		Pediatric	Adult	Clarification/	Clarification/			
		Enrollee	Enrollee	Limitations for	Limitations for			
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees			
	8999 XI. ORTHODONTICS - Medically Ne							
	- Orthodontic Services must meet medical necessity as determined by a Contract Dentist. Orthodontic treatment is a Benefit only when							
	y necessary as evidenced by a severe ha							
-	pping malocclusion is not a cosmetic cor	idition. Teeti	h must be se	verely misaligned causing functiona	l problems that			
-	compromise oral and/or general health.							
	Pediatric Enrollee must continue to be eligible. Benefits for medically necessary orthodontics will be provided in periodic payments to							
	he Contract Dentist.							
-	Comprehensive orthodontic treatment procedure (D8080) includes all appliances, adjustments, insertion, removal and post treatment							
	stabilization (retention). The Enrollee must continue to be eligible during active treatment. No additional charge to the Enrollee is							
-	permitted from the original treating Contract Orthodontist or dental office who received the comprehensive case fee. A separate fee							
	applies for services provided by a Contract Orthodontist other than the original treating Contract Orthodontist or dental office.  - Copayment for medically necessary orthodontics applies to course of treatment, not individual benefit years within a multi-year							
			-		-			
	f treatment. This Copayment applies to			_	ains enrolled in this Plan.			
	Schedule B for additional information	on medically	necessary o					
D8080	Comprehensive orthodontic			1 per Enrollee per phase of				
50040	treatment of the adolescent dentition			treatment				
D8210	Removable appliance therapy			1 per lifetime; age 6 through 12				
D8220	Fixed appliance therapy			1 per lifetime; age 6 through 12				
D8660	Pre-orthodontic treatment			1 per 3 months when performed				
	examination to monitor growth and			by the same Contract Dentist or				
	development			dental office; up to 6 visits per				
				lifetime				
D8670	Periodic orthodontic treatment visit			Included in comprehensive case				
				fee				
D8680	Orthodontic retention (removal of			1 per arch for each authorized				
	appliances, construction and			phase of orthodontic treatment;				
	placement of retainer(s))			included in comprehensive case				
				fee				
D8681	Removable orthodontic retainer							
	adjustment							
D8696	Repair of orthodontic appliance -			1 per appliance; included in				
	maxillary			comprehensive case fee				
D8697	Repair of orthodontic appliance -	4050	Not	1 per appliance; included in				
	mandibular	\$350	Covered	comprehensive case fee				
D8698	Re-cement or re-bond fixed retainer -			1 per Contract Dentist; included in				
	maxillary			comprehensive case fee				
D8699	Re-cement or re-bond fixed retainer -			1 per Contract Dentist; included in				
	mandibular			comprehensive case fee				
D8701	Repair of fixed retainer, includes			1 per Contract Dentist; included in				
	reattachment - maxillary			comprehensive case fee. The listed				
				fee applies for services provided				
				by an orthodontist other than the				
				original treating orthodontist or				
50700				dental office.				
D8702	Repair of fixed retainer, includes			1 per Contract Dentist; included in				
	reattachment - mandibular			comprehensive case fee. The listed				
				fee applies for services provided				
				by an orthodontist other than the				
				original treating orthodontist or				
D0700	Paulanament Cl. 1 1 1			dental office.				
D8703	Replacement of lost or broken			1 per arch; within 24 months				
	retainer - maxillary			following the date of service for				
				orthodontic retention (D8680)				

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D8704	Replacement of lost or broken retainer - mandibular	rays	rdys	1 per arch; within 24 months following the date of service for orthodontic retention (D8680)	Addit Elifoliees
D8999	Unspecified orthodontic procedure, by report			Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity.  Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.	
D9000-D	99999 XII. ADJUNCTIVE GENERAL SERVIC	ES			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$30	\$28	1 per date of service per Contract Dentist; regardless of the number of teeth and/or areas treated	
D9120	Fixed partial denture sectioning	\$95	Not Covered		
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$10	Not Covered	1 per date of service per Contract Dentist; for use to perform a differential diagnosis or as a therapeutic injection to eliminate or control a disease or abnormal state	
D9211	Regional block anesthesia	\$20	\$20		
D9212	Trigeminal division block anesthesia	\$60	\$60		
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$15	\$15		
D9222	Deep sedation/general anesthesia - first 15 minutes	\$45	\$45	Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service	
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$45	\$45	Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15	Not Covered	(Where available)	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$60	\$45	Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$60	\$45	Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service	

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D9248	Non-intravenous conscious sedation	\$65	Not	Where available; 1 per date of	
			Covered	service per Contract Dentist	
D9310	Consultation - diagnostic service	\$50	\$45		
	provided by dentist or physician				
	other than requesting dentist or				
	physician				
D9311	Consultation with a medical health	No charge	No charge		
	professional				
D9410	House/extended care facility call	\$50	Not	1 per Enrollee per date of service	
D0430	Hansital an ambulatam annaigal	Ć12F	Covered		
D9420	Hospital or ambulatory surgical center call	\$135	Not		
D9430	Office visit for observation (during	\$20	Covered \$12	1 per date of service per Contract	
D9430	regularly scheduled hours) - no other	<b>\$20</b>	\$12	Dentist	
	services performed			Dentise	
D9440	Office visit - after regularly scheduled	\$45	\$40	1 per date of service per Contract	
	hours	7.5	7.0	Dentist	
D9450	Case presentation, detailed and	Not	No charge		
	extensive treatment planning	Covered			
D9610	Therapeutic parenteral drug, single	\$30	Not	4 of (D9610, D9612) injections per	
	administration		Covered	date of service	
D9612	Therapeutic parenteral drugs, two or	\$40	Not	4 of (D9610, D9612) injections per	
	more administrations, different		Covered	date of service	
	medications				
D9910	Application of desensitizing	\$20	Not	1 per 12 months per Contract	
50000	medicament	625	Covered	Dentist; permanent teeth	
D9930	Treatment of complications (post-	\$35	Not Covered	1 per date of service per Contract	
	surgical) - unusual circumstances, by report		Covered	Dentist within 30 days of an extraction	
D9943	Occlusal guard adjustment	Not	\$35	Extraction	1 per 12 months (6
D3343	Secretaria de de la constantina della constantin	Covered	755		months after initial
		0010.00			placement)
D9944	Occlusal guard - hard appliance, full	Not	\$115		1 of (D9944, D9945,
	arch	Covered	·		D9946) per 3 years
D9945	Occlusal guard - soft appliance, full	Not	\$115		1 of (D9944, D9945,
	arch	Covered			D9946) per 3 years
D9946	Occlusal guard - hard appliance,	Not	\$115		1 of (D9944, D9945,
	partial arch	Covered			D9946) per 3 years
D9950	Occlusion analysis - mounted case	\$120	Not	Prior Authorization is required; 1	
			Covered	per 12 months for diagnosed TMJ	
				dysfunction; permanent teeth; age	
D00E1	Occlusal adjustment limited	ĊΛΓ	ĊΛΓ	13+	
D9951	Occlusal adjustment - limited	\$45	\$45	1 per 12 months for quadrant per Contract Dentist; age 13+	
D9952	Occlusal adjustment - complete	\$210	\$210	1 per 12 months following	
UJJJZ	Occiusai aujustinent - complete	<b>Ψ</b> Ζ10	<b>Ψ</b> Ζ10	occlusion analysis - mounted case	
				(D9950) for diagnosed TMJ	
				dysfunction; permanent teeth; age	
				13+	
D9995	Teledentistry - synchronous; real-	Not	No charge		
	time encounter	Covered			
D9996	Teledentistry - asynchronous;	Not	No charge		
	information stored and forwarded to	Covered			
	dentist for subsequent review				
	-				

		Pediatric	Adult	Clarification/	Clarification/
		Enrollee	Enrollee	Limitations for	Limitations for
Code	Description	Pays	Pays	Pediatric Enrollees	Adult Enrollees
D9997	Dental case management - patients	No charge	No charge		
	with special health care needs				
D9999	Unspecified adjunctive procedure, by	No charge	No charge	Shall be used: for a procedure	Shall be used: for a
	report			which is not adequately described	procedure which is not
				by a CDT code; or for a procedure	adequately described by
				that has a CDT code that is not a	a CDT code; or for a
				Benefit but the patient has an	procedure that has a CDT
				exceptional medical condition to	code that is not a Benefit
				justify the medical necessity.	but the patient has an
				Documentation shall include the	exceptional medical
				specific conditions addressed by	condition to justify the
				the procedure, the rationale	medical necessity.
				demonstrating medical necessity,	Documentation shall
				any pertinent history and the	include the specific
				actual treatment.	conditions addressed by
					the procedure, the
					rationale demonstrating
					medical necessity, any
					pertinent history and the
					actual treatment.

#### **Endnotes:**

If services for a listed procedure are performed by the Contract Dentist, You pay the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services and are referred by the Contract Dentist, must be authorized by Us. You pay the Copayment(s) specified for such services.

Optional or upgraded procedure(s) are defined as any alternative procedure(s) presented by the assigned Contract Dentist and formally agreed upon by financial consent that satisfies the same dental need as a covered procedure. Enrollee may elect an optional or upgraded procedure, subject to the limitations and exclusions of the plan. The applicable charge to the Enrollee is the difference between the Contract Dentist's regularly charged fee (or contracted fee, when applicable) for the Optional or upgraded procedure and the covered procedure, plus any applicable Copayment(s) for the covered procedure.

Example of an Optional or upgraded procedure:

- If You chose an Optional or upgraded procedure presented by the Contract Dentist,
  - Where noble (D6061, D6064, D6071, D6074, D6083, D6087, D6099, D6122); high noble (precious) (D6059, D6062, D6066, D6067, D6069, D6072, D6076, D6077); or titanium (D6084, D6088, D6094, D6097, D6194, D6195, D6784) metals are used for an implant/abutment supported crown or fixed bridge retainer; and
  - o An additional laboratory fee is charged by the Contract Dentist

Then You will be responsible for the fee charged by the laboratory which equals the difference between the higher cost of the Optional service and the lower cost of the customary service or standard procedure.

## Additional Endnotes to Covered California's 2023 Dental Standard Benefit Plan Designs

Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan or Family Dental Plan)

- 1. In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family in-network deductible, if applicable, as well as the family out-of-pocket maximum.
- 2. In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum.
- 3. Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment ("EPSDT") Benefit.

Adult Dental Benefit Notes (only applicable to the Family Dental Plan)

1.	Tooth whitening, adult orthodontia, implants, veneers and adult services noted as Not Covered on the Copayment Schedule are no covered services.

SCHEDULE B Limitations and Exclusions of Benefits Delta Dental of California Family Dental HMO

Limitations and Exclusions of Benefits for Adult Enrollees (Age 19 and older)

### Limitations of Benefits for Adult Enrollees

- 1. The frequency of certain Benefits is limited. Frequency limitations are listed in *Schedule A, Description of Benefits and Copayments* ("Schedule A"). Additional requests, beyond the stated frequency limitations, for prophylaxis, fluoride and scaling procedures (D1110, D1120, D1206, D1208 and D4346) shall be considered for prior Authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
- 2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$125 above the listed Copayment for each of these services after the sixth unit has been provided.
- 3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240 and D7241).
- 4. Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan Benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325 in addition to the listed Copayment. Contact Delta Dental at 888-282-8528 if you have questions regarding the additional fee or name brand services.
- 5. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed on *Schedule A*. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered Benefits.
- 6. Porcelain/ceramic crown, pontic and fixed bridge retainer on molars is considered a material upgrade with a maximum additional charge to the Enrollee of \$150 per unit.

## **Exclusions of Benefits for Adult Enrollees**

- 1. Any procedure that is not specifically listed as a covered Benefit under Schedule A.
- 2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.
- 3. Services solely for cosmetic purposes, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
- 4. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, crowns, fixed partial dentures (bridges), orthodontic and other appliances.
- 5. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the TMJ, with the exception of procedures as shown on *Schedule A*.
- 6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- 7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- 8. Consultations or other diagnostic services for non-covered Benefits.
- 9. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized Contract Specialist (oral surgeon, endodontist, periodontist, pediatric dentist) or Contract Orthodontist except for "Emergency Dental Services" as described in this Policy.

- 10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 11. Prescription and over-the-counter drugs.
- 12. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with this Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic Treatment in Progress provision.
- 13. Changes in orthodontic treatment necessitated by accident of any kind.
- 14. Myofunctional and parafunctional appliances and/or therapies, with the exception of as procedures shown on Schedule A.
- 15. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Limitations and Exclusions of Benefits for Pediatric Enrollees (Under age 19)

#### Limitations of Benefits for Pediatric Enrollees

- 1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A*. Additional requests, beyond the stated frequency limitations, for prophylaxis, fluoride and scaling procedures shall be considered for prior Authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
- 2. A filling (D2140-D2161, D2330-D2335, D2391-D2394) is a Benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
- 3. A crown (D2390 and covered codes only between D2710-D2791) is a Benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five+ year (60+ months) limitation.
- 4. The replacement of an existing crown (D2390 and covered codes only between D2710-D2791), fixed partial denture (bridge) (covered codes only between D6211-D6245, D6251, D6721-D6791) or a removable full (D5110, D5120) or partial denture (covered codes only between D5211-D5214, D5221-D5224) is covered when:
  - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and
  - b. Either of the following:
    - The existing non-functional restoration/bridge/denture was placed five or more years (60+ months) prior to its replacement, or
    - If an existing partial denture is less than five years old (60 months), but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
- 5. Coverage for the placement of a fixed partial denture (bridge) (covered codes only between D6211-D6245, D6251, D6721-D6791) or removable partial denture (covered codes only between D5211-D5214, D5221-D5224):
  - a. Fixed partial denture (bridge):
    - A fixed partial denture is a Benefit only when medical conditions or employment preclude the use of a removable partial denture.
    - The sole tooth to be replaced in the arch is an anterior tooth, and the abutment teeth are not periodontally involved, or
    - The new bridge would replace an existing, non-functional bridge utilizing identical abutments and pontics, or
    - Each abutment tooth to be crowned meets Limitation #3.
  - b. Removable partial denture:
    - Cast metal (D5213, D5214, D5223, D5224), one or more teeth are missing in an arch.
    - Resin based (D5211, D5212, D5221, D5222), one or more teeth are missing in an arch and abutment teeth have extensive periodontal disease.
- 6. Immediate dentures (D5130, D5140, D5221-D5224) are covered when one or more of the following conditions are present:
  - a. extensive or rampant caries are exhibited in the radiographs, or
  - b. severe periodontal involvement indicated, or
  - c. numerous teeth are missing resulting in diminished chewing ability adversely affecting the Enrollee's health.
- 7. Maxillofacial prosthetic services (covered codes only between D5911-D5999) for the anatomic and functional reconstruction of those regions of the maxilla and mandible and associated structures that are missing or defective because of surgical intervention, trauma (other than simple or compound fractures), pathology, developmental or congenital malformations.
- 8. All maxillofacial prosthetic procedures (covered codes only between D5911-D5999) require prior Authorization for medically necessary procedures.

- 9. Implant services (covered codes only between D6010-D6199) are a Benefit only under exceptional medical conditions. Exceptional medical conditions include, but are not limited to:
  - a. cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prosthesis.
  - b. severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures (D7340, D7350) or osseous augmentation procedures (D7950), and the Enrollee is unable to function with conventional prosthesis.
  - c. skeletal deformities that preclude the use of conventional prosthesis (such as arthrogryposis, ectodermal dysplasia, partial anaodontia and cleidocranial dysplasia).
- 10. Temporomandibular joint dysfunction procedure codes (covered codes only between D7810-D7880) are limited to differential diagnosis and symptomatic care and require prior Authorization.
- 11. Certain listed procedures performed by a Contract Specialist may be considered to be primary under the Enrollee's medical coverage. Dental Benefits will be coordinated accordingly.
- 12. Deep sedation/general anesthesia (D9222, D9223) or intravenous conscious sedation/analgesia D9239, D9243) for covered procedures requires documentation to justify the medical necessity based on a mental or physical limitation or contraindication to a local anesthesia agent.

## **Exclusions of Benefits for Pediatric Enrollees**

- 1. Any procedure that is not specifically listed under Schedule A, except as required by state or federal law.
- 2. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- 3. Lost or theft of full or partial dentures (covered codes only between D5110, D5120, D5130, D5140, D5211-D5214, D5221-D5224), space maintainers (D1510-D1575), crowns (D2390 and covered codes only between D2710-D2791), fixed partial dentures (bridges) (covered codes only between D6211-D6245, D6251, D6721-D6791) or other appliances.
- 4. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
- 5. Dental expenses incurred in connection with any dental procedure before the Enrollee's eligibility in this Plan. Examples include: teeth prepared for crowns, partials and dentures, root canals in progress.
- 6. Congenital malformations (e.g., congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.) unless included in *Schedule A*.
- 7. Dispensing of drugs not normally supplied in a dental facility unless included in Schedule A.
- 8. Any procedure that in the professional opinion of the Contract Dentist, Contract Specialist, or dental plan consultant:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
  - b. is inconsistent with generally accepted standards for dentistry.
- 9. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a Contract Specialist, unless expressly authorized or as cited under the "Emergency Dental Services" and "Urgent Dental Services" provisions of the Policy. To obtain written Authorization, the Enrollee should call Delta Dental's Customer Care at 888-282-8528.
- 10. Consultations (D9310, D9311) or other diagnostic services (covered codes only between D0120-D0999), for non-covered Benefits.
- 11. Single tooth implants (covered codes only between D6000-D6199).
- 12. Restorations (covered codes only between D2330-D2335, D2391-D2394, D2710-D2792, D6211-D6245, D6251, D6721-D6791) placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
- 13. Preventive (covered codes only between D1110-D1575), endodontic (covered codes only between D3110-D3999) or restorative (covered codes only between D2140-D2999) procedures are not a Benefit for teeth to be retained for overdentures.
- 14. Partial dentures (covered codes only between D5211-5214, D5221-D5224) are not a Benefit to replace missing 3rd molars unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for a partial denture with cast clasps or rests.
- 15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth (covered codes only between D8000-D8999), periodontal splinting (D4322-D4323), gnathologic recordings,

- equilibration (D9952) or treatment of disturbances of the TMJ (covered codes only between D0310-D0322, D7810-D7899), unless included in *Schedule A*.
- 16. Porcelain denture teeth, or fixed partial dentures (overlays, implants, and appliances associated therewith) (D6940, D6950) and personalization and characterization of complete and partial dentures.
- 17. Extraction of teeth (D7111, D7140, D7210, D7220-D7240, D7241, D7250), when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars.
- 18. TMJ dysfunction treatment modalities that involve prosthodontia (D5110-D5224, D6211-D6245, D6251, D6721-D6791), orthodontia (covered codes only between D8000-D8999), and full or partial occlusal rehabilitation or TMJ dysfunction procedures (covered codes only between D0310-D0322, D7810-D7899) solely for the treatment of bruxism.
- 19. Vestibuloplasty/ridge extension procedures (D7340, D7350) performed on the same date of service as extractions (D7111-D7250) on the same arch.
- 20. Deep sedation/general anesthesia (D9222, D9223) for covered procedures on the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide or for intravenous conscious sedation/analgesia (D9239, D9243).
- 21. Intravenous conscious sedation/analgesia (D9239, D9243) for covered procedures on the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide or for deep sedation/general anesthesia (D9222, D9223).
- 22. Inhalation of nitrous oxide (D9230) when administered with other covered sedation procedures.
- 23. Cosmetic dental care (exclude covered codes in this list if done for purely cosmetic reasons: D2330-D2394, D2710-D2751, D2940, D6211-D6245, D6251, D6721-D6791, D8000-D8999).

## Medically Necessary Orthodontics for Pediatric Enrollees

- 1. Orthodontic Services are limited to the following automatic qualifying conditions:
  - a. Cleft palate deformity. If the cleft palate is not visible on the diagnostic casts written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior Authorization request,
  - b. Craniofacial anomaly. Written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior Authorization request,
  - c. A deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate,
  - d. A crossbite of individual anterior teeth causing destruction of soft tissue,
  - e. An overjet greater than 9 mm or reverse overjet greater than 3.5 mm,
  - f. Severe traumatic deviation.
- 2. The following documentation must be submitted with the request for prior Authorization of services by the Contract Orthodontist:
  - a. ADA 2006 or newer claim form with service code(s) requested;
  - b. Diagnostic study models (trimmed) with bite registration; or OrthoCad equivalent;
  - c. Cephalometric radiographic image or panoramic radiographic image;
  - d. HLD score sheet completed and signed by the Contract Orthodontist; and
  - e. Treatment plan.
- 3. Coverage for comprehensive orthodontic treatment (D8080) requires acceptable documentation of a handicapping malocclusion as evidence by a minimum score of 26 points on the Handicapping Labio-Lingual Deviation ("HLD") Index California Modification Score Sheet Form and pre-treatment diagnostic casts (D0470). Comprehensive orthodontic treatment (D8080):
  - a. is limited to Enrollees who are between 13 through 18 years of age with a permanent dentition without a cleft palate or craniofacial anomaly; but
  - b. may start at birth for patients with a cleft palate or craniofacial anomaly.
- 4. Removable appliance therapy (D8210) or fixed appliance therapy (D8220) is limited to Enrollees between 6 to 12 years of age, once in a lifetime, to treat thumb sucking and/or tongue thrust.
- 5. The Benefit for a pre-orthodontic treatment examination (D8660) includes needed oral/facial photographic images (D0350, D0351, D0703, D0704). Neither the Enrollee nor the plan may be charged for D0350, D0351, D0703 or D0704 in conjunction with a pre-orthodontic treatment examination.

- 6. The number of covered periodic orthodontic treatment visits (D8670) and length of covered active orthodontics is limited to a maximum of up to:
  - a. handicapping malocclusion eight (8) quarterly visits;
  - b. cleft palate or craniofacial anomaly six (6) quarterly visits for treatment of primary dentition;
  - c. cleft palate or craniofacial anomaly eight (8) quarterly visits for treatment of mixed dentition; or
  - d. cleft palate or craniofacial anomaly ten (10) quarterly visits for treatment of permanent dentition.
  - e. facial growth management four (4) quarterly visits for treatment of primary dentition;
  - f. facial growth management five (5) quarterly visits for treatment of mixed dentition;
  - g. facial growth management eight (8) quarterly visits for treatment permanent dentition.
- 7. Orthodontic retention (D8680) is a separate Benefit after the completion of covered comprehensive orthodontic treatment (D8080) which:
  - a. includes removal of appliances and the construction and place of retainer(s) (D8680); and
  - b. is limited to Enrollees under age 19 and to one per arch after the completion of each phase of active treatment for retention of permanent dentition unless treatment was for a cleft palate or a craniofacial anomaly.
- 8. Copayment is payable to the Contract Orthodontist who initiates banding in a course of prior authorized orthodontic treatment (covered codes only between D8000-D8999). If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment, the Enrollee:
  - a. will not be entitled to a refund of any amounts previously paid, and
  - b. will be responsible for all payments, up to and including the full Copayment, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.
- 9. Should an Enrollee's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment (covered codes only between D8000-D8999), the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination, except:

If an Enrollee is receiving ongoing orthodontic treatment at the time of termination, Delta Dental will continue to provide orthodontic Benefits for:

- a. 60 days if the Enrollee is making monthly payments to the Contract Orthodontist; or
- b. until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the Enrollee is making quarterly payments to the Contract Orthodontist.

At the end of 60 days (or at the end of the quarter), the Enrollee's obligation shall be based on the Contract Orthodontist's submitted fee at the beginning of treatment. The Contract Orthodontist will prorate the amount over the number of months to completion of the treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

- 10. Orthodontics, including oral evaluations and all treatment, (covered codes only between D8000-D8999) must be performed by a licensed Dentist or their supervised staff, acting within the scope of applicable law.
- 11. The removal of fixed orthodontic appliances (D8680) for reasons other than completion of treatment is not a covered Benefit.

# SCHEDULE C

Information Concerning Benefits Under The DeltaCare® USA Plan

THIS MATRIX IS INTENDED TO BE USED TO COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF PLAN BENEFITS AND LIMITATIONS.

(A) Deductibles	None	
(B) Lifetime Maximums	None	
(C) Annual Out-of-Pocket	Individual	\$350.00
Maximum	Multiple Child	\$700.00
(D) Professional Services	An Enrollee may be required to pay a Copayment amount for each procedure as shown in <i>Schedule A, Description of Benefits and Copayments</i> , subject to the limitations and exclusions of this Plan.	
	Copayments range by category of serv	ice.
	Examples are as follows:	
	Diagnostic Services	No Charge
	Preventive Services	No Charge
	Restorative Services	\$ 20.00 - \$ 310.00
	Endodontic Services	\$ 20.00 - \$ 365.00
	Periodontic Services	\$ 10.00 - \$ 350.00
	Prosthodontic Services	+ 33.33
	(removable)	\$ 20.00 - \$ 350.00
	Maxillofacial Prosthetics	\$ 35.00 - \$ 350.00
	Implant Services	φ 55.00
	(medically necessary only)	\$ 25.00 - \$ 350.00
	Prosthodontic Services (fixed)	\$ 40.00 - \$ 350.00
	Oral and Maxillofacial Surgery	\$ 30.00 - \$ 350.00
	Orthodontic Services	Ţ 30.00 - Ţ 330.00
	(medically necessary only)	\$ 350.00
	Adjunctive General Services	
	<b>NOTE:</b> Limitations apply to the frequency with which some services may be obtained. For example: cleanings are limited to one in a 6-month period.	
(E) Outpatient Services	Not Covered	
(F) Hospitalization Services	Not Covered	
(G) Emergency Dental Coverage	Benefits for Emergency Dental Services by an Out-of-Network Dentist are limited to necessary care to stabilize the Enrollee's condition and/or provide palliative relief.	
(H) Ambulance Services	Not Covered	
(I) Prescription Drug Services	Not Covered	
(J) Durable Medical Equipment	Not Covered	
(K) Mental Health Services	Not Covered	
(L) Chemical Dependency Services	Not Covered	
(M) Home Health Services	Not Covered	
(N) Other	Not Covered	

Each individual procedure within each category listed above, and that is covered under the plan, has a specific Copayment that is shown in *Schedule A, Description of Benefits and Copayments* in the Policy.

XIScC-CA-dc-23

# Service Areas

Coverage is available in the following counties in California:

Full counties (plan Tulare Tuolumne

available anywhere in the county):

Ventura

Yolo

Alameda Yuba

Amador

Colusa

Contra Costa

available in certain areas of

Glenn the county):

Kings Butte

Lake Calaveras

Los Angeles El Dorado

Madera Fresno

Marin Humboldt

Merced Imperial

Monterey Inyo

Napa Kern

Orange Mariposa

Sacramento Mendocino

San Benito Nevada

San Francisco Placer

San Joaquin Plumas

San Luis Obispo Riverside

San Mateo San Bernardino

Santa Barbara San Diego

Santa Clara Shasta

Santa Cruz Sierra

Solano Sonoma

Stanislaus Tehama

Sutter Trinity

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¿Puede leer este documento? Si no, podemos encontrar a alguien que lo ayude a leerlo. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 888-282-8528 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎?如果不能,我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助,請致電 888-282-8528 (TTY: 711)。(Chinese)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 888-282-8528 (TTY: 711). (Tagalog)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 888-282-8528 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 888-282-8528 (TTY: 711)번으로 연락하십시오. (Korean)

Դուք կարո՞ղ եք կարդալ այս փաստաթուղթը։ Եթե ոչ, մենք որևէ մեկին կգտնենք, ով կօգնի ձեզ կարդալ։ Դուք կարող եք նաև այս փաստաթուղթը ստանալ գրված ձեր լեզվով։ Անվձար օգնության համար խնդրում ենք զանգահարել 888-282-8528 (TTY 711)։ (Armenian)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 888-282-8528 (711: TTY). (Persian Farsi)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك للمساعدة المجانبة اتصل بـ 888-282-8528 (Arabic). (TTY: 711)

Вы можете прочитать этот документ? Если нет, мы можем предоставить вам кого-нибудь, кто поможет вам прочитать его. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 888-282-8528 (телетайп: 711). (Russian)

क्या आप इस दस्तावेज़ को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी सहायता करने हेतु किसी की व्यवस्था कर सकते हैं। आप इस दस्तावेज़ को अपनी भाषा में लिखा हुआ भी प्राप्त कर सकते हैं। निशुल्क सहायता के लिए, कृपया यहाँ कॉल करें 888-282-8528 (TTY: 711)। (Hindi)

この文書をお読みになれますか?お読みになれない場合には音読ボランティアを手配させていただきます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、 888-282-8528 (TTY: 711) までお問い合わせください。 (Japanese)

ਕੀ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਕਿਸੇ ਵਿਅਕਤੀ ਨੂੰ ਲਿਆ ਸਕਦੇ ਹਾਂ। ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ। ਮੁਫ਼ਤ ਵਿੱਚ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ 888-282-8528 (TTY: 711) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Koj nyeem puas tau daim ntawv no? Yog koj nyeem tsis tau, peb muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, tej zaum kuj muab daim ntawv no sau ua koj hom lus tau thiab. Yog yuav thov kev pab dawb, thov hu rau 888-282-8528 (TTY: 711). (Hmong)

តើលោកអ្នកអាចអានឯកសារនេះបានទេ? បើសិនមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់ជួយអានឱ្យលោកអ្នក។ លោកអ្នកក៏អាចទទួលបាន ឯកសារនេះជាលាយលក្ខណ៍អក្សរជាភាសារបស់លោកអ្នកផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃ សូមទូរស័ព្យទៅ 888-282-8528 (TTY: 711)។ (Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่? หากไม่ได้ เราสามารถหาคนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถรับเอกสารนี้ที่เขียนในภาษา ของคุณได้อีกด้วย รับความช่วยเหลือฟรีได้โดยโทรไปที่ 888-282-8528 (TTY: 711) (Thai)