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1 Dominion National Internal Performance Report, 2022.
2 Networks and products vary by state. Check availability on your state marketplace.
3 Participating providers are subject to change.
4 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.
5 Visit amplifonusa.com/dn for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as "Dominion").

Select Plan Basic 703xa (VA)
Description of Services, Member Copayments, Exclusions and Limitations for Adult Services Services (age 19 and over)

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed $300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive		
	Office visit	10
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	0
D0170	Re-evaluation - limited, problem focused	0
D0180	Comp. periodontal eval - new or established patient	36
D0210	Intraoral – comprehensive series of radiographic images	26
D0220	Intraoral - periapical first radiographic image	0
D0230	Intraoral - periapical each add. radiographic image	0
D0240	Intraoral - occlusal radiographic image	0
D0250	Extra-oral - 2D projection radiographic image	0
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0
D0277	Vertical bitewings - 7 to 8 radiographic images	0
D0330	Panoramic radiographic image	30
D0340	2D cephalometric radiographic image	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26
D0373	Intraoral tomosynthesis – bitewing radiographic image	0
D0374	Intraoral tomosynthesis – periapical radiographic image	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D0701	Panoramic radiographic image – image capture only	0
D0702	2-D cephalometric radiographic image – image capture only	0
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0
D0705	Extra-oral posterior dental radiographic image – image capture only	0
D0706	Intraoral – occlusal radiographic image – image capture only	0
D0707	Intraoral – periapical radiographic image – image capture only	0
D0708	Intraoral – bitewing radiographic image – image capture only	0
D0709	Intraoral – comprehensive series of radiographic images – image capture only	0
D1110	Prophylaxis (cleaning) - adult	13
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1206	Topical application of fluoride varnish	0
D1208	Topical application of fluoride - excluding varnish	0
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D1330	Oral hygiene instructions	0
Restorative (Fillings)		
D2140	Amalgam - one surface, prim. or perm.	41
D2150	Amalgam - two surfaces, prim. or perm.	51
D2160	Amalgam - three surfaces, prim. or perm.	64
D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D2330	Resin-based composite - one surface, anterior	69
D2331	Resin-based composite - two surfaces, anterior	83
D2332	Resin-based composite - three surfaces, anterior	99
D2335	Resin-based composite - >=4 surfaces, anterior	119
D2390	Resin-based composite crown, anterior	192
D2391	Resin-based composite - one surface, posterior	73
D2392	Resin-based composite - two surfaces, posterior.	87
D2393	Resin-based composite - three surfaces, posterior	102
D2394	Resin-based composite - >=4 surfaces, posterior.	123
Crown & Bridge		
D2510	Inlay - metallic - one surface	407
D2520	Inlay - metallic - two surfaces	407
D2530	Inlay - metallic - three or more surfaces	425
D2542	Onlay - metallic-two surfaces	458
D2543	Onlay - metallic-three surfaces	524
D2544	Onlay - metallic-four or more surfaces	524
D2610	Inlay - porcelain/ceramic - one surface	427
D2620	Inlay - porcelain/ceramic - two surfaces	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D2642	Onlay - porcelain/ceramic - two surfaces	479
D2643	Onlay - porcelain/ceramic - three surfaces	499
D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D2650	Inlay - resin-based composite - one surface	440
D2651	Inlay - resin-based composite - two surfaces	440
D2652	Inlay - resin-based composite - >=3 surfaces	440
D2662	Onlay - resin-based composite - two surfaces	444

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2663	Onlay - resin-based composite - three surfaces	444
D2664	Onlay - resin-based composite - >=4 surfaces	444
D2710	Crown - resin based composite (indirect)	272
D2712	Crown - 3/4 resin-based composite (indirect)	485
D2720/21/22	Crown - resin with metal	495
D2740	Crown - porcelain/ceramic	560
D2750/51/52	Crown - porcelain fused metal	523
D2753	Crown - porcelain fused to titanium and titanium alloys	523
D2780/81/82	Crown - 3/4 cast with metal	478
D2783	Crown - 3/4 porcelain/ceramic	511
D2790/91/92	Crown - full cast metal	495
D2794	Crown - titanium and titanium alloys	523
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43
D2931	Prefab. stainless steel crown	121
D2932	Prefabricated resin crown	140
D2940	Protective restoration	39
D2950	Core buildup, including any pins	125
D2951	Pin retention - per tooth, in addition to restoration	22
D2952	Post and core in addition to crown	186
D2954	Prefab. post and core in addition to crown	154
D2955	Post removal (not in conj. with endo. therapy)	105
D2980	Crown repair necessitated by restorative material failure	102
D2981	Inlay repair necessitated by restorative material failure	102
D2982	Onlay repair necessitated by restorative material failure	102
Endodontics[1]		
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32
D3220	Therapeutic pulpotomy (excl. final restor.)	81
D3221	Pulpal debridement	94
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	82
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512
D3333	Internal root repair of perforation defects	105
D3346	Retreat of prev. root canal therapy, anterior	387
D3347	Retreat of prev. root canal therapy, premolar	465
D3348	Retreat of prev. root canal therapy, molar	558
D3410	Apicoectomy - anterior	323
D3421	Apicoectomy - premolar (first root)	364
D3425	Apicoectomy - molar (first root)	418
D3426	Apicoectomy - (each add. root)	152
D3430	Retrograde filling - per root	119
D3450	Root amputation - per root	234
D3471	Surgical repair of root resorption - anterior	323
D3472	Surgical repair of root resorption – premolar	364
D3473	Surgical repair of root resorption – molar	418
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	323
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	364
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	418
D3920	Hemisection, not inc. root canal therapy	234
D3921	Decoronation or submergence of an erupted tooth	107
D3950	Canal prep/fitting of preformed dowel or post	136
Periodontics[1]		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	345
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	106
D4260	Osseous surgery - >3 cont. teeth, per quad	499
D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D4263	Bone replacement graft - retained natural tooth - first site in quad	613
D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480
D4265	Biological materials to aid in soft and osseous tissue regeneration, per site	336
D4268	Surgical revision proc., per tooth	358
D4270	Pedicle soft tissue graft procedure	530
D4273	Autogenous connective tissue graft procedure, first tooth	660
D4274	Mesial/distal wedge procedure, single tooth	308
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	705
D4277	Free soft tissue graft procedure, first tooth	540
D4278	Free soft tissue graft procedure, each add. tooth	83
D4286	Removal of non-resorbable barrier	100
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	51
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	89
D4381	Localized delivery of antimicrobial agents	98
D4910	Periodontal maintenance	74
Prosthetics (Dentures)		
D5110/20	Complete denture - maxillary/mandibular	697
D5130/40	Immediate denture - maxillary/mandibular	722
D5211/12	Maxillary/mandibular partial denture - resin base	649
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	649
D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	649
D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D5225/26	Maxillary/mandibular partial denture - flexible base	750

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth)	750
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	419
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	419
D5410/11	Adjust complete denture - maxillary/mandibular	38
D5421/22	Adjust partial denture - maxillary/mandibular	38
D5511	Repair broken complete denture base, mandibular	87
D5512	Repair broken complete denture base, maxillary.	87
D5520	Replace missing or broken teeth - complete denture	87
D5611	Repair resin partial denture base, mandibular	87
D5612	Repair resin partial denture base, maxillary	87
D5621	Repair cast partial framework, mandibular	87
D5622	Repair cast partial framework, maxillary	87
D5630/60	Clasp repaired, replaced or added	115
D5640	Replace broken teeth - per tooth	87
D5650	Add tooth to existing partial denture	87
D5670/71	Replace all teeth and acrylic on cast metal framework	287
D5710/11	Rebase complete maxillary/mandibular denture	260
D5720/21	Rebase maxillary/mandibular partial denture	260
D5725	Rebase hybrid prosthesis	260
D5730/31	Reline complete maxillary/mandibular denture (direct)	159
D5740/41	Reline maxillary/mandibular partial denture (direct)	155
D5750/51	Reline complete maxillary/mandibular denture (indirect)	224
D5760/61	Reline maxillary/mandibular partial denture (indirect)	224
D5765	Soft liner for complete or partial removable denture – indirect	53
D5810/11	Interim complete denture - maxillary/ mandibular	362
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/ mandibular	362
D5850/51	Tissue conditioning - maxillary/mandibular	79
Bridge & Pontics		
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	63
D6210/11/12	Pontic - metal	495
D6240/41/42	Pontic - porcelain fused metal	523
D6243	Pontic – porcelain fused to titanium and titanium alloys	523
D6245	Pontic - porcelain/ceramic	560
D6250/51/52	Pontic - resin with metal	495
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D6549	Resin retainer - for resin bonded fixed prosthesis	251
D6600	Retainer inlay - porc./ceramic, two surfaces	427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
D6602	Retainer inlay - cast high noble metal, two surfaces	407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D6606	Retainer inlay - cast noble metal, two surfaces	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D6608	Retainer onlay - porc./ceramic, two surfaces	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D6610	Retainer onlay - cast high noble metal, two surfaces	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D6614	Retainer onlay - cast noble metal, two surfaces	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524
D6720/21/22	Retainer crown - resin with metal	495
D6740	Retainer crown - porcelain/ceramic	560
D6750/51/52	Retainer crown - porcelain fused metal	523
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	523
D6780	Retainer crown - 3/4 cast high noble metal	470
D6781	Retainer crown - 3/4 cast predominantly base metal	470
D6782	Retainer crown - 3/4 cast noble metal	470
D6783	Retainer crown - 3/4 porc./ceramic	511
D6784	Retainer crown – 3/4 titanium and titanium alloys	523
D6790/91/92	Retainer crown - full cast metal	495
D6794	Retainer crown - titanium	523
D6930	Recement or rebond fixed partial denture	69
D6980	Fixed partial denture repair, by report	172
Oral Surgery[1]		
D7111	Extraction, coronal remnants - primary tooth	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Extraction, erupted tooth req elev, etc	133
D7220	Removal of impacted tooth - soft tissue	151
D7230	Removal of impacted tooth - partially bony	196
D7240	Removal of impacted tooth - completely bony	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D7250	Removal of residual tooth roots	141
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217
D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth	226
D7280	Exposure of an unerupted tooth	153
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D7310/20	Alveoloplasty, per quad	141
D7509	Marsupialization of odontogenic cyst	400
D7510	Incision and drainage of abscess - intraoral soft tissue	96
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D7961	Buccal/labial frenectomy (frenulectomy)	263
D7962	Lingual frenectomy (frenulectomy)	263
D7979	Non-surgical sialolithotomy	43
Orthodontics[2]		
D8090	Comp. ortho. treatment - adult dentition	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract)	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch	272
D9945	Occlusal guard – soft appliance, full arch	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited	66
D9952	Occlusal adjustment - complete	266
D9953	Reline custom sleep apnea appliance (indirect)	175
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs	50

1. As performed by a Participating General Dentist. See Plan Exclusion #13.
2. Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

Plan Exclusions

Please refer to the section in your Individual Dental Policy titled "State-Specific Exclusions or Exceptions" for additional exclusions and/or exceptions to the following exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) bitewing x-rays are covered per calendar year per patient.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
10. Relining and rebasing of dentures is covered once every 24 months per patient.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 24 months per quadrant per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
14. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
15. Full mouth debridement is covered once per lifetime per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
21. Orthodontia treatment is limited to once per lifetime.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as "Dominion").

Select Plan Basic *Kids* 702xs (VA)
Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services

- Coverage continues through end of year in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: $400 per child per calendar year for medically necessary treatment (maximum of $800 for policy covering two or more children). The member shall only be responsible for the copayment listed in Member Copayment column. Any procedure listed that has a Member Copayment above the annual out-of-pocket maximum may apply as these procedures are not considered medically necessary and are included as additional benefits. The Plan is responsible for the difference between the Actual Copayment and the Member Copayment for all medically necessary treatment.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed $300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
Diagnostic/Preventive			
	Office visit	10	10
D0120	Periodic oral eval - established patient	0	0
D0140	Limited oral eval - problem focused	0	0
D0145	Oral eval for a patient under 3 years of age	0	0
D0150	Comprehensive oral eval - new or established patient	0	0
D0160	Detailed and extensive oral eval - problem focused	0	0
D0170	Re-evaluation - limited, problem focused	0	0
D0210	Intraoral – comprehensive series of radiographic images	26	26
D0220/30	Intraoral - periapical first film and each additional	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extraoral - first film	0	0
D0270-74	Bitewing x-rays - 1-4 films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0330	Panoramic film	30	30
D0340	Cephalometric film	0	0
D0350	Oral/facial photographic images	0	0
D0351	3D photographic image	0	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	26
D0373	Intraoral tomosynthesis – bitewing radiographic image	0	0
D0374	Intraoral tomosynthesis – periapical radiographic image	0	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	0
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts	0	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	0
D0601/02/03	Caries risk assessment & documentation, with a finding of low/moderate/high risk	0	0
D0701-09	Image capture only procedures	0	0
D1110	Prophylaxis (cleaning) - adult	0	0
D1120	Prophylaxis (cleaning) - child	0	0
D1206	Topical application of fluoride varnish	0	0
D1208	Topical application of fluoride - excluding varnish	0	0
D1310/20/21/30	Oral hygiene instructions	0	0
D1351	Sealant - per tooth	21	21
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	21	21
D1354	Application of caries arresting medicament - per tooth	0	0
D1355	Caries preventive medicament application – per tooth	21	21
D1510/20	Space maintainer - fixed/removable, unilateral - per quadrant	143	143
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular	198	198
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular	198	198

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D1551/52/53	Re-cement/re-bond bilateral/unilateral space maintainer – maxillary/ mandibular	34	34
D1556/57/58	Removal of fixed bilateral/unilateral space maintainer – maxillary/ mandibular	44	44
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	143	143
Restorative (Fillings)			
D2140	Amalgam - one surface, prim. or perm.	41	41
D2150	Amalgam - two surfaces, prim. or perm.	51	51
D2160	Amalgam - three surfaces, prim. or perm.	64	64
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	78
D2330	Resin-based composite - one surface, anterior	69	69
D2331	Resin-based composite - two surfaces, anterior	83	83
D2332	Resin-based composite - three surfaces, anterior	99	99
D2335	Resin-based composite - >=4 surfaces, anterior	119	119
D2390	Resin-based composite crown, anterior	192	192
D2391	Resin-based composite - one surface, posterior	73	73
D2392	Resin-based composite - two surfaces, posterior	87	87
D2393	Resin-based composite - three surfaces, posterior	102	102
D2394	Resin-based composite - >=4 surfaces, posterior	123	123
Crown & Bridge			
D2510/20	Inlay- metallic - one to two surfaces	400	407
D2530	Inlay - metallic - three or more surfaces	400	425
D2542	Onlay - metallic - two surfaces	400	458
D2543/44	Onlay - metallic - three or more surfaces	400	524
D2610/20	Inlay - porcelain/ceramic - one to two surfaces	400	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	400	445
D2642	Onlay - porcelain/ceramic - two surfaces	400	479
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	400	499
D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	400	440
D2662/63/64	Onlay - resin-based composite - >=2 surfaces	400	444
D2710	Crown - resin based composite (indirect)	272	272
D2712	Crown - 3/4 resin-based composite (indirect)	400	485
D2720/21/22	Crown - resin with metal	400	495
D2740	Crown - porcelain/ceramic	400	560
D2750/51/52/53	Crown - porcelain fused to metal	400	523
D2780/81/82	Crown - 3/4 cast with metal	400	478
D2783	Crown - 3/4 porcelain/ceramic	400	511
D2790-94	Crown - full cast metal	400	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest	43	43
D2915	Recement cast or prefab. post and core	82	82
D2928/29	Prefab. porcelain/ceramic crown - prim. or perm. tooth	400	560
D2930	Prefab. stainless steel crown - prim. tooth	110	110
D2931	Prefab. stainless steel crown - perm. tooth	121	121
D2932	Prefabricated resin crown	140	140
D2933	Prefab. stainless steel crown w/ resin window	271	271
D2934	Prefab. esthetic coated primary tooth	296	296
D2940	Protective restoration	39	39
D2941	Interim therapeutic restoration, primary dentition	31	31
D2950	Core buildup, including any pins	125	125
D2951	Pin retention - per tooth, in addition to restoration	22	22
D2952	Post and core in addition to crown	186	186
D2954	Prefab. post and core in addition to crown	154	154
D2955	Post removal (not in conj. with endo. therapy)	105	105
D2962	Labial veneer (porcelain laminate) - laboratory	400	449
D2970	Temporary crown (fractured tooth)	0	0
D2980/81/82/83	Crown, inlay, onlay or veneer repair	102	102
Endodontics[1]			
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32	32
D3220	Therapeutic pulpotomy (excl. final restor.)	81	81
D3221	Pulpal debridement, prim. and perm. teeth	94	94
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	160	160
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	164	164
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	341	341
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	400	418
D3330	Endodontic therapy, molar tooth (excluding final restoration)	400	512
D3333	Internal root repair of perforation defects	105	105
D3346	Retreat of prev. root canal therapy, anterior	387	387
D3347	Retreat of prev root canal therapy - premolar	400	465

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D3348	Retreat of prev. root canal therapy, molar	400	558
D3351	Apexification/recalcification - initial visit	202	202
D3352	Apexification/recalcification - interim med. repl.	400	589
D3353	Apexification/recalcification - final visit	400	449
D3355	Pulpal regeneration - initial visit	202	202
D3356	Pulpal regeneration - interim medication replacement	400	589
D3357	Pulpal regeneration - completion of treatment	400	449
D3410	Apicoectomy - anterior	323	323
D3421	Apicoectomy - premolar (first root)	364	364
D3425	Apicoectomy - molar (first root)	400	418
D3426	Apicoectomy - (each add. root)	152	152
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	400	743
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	400	582
D3430	Retrograde filling - per root	119	119
D3450	Root amputation - per root	234	234
D3471	Surgical repair of root resorption - anterior	323	323
D3472	Surgical repair of root resorption – premolar	364	364
D3473	Surgical repair of root resorption – molar	400	418
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	323	323
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	364	364
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	400	418
D3920	Hemisection, not inc. root canal therapy	234	234
D3921	Decoronation or submergence of an erupted tooth	107	107
D3950	Canal prep/fitting of preformed dowel or post	136	136
Periodontics[1]			
D0180	Comp. periodontal eval - new or established patient	0	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	279	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad	100	100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	345	345
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	106	106
D4249	Clinical crown lengthening - hard tissue	400	576
D4260	Osseous surgery - >3 cont. teeth, per quad	400	499
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	392
D4263	Bone replacement graft, first site in quad.	400	743
D4264	Bone replacement graft, each add. site in quad.	400	582
D4268	Surgical revision proc., per tooth	358	358
D4270	Pedicle soft tissue graft procedure	400	643
D4273	Autogenous connective tissue graft proc.	400	800
D4274	Mesial/distal wedge procedure, single tooth	308	308
D4277	Free soft tissue graft, per tooth	400	654
D4278	Free soft tissue graft, each add. tooth	100	100
D4286	Removal of non-resorbable barrier	100	100
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	400	427
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	377	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.	45	45
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	89	89
D4381	Localized delivery of antimicrobial agents	98	98
D4910	Periodontal maintenance	74	74
Prosthetics (Dentures)			
D5110/20	Complete denture - maxillary/mandibular	400	697
D5130/40	Immediate denture - maxillary/mandibular	400	722
D5211/12	Maxillary/mandibular partial denture - resin base	400	649
D5213/14	Maxillary/mandibular partial denture - cast metal framework	400	750
D5221/22	Immediate maxillary/mandibular partial denture	400	649
D5223/24	Immediate maxillary/mandibular partial denture	400	750
D5225/26	Maxillary/mandibular partial denture - flexible base	400	750
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	400	750
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	400	750

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/ mandibular	400	419
D5284/86	Rem. unilateral partial denture – one piece flexible/resin base	400	419
D5410/11	Adjust complete denture - maxillary/mandibular	38	38
D5421/22	Adjust partial denture - maxillary/mandibular	38	38
D5511/12	Repair broken complete denture base, maxillary/mandibular	87	87
D5520	Replace missing or broken teeth - complete denture	87	87
D5611/12	Repair resin partial denture base, maxillary/mandibular	87	87
D5621/22	Repair cast partial framework, maxillary/mandibular	87	87
D5630/60	Clasp repaired, replaced or added	115	115
D5640/50	Replace broken tooth/add tooth to existing partial denture	87	87
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/ mandibular)	287	287
D5710/11	Rebase complete maxillary/mandibular denture	260	260
D5720/21	Rebase maxillary/mandibular partial denture	260	260
D5725	Rebase hybrid prosthesis	260	260
D5730/31	Reline complete maxillary/mandibular denture (direct)	159	159
D5740/41	Reline maxillary/mandibular partial denture (direct)	155	155
D5750/51	Reline complete maxillary/mandibular denture (indirect)	224	224
D5760/61	Reline maxillary/mandibular partial denture (indirect)	224	224
D5765	Soft liner for complete or partial removable denture – indirect	53	53
D5810/11	Interim complete denture - maxillary/mandibular	362	362
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	362
D5850/51	Tissue conditioning - maxillary/mandibular	79	79
D5951	Feeding aid	400	1395
Bridge & Pontics			
D6205	Pontic - indirect resin based composite	400	445
D6210-14	Pontic - metal	400	495
D6240/41/42	Pontic - porcelain fused to metal	400	523
D6243	Pontic – porcelain fused to titanium and titanium alloys	400	495
D6245	Pontic - porcelain/ceramic	400	560
D6250/51/52	Pontic - resin with metal	400	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	393
D6549	Resin retainer - for resin bonded fixed prosthesis	251	251
D6600	Retainer inlay - porc./ceramic, two surfaces	400	427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	400	445
D6602	Retainer inlay - cast high noble metal, two surfaces	400	407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	400	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	400	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	400	425
D6606	Retainer inlay - cast noble metal, two surfaces	400	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces	400	425
D6608	Retainer onlay - porc./ceramic, two surfaces	400	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces	400	499
D6610	Retainer onlay - cast high noble metal, two surfaces	400	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	400	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces	400	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	400	524
D6614	Retainer onlay - cast noble metal, two surfaces	400	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces	400	524
D6710	Retainer crown - indirect resin based composite	400	445
D6720/21/22	Retainer crown - resin with metal	400	495
D6740	Retainer crown - porcelain/ceramic	400	560
D6750/51/52	Retainer crown - porcelain fused to metal	400	523
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	400	495
D6780/81/82	Retainer crown - 3/4 cast metal	400	470
D6783	Retainer crown - 3/4 porc./ceramic	400	511
D6784	Retainer crown – 3/4 titanium and titanium alloys	400	495
D6790-94	Retainer crown - full cast metal	400	495
D6930	Recement or rebond fixed partial denture	69	69
D6980	Fixed partial denture repair, by report	172	172
Oral Surgery[1]			
D7111	Extraction, coronal remnants - primary tooth	56	56
D7140	Extraction, erupted tooth or exposed root	69	69
D7210	Extraction, erupted tooth req. bone cut	133	133
D7220	Removal of impacted tooth - soft tissue	151	151

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D7230	Removal of impacted tooth - partially bony	196	196
D7240	Removal of impacted tooth - completely bony	241	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217	217
D7250	Removal of residual tooth roots	141	141
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217	217
D7260	Oroantral fistula closure	400	578
D7261	Primary closure of a sinus perforation	400	465
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	226	226
D7280	Exposure of an unerupted tooth	153	153
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	231	231
D7283	Place. of device to facilitate erupt. of impacted tooth	144	144
D7285	Biopsy of oral tissue - hard (bone, tooth)	387	387
D7286	Biopsy of oral tissue - soft (all others)	295	295
D7288	Brush biopsy - transepithelial sample collect	93	93
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60	60
D7310/20	Alveoloplasty, per quadrant	141	141
D7311/21	Alveoloplasty in conj. with/out extractions	141	141
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm	400	543
D7471	Removal of lateral exostosis	351	351
D7472/73	Removal of torus palatinus/mandibularis	400	480
D7485	Surgical reduction of osseous tuberosity	400	568
D7509	Marsupialization of odontogenic cyst	400	400
D7510	Incision and drainage of abscess - intraoral soft tissue	96	96
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112	112
D7880	Occlusal orthotic device for TMJ, by report	272	272
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25	25
D7961/62	Buccal/labial or lingual frenectomy (frenulectomy)	263	263
D7963	Frenuloplasty	293	293
D7970	Excision of hyperplastic tissue - per arch	233	233
D7971	Excision of pericoronal gingiva	131	131
D7972	Surgical reduction of fibrous tuberosity	400	521
D7979	Non-surgical sialolithotomy	43	43
Orthodontics²			
D8020	Limited ortho. treatment of the transitional dentition	400	3304
D8030	Limited ortho treatment - adolescent dentition	400	3422
D8040	Limited ortho treatment - adult dentition	400	3658
D8070	Comp. ortho. treatment - transitional dentition	400	3304
D8080	Comp. ortho. treatment - adolescent dentition	400	3422
D8090	Comp. ortho. treatment - adult dentition	400	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting)	400	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting)	400	783
D8660	Pre-orthodontic treatment visit	400	413
D8670	Periodic ortho. treatment visit (as part of contract)	118	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	400	413
D8701/02	Repair of fixed retainer, includes reattachment – maxillary/mandibular	174	174
D8703/04	Replacement of lost or broken retainer – maxillary/mandibular	179	179
D8999	Unspecified orthodontic procedure, by report	0	0
Adjunctive General Services			
D9110	Palliative treatment of dental pain – per visit	43	43
D9210/15	Local anesthesia	0	0
D9211/12	Regional block anesthesia	0	0
D9219	Evaluation for deep sedation or general anesthesia	0	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment	103	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	37	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	103	103
D9248	Non-intravenous conscious sedation	145	145
D9310	Consultation (diagnostic service by nontreating dentist)	43	43
D9420	Hospital call	350	350
D9440	Office visit after regularly scheduled hours	90	90
D9610	Therapeutic parenteral drug, single admin.	26	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70	70

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190	190
D9630	Drugs or medicaments dispensed in the office for home use	42	42
D9910	Application of desensitizing medicament	31	31
D9920	Behavior management, by report	68	68
D9930	Treatment of complications (post-surgical)	43	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch	272	272
D9950	Occlusion analysis - mounted case	104	104
D9951	Occlusal adjustment - limited	66	66
D9952	Occlusal adjustment - complete	266	266
D9953	Reline custom sleep apnea appliance (indirect)	175	175
D9986	Missed appointment	50	50
D9995/96	Teledentistry - synchronous/asynchronous	0	0
D9997	Dental case management – patients with special health care needs	50	50

1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. See Plan Exclusion #13.
2 See limitation# 23 for additional coverage information.

Plan Exclusions

Please refer to the section in your Individual Dental Policy titled "State-Specific Exclusions or Exceptions" for additional exclusions and/or exceptions to the following exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not medically necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services or an occlusal orthotic device, by report, for temporomandibular pain, dysfunction or associated musculature.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics and palliative emergency pain treatment). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia are not covered benefits under this policy. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #23 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
5. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
6. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 12 months, per quadrant (unilateral) or per arch (bilateral), per patient; one (1) distal shoe space maintainer (D1575), fixed, unilateral per 24 months.
7. Replacement of a filling is covered if it is more than 12 months from the date of original placement.
8. Replacement of a onlay (porcelain/ceramic, four or more surfaces), crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement.
9. Replacement of a primary stainless steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
10. Relining and rebasing of dentures is covered once per tooth per 24 months, per patient, only after six (6) months of initial placement.
11. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is covered once per tooth, per lifetime, per patient.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
14. Full mouth debridement is covered once per 12 months, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
17. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. General anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 150 minutes or 10 units of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
21. Occlusal guard, by report (for grinding and clenching of teeth)
22. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
23. Orthodontics is only covered if medically necessary and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only, including pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, debanding, one set of retainers and 12 months of retainer adjustments. Additional costs incurred will become the patient's responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.