



**BLUE CROSS BLUE SHIELD
OF NORTH CAROLINA (BCBSNC)
Dental Administration**

Provider Office Procedural Manual

PLAN NAME:

DBS 01 - DENTAL BLUE SELECT STANDARD

8025 North Point Blvd
Suite 100
Winston-Salem, NC 27106

www.BCBSNC-Dental.com

888-471-2738 Fax: 336-714-1438

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This Office Procedure Manual is designed to assist providers who render services to the Employees and their Dependents covered under the Dental Plan:

DBS-01 DENTAL BLUE SELECT STANDARD PLAN

**Blue Cross Blue Shield of North Carolina
Addresses and Contact Information**

Provider Certification	Customer Service Call Center
8025 North Point Blvd, Suite 100	8025 North Point Blvd
Winston-Salem, NC 27106	Winston-Salem, NC 27106
Phone: 336-759-2013 x 1263	Phone: 866-480-6623
FAX: 336-759-0968	
EMail: ProviderWebServices@BCBSNC-Dental.com	Dental Claims (Paper)
	BCBSNC Dental Claims Unit
Provider Web Services available at:	PO Box 2400
www.BCBSNC-Dental.com	Winston-Salem, NC 27106-2400
	Dental Claims (Electronic)
	Emdeon Payer Number: 61474

Phone 1-888-471-2738 • Fax 336-714-1445

Important note: BCBSNC is pleased to provide enhanced services to providers via our web site: <http://www.BCBSNC-Dental.com>

The following services are available:

i) Standard Services:

- (1) Subscriber / Eligibility Check
- (2) Claim Submission
- (3) Pre-Treatment / Authorization Submission
- (4) Review Pre-Treatment / Authorization Service Requirements: If x-rays, treatment plans are required these requirements will be noted.
- (5) Upload required documents: e.g. x-ray images, Perio-charting, Ortho Contracts, etc.
- (6) Check Claim Status
- (7) Check Pre-Treatment / Authorization Status
- (8) Download Detail Plan descriptions: Office Reference Manuals (ORM).
- (9) Review Member Service History

ii) Advanced Services:

- (1) Load Members for easy Claim Entry.
- (2) Create personalized fee schedules to avoid rekeying Submitted Amounts for routine Services

If you have questions on submitting claims or accessing the website, please contact our Provider Web Services desk at 366-759-2013 ext 1263 **FAX:** 336-759-0968 or via e-mail at: ProviderWebServices@bcbsnc-dental.com

1) Patient Eligibility Verification Procedures

b) Plan Eligibility: All eligible employees and their eligible dependents (Members) who are timely enrolled in the Plan are eligible for benefits, as specified, under the Plan.

c) Member Identification Card

Dental Plan Subscribers receive identification cards from the Plan. Providers are responsible for verifying that Members are eligible at the time services are rendered and for determining if the Members have other dental insurance or coverage.

BCBSNC recommends that each dental office make a photocopy of the Member's identification card each time treatment is provided. It is important to note that the dental plan identification card is not dated. An identification card, in itself, does not guarantee that a person is currently enrolled in the dental plan.

Disclaimer: Information about benefits and eligibility given by our voice system or by a Customer Service Representative or in this document is received from other sources and is accurate at the time it is given. Coverage and payment decisions will be made according to the written Plan Document and current eligibility information when a claim is received as of the date services are rendered. Eligibility responses provided by the voice system or a CSR or this document do not guarantee coverage or payment.

2) Methods of verifying Eligibility

a) Provider Web Services (PWS) Access: Providers may access the system through the "Provider" section of BCBSNC website at: www.BCBSNC-Dental.com. This service is provided at no charge and is available 24 hours a day, 7 days a week without having to wait for an available Service Representative.

b) Provider IVR Access: Providers may also access member eligibility through the BCBSNC Interactive Voice Response (IVR) phone line at: 888-471-2738.
Please Note that due to possible eligibility status changes, the information provided by the system does not guarantee payment. If you are having difficulty accessing either the IVR or website, please contact the Providers Relations Department. They will assist you in utilizing either system.

3) Claim Submission Procedures (claim filing options)

BCBSNC processes dental claims for the Dental Blue, Dental Blue for Individuals and Dental Blue Select dental plans. BCBSNC also administers dental plans sponsored by employers. BCBSNC receives dental claims in three possible formats. These formats include: **Web Claim Submission** utilizing the BCBSNC Provider Web Services (PWS); **Electronic (EDI)** submissions via the Emdeon clearing house, under two payer IDs; and **Paper Claims**.

a) Web Claim Submission:

Providers may submit claims directly by utilizing the "Provider" section of our website. Submitting claims via the website is very quick and easy. It is especially easy if you have already accessed the site to check a Member's eligibility prior to rendering services. Submitting dental claims using the BCBSNC Internet Web Site will provide you with the fastest and most efficient processing. This service is free, and it will reduce your mailing

costs. This submission method also will provide a methodology for submitting x-rays as well as other treatment notes that you would normally mail to us. To submit claims via the website, log on to <http://www.BCBSNC-dental.com>. Once you have entered the website, click on the link labeled “Providers.” You then will be able to log on using your password and ID. First time users will have to register prior to logging on.

b) Emdeon Clearing House:

Dental Providers are encouraged to submit their claims via Emdeon. Please be aware that claims are received by BCBSNC through two separate Emdeon payer numbers to identify our business lines. Submitting claims to an incorrect payer ID number will delay the timely processing of your submissions. To ensure you are using the correct Payer ID please refer to the information displayed on the first page under Contact Information. Always refer to the subscriber’s dental ID card to properly identify the correct plan and the correct Emdeon Payer ID number.

Emdeon Payer Id	Customer
61474	Blue Cross Blue Shield of North Carolina, Dental Blue Select
61473	Blue Cross Blue Shield of North Carolina, Dental Blue and Dental Blue for Individuals

c) Paper Claims: Claims must be submitted on ADA approved claim forms or other form approved in advance by the BCBSNC Dental Administration Unit. Claim forms other than the current ADA approved claim form or claim forms we have previously approved for you will delay the timely processing and payment of your submission. You may download current pre-addressed approved ADA forms from: BCBSNC-Dental.com.

i) Required Identifying Information:

Subscriber name, Subscriber ID number, Patient Name and date of birth must be listed on all claims submitted. If the Subscriber ID number is missing or miscoded on the claim form, the patient cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment. In support of HIPAA compliance BCBSNC discourages the use of the subscriber’s Social Security Number (SSN) as a method of identifying Subscribers. The Subscriber ID is located on the Subscriber’s Dental ID Card. The use of “Nick Names” can provide an opportunity for a submitted claim to be delayed or returned to you if we cannot locate the member.

ii) The Provider and Office location information:

Rendering and Billing Office must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist’s name cannot be clearly identified. Please include either a typed dentist (practice) name, Tax Identification Number for both the Rendering Provider and the Billing Entity.

iii) Claim Service Lines:

The date of service must be provided on the claim form for each service line submitted. Approved ADA dental codes as published in the current CDT book or as defined in the Office Reference Manual (ORM) downloaded from the web site to define all services associated with a given Subscriber's plan. List all quadrants, tooth numbers and surfaces for dental codes that necessitate identification (extractions, root canals, amalgams and resin fillings). Failure to provide tooth and surface identification codes can result in the delay or denial of claim payment.

iv) Documentation, Treatment Plans, Charting and X-Rays:

Please send only copies of x-rays or readable images. X-Rays will not be returned unless they are accompanied by a postage paid envelope.

v) Postage:

Affix the proper postage when mailing bulk documentation to BCBSNC. BCBSNC does not accept postage due mail. This mail will be returned to the sender and will result in delay of processing and payment.

4) Provider Certification:

a) Tax ID Number (TIN) Validation: BCBSNC participates in the IRS TIN Matching Service. You can find a description of this service at

<http://www.irs.gov/taxpros/article/0,,id=109646,00.html> . BCBSNC utilizes this service to validate IRS Forms W-9 submitted by providers. The Tax Name and TIN, either an Employer Identification Number (EIN) or Social Security Number (SSN), submitted on the IRS Form W-9 must match the IRS records. When this information does not match, payment will be delayed until a valid IRS Form W-9 can be received by us. You may download an approved IRS Form W-9 from our web site. These forms may be mailed or faxed to us.

b) NPI: On May 23, 2008, the end of the NPI Contingency Period, BCBSNC began to require the Rendering and Billing NPI Numbers on all Dental Claims submitted for processing via the Emdeon clearing house. Please provide your NPI to facilitate the quick processing of your dental claim submissions.

c) Web Services Registration:

For assistance in registration for Web Services, providers may email or fax a Request for Logon Credentials to the Provider Help desk. All requests should be accompanied by an IRS Form W-9. The Logon Credentials will be returned to you in the same manner as requested, email or FAX.

Provider Help Desk: 336-759-2013 ext 1263; FAX: 336-759-0968; Email:
ProviderWebServices@BCBSNC-Dental.com.

5) Receipt and Audit of Claims:

In order to ensure timely, accurate remittances to each participating provider, BCBSNC performs an audit of all claims upon receipt. This audit validates member eligibility, procedure codes and provider identifying information. Each provider receives an “explanation of benefit” report with their remittance. This report includes patient information and an allowable fee by date of services for each service rendered and represented on the remittance.

DBS 01 DENTAL BLUE SELECT STANDARD PLAN

Dental Benefits	STANDARD PLAN: Open Network / Members can visit any licensed dentist		
Maximum Benefit for Type A, B, C Services Only	\$1,000 Per Benefit Year		
Benefit Lifetime Deductible	\$100		
	Plan Co-payment Rate	Description of Services	Frequencies/Other Information
<u>Type A Services</u>	100% Lifetime Deductible Applies	<u>Preventive/Diagnostic Dental:</u> Oral Exams, Prophylaxis, Fluoride Treatment, and Sealants.	<u>Exams & Cleanings:</u> (1 per 12 months) <u>Fluoride: Children under age 19:</u> (1 per 12 months) <u>Sealants:</u> Children ages 5-15 <u>Bitewing X-rays:</u> (1 per 12 months)
<u>Type B Services</u> 6 Month Waiting Period	80% Lifetime Deductible Applies	<u>Basic Dental:</u> Fillings and simple teeth removal	Composite Fillings are not downgraded to Amalgum Fillings.
<u>Type C Services</u> 12 Month Waiting Period	50% Lifetime Deductible Applies	<u>Major Dental:</u> Oral Surgery and related anesthesia, Periodontics, Endodontics (Root Canal Treatments), Space Maintainers, and Full Mouth or Panorex x-rays.	<u>Periodontal Codes:</u> 4341 (once per quad per 24 months) 4355 (once every 36 months) 4910 (2 times per benefit period) 4381 (once per site per 24 months) <u>Full Mouth or Panorex x-ray:</u> (1 per 36 months) <i>No coverage for Crowns, Inlays, Onlays, Bridges, Dentures, or Implants</i>
<u>Type D Services</u> Orthodontia	N/A	N/A	N/A

Limitations and Exclusions:

This is a partial list of services that are not covered by Dental Blue Select. Your dental benefits plan does not cover services, supplies, drugs or charges that are:

- Not medically necessary
- Hospitalization for any dental procedure
- Dental procedure solely for cosmetic or aesthetic reasons
- Dental procedures not directly associated with dental disease
- Procedures not performed in a dental setting
- Procedures that are considered experimental
- Drugs or medications obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- Services related to temporomandibular joint (TMJ)
- Received prior to member's effective date
- Dental implants, oral orthotic devices, palatal expanders and orthodontics except as specifically covered by your dental benefit plan.

CDT Code Detail

SERVICE LIMITATIONS BY CODE				
Code	Ages	Specialty Group	Limitation	Counting Rule
D0120	0 to 999	All Specialties	1 every 1 Accum Year(s)	Per Patient
D0150	0 to 999	All Specialties	1 every 1 Accum Year(s)	Per Patient per (Provider and Location)
D0180	0 to 999	All Specialties	2 every 1 Accum Year(s)	Per Patient
D0220	0 to 999	All Specialties	1 every 1 Day(s)	Per Patient
D0250	0 to 999	All Specialties	1 every 1 Day(s)	Per Patient
D0277	0 to 999	All Specialties	1 every 1 Accum Year(s)	Per Patient
D0460	0 to 999	All Specialties	1 every 1 Day(s)	Per Patient
D1351	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D1510	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D1515	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D1520	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D1525	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D1550	0 to 999	All Specialties	1 every 1 Day(s)	Per Patient
D1555	0 to 999	All Specialties	1 every 1 Day(s)	Per Patient
D3230	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D3240	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D3310	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D3320	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D3330	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D3346	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D3347	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D3348	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D4210	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4211	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4240	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4241	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4245	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4249	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4260	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4261	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4263	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4264	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4265	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4266	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4267	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4270	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4271	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4273	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4274	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4275	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4276	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4320	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient

SCHEDULE OF DENTAL BENEFITS

SERVICE LIMITATIONS BY CODE				
Code	Ages	Specialty Group	Limitation	Counting Rule
D4321	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4341	0 to 999	All Specialties	1 every 2 Year(s)	Per Patient
D4342	0 to 999	All Specialties	1 every 2 Year(s)	Per Patient
D4355	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D4381	0 to 999	All Specialties	1 every 2 Year(s)	Per Patient
D4910	0 to 999	All Specialties	2 every 1 Accum Year(s)	Per Patient
D7260	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7280	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D7282	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D7283	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D7291	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7311	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7320	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7321	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7340	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7350	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7450	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7451	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7471	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7472	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7473	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7485	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D7960	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D7963	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D7970	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7971	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D7972	0 to 999	All Specialties	1 every 3 Year(s)	Per Patient
D9230	0 to 999	All Specialties	1 every 1 Day(s)	Per Patient
D9248	0 to 999	All Specialties	1 every 1 Day(s)	Per Patient
D9940	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D9942	0 to 999	All Specialties	1 every 1 Accum Year(s)	Per Patient
D9950	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D9951	0 to 999	All Specialties	1 every 2 Year(s)	Per Patient
D9952	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D9971	0 to 999	All Specialties	1 every 2 Year(s)	Per Patient

SERVICE LIMITATIONS BY CODE SET				
Code Set	Specialty Group	Ages	Limitation	Counting Rule
0210,0330	All Specialties	0 to 999	1 every 3 Year(s)	Per Patient
1110, 1120, 1201, 1205	All Specialties	0 to 999	1 every 1 Accum Year(s)	Per Patient
1201, 1203, 1204, 1205, 1206	All Specialties	0 to 999	1 every 1 Accum Year(s)	Per Patient
272, 273, 274	All Specialties	0 to 999	1 every 1 Accum Year(s)	Per Patient

SCHEDULE OF DENTAL BENEFITS

WAITING PERIODS			
Code set	Std Days	Late Days	Apply Credit
DBS-STANDARD-TYPE B	180	365	True
DBS-STANDARD-TYPE C	365	730	True

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D0290	skull and facial bone film	0 to 999	-All-	
D0310	sialography	0 to 999	-All-	
D0320	TMJ arthrogram	0 to 999	-All-	
D0321	other TMJ films, by report	0 to 999	-All-	
D0322	tomographic survey	0 to 999	-All-	
D0340	cephalometric film	0 to 999	-All-	D8660
D0350	oral/facial images	0 to 999	-All-	
D0360	cone beam ct - craniofacial data capture	0 to 999	-All-	
D0362	cone beam - two dimensional image reconstruction using existing data	0 to 999	-All-	
D0363	cone beam - three dimensional image reconstruction using existing data	0 to 999	-All-	
D0415	bacteriologic studies	0 to 999	-All-	
D0416	viral culture	0 to 999	-All-	
D0421	genetic test for susceptibility to oral diseases	0 to 999	-All-	
D0425	caries susceptibility tests	0 to 999	-All-	
D0431	adjunctive pre-diagnostic test for mucosal abnormalities	0 to 999	-All-	
D0471	diagnostic photographs	0 to 999	-All-	
D0472	gross tissue exam	0 to 999	-All-	
D0473	gross/micro tissue exam	0 to 999	-All-	
D0474	surg gross/micro tissue exam	0 to 999	-All-	
D0475	decalcification procedure	0 to 999	-All-	
D0476	special stains for microorganisms	0 to 999	-All-	
D0477	special stains, not for microorganisms	0 to 999	-All-	
D0478	immunohistochemical stains	0 to 999	-All-	
D0479	tissue in-situ hybridization, including interpretation	0 to 999	-All-	
D0480	cytologic smears	0 to 999	-All-	
D0481	electron microscopy - diagnostic	0 to 999	-All-	
D0482	direct immunofluorescence	0 to 999	-All-	
D0483	indirect immunofluorescence	0 to 999	-All-	
D0484	consultation on slides prepared elsewhere	0 to 999	-All-	
D0485	consultation, including preparation of slides from biopsy	0 to 999	-All-	
D0486	accession of brush biopsy sample, microscopic examination, written report	0 to 999	-All-	
D0501	histopathologic exams	0 to 999	-All-	
D0502	other oral path proc	0 to 999	-All-	
D1203	fluoride w/o prophyl-child	19 to 999	-All-	
D1204	fluoride w/o prophyl-adult	19 to 999	-All-	
D1310	nutritional counseling	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D1320	tobacco counseling	0 to 999	-All-	
D1330	oral hygiene instructions	0 to 999	-All-	
D1351	sealant - per tooth	0 to 4	-All-	
D1351	sealant - per tooth	5 to 15	1	
D1351	sealant - per tooth	5 to 15	10	
D1351	sealant - per tooth	5 to 15	11	
D1351	sealant - per tooth	5 to 15	12	
D1351	sealant - per tooth	5 to 15	13	
D1351	sealant - per tooth	5 to 15	16	
D1351	sealant - per tooth	5 to 15	17	
D1351	sealant - per tooth	5 to 15	20	
D1351	sealant - per tooth	5 to 15	21	
D1351	sealant - per tooth	5 to 15	22	
D1351	sealant - per tooth	5 to 15	23	
D1351	sealant - per tooth	5 to 15	24	
D1351	sealant - per tooth	5 to 15	25	
D1351	sealant - per tooth	5 to 15	26	
D1351	sealant - per tooth	5 to 15	27	
D1351	sealant - per tooth	5 to 15	28	
D1351	sealant - per tooth	5 to 15	29	
D1351	sealant - per tooth	5 to 15	32	
D1351	sealant - per tooth	5 to 15	4	
D1351	sealant - per tooth	5 to 15	5	
D1351	sealant - per tooth	5 to 15	6	
D1351	sealant - per tooth	5 to 15	7	
D1351	sealant - per tooth	5 to 15	8	
D1351	sealant - per tooth	5 to 15	9	
D1351	sealant - per tooth	5 to 15	A	
D1351	sealant - per tooth	5 to 15	B	
D1351	sealant - per tooth	5 to 15	C	
D1351	sealant - per tooth	5 to 15	D	
D1351	sealant - per tooth	5 to 15	E	
D1351	sealant - per tooth	5 to 15	F	
D1351	sealant - per tooth	5 to 15	G	
D1351	sealant - per tooth	5 to 15	H	
D1351	sealant - per tooth	5 to 15	I	
D1351	sealant - per tooth	5 to 15	J	
D1351	sealant - per tooth	5 to 15	K	
D1351	sealant - per tooth	5 to 15	L	
D1351	sealant - per tooth	5 to 15	M	
D1351	sealant - per tooth	5 to 15	N	
D1351	sealant - per tooth	5 to 15	O	
D1351	sealant - per tooth	5 to 15	P	
D1351	sealant - per tooth	5 to 15	Q	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D1351	sealant - per tooth	5 to 15	R	
D1351	sealant - per tooth	5 to 15	S	
D1351	sealant - per tooth	5 to 15	T	
D1351	sealant - per tooth	16 to 999	-All-	
D1510	space maintainer-fixed-uni	16 to 999	-All-	
D1515	space maint-fixed-bilateral	16 to 999	-All-	
D1520	space maintainer-removable-uni	16 to 999	-All-	
D1525	space maintainer-removable-bi	16 to 999	-All-	
D1550	recementation space maintainer	16 to 999	-All-	
D1555	removal of fixed space maintainer	16 to 999	-All-	
D2110	amalgam-1 surface, primary	0 to 999	-All-	
D2120	amalgam-2 surfaces, primary	0 to 999	-All-	
D2130	amalgam-3 surfaces, primary	0 to 999	-All-	
D2131	amalgam-4+ surfaces, primary	0 to 999	-All-	
D2336	comp resin crown, ant-primary	0 to 999	-All-	
D2337	resin based composite crown, ant-perm	0 to 999	-All-	
D2380	resin-1 surf, post-primary	0 to 999	-All-	
D2381	resin-2 surf, post-primary	0 to 999	-All-	
D2382	resin-3+ surf, post-primary	0 to 999	-All-	
D2385	resin-1 surf, posterior-perm	0 to 999	-All-	
D2386	resin-2 surf, posterior-perm	0 to 999	-All-	
D2387	resin-3 surf, posterior-perm	0 to 999	-All-	
D2388	resin-4+ surf, posterior-perm	0 to 999	-All-	
D2390	comp resin crown, anterior	0 to 999	-All-	
D2410	gold foil - 1 surface	0 to 999	-All-	
D2420	gold foil - 2 surfaces	0 to 999	-All-	
D2430	gold foil - 3 surfaces	0 to 999	-All-	
D2510	inlay - metallic -1 surface	0 to 999	-All-	
D2520	inlay-metallic-2 surfaces	0 to 999	-All-	
D2530	inlay-metallic-3+ surfaces	0 to 999	-All-	
D2542	onlay - metallic - two surfaces	0 to 999	-All-	
D2543	onlay-metallic-3 surfaces	0 to 999	-All-	
D2544	onlay-metallic-4+ surfaces	0 to 999	-All-	
D2610	inlay-porce/ceramic-1surface	0 to 999	-All-	
D2620	inlay-porcelain/ceramic-2 surf	0 to 999	-All-	
D2630	inlay-porc/ceramic 3+ surf	0 to 999	-All-	
D2642	onlay-porcelain/ceramic-2 surf	0 to 999	-All-	
D2643	onlay-porcelain/ceramic-3 surf	0 to 999	-All-	
D2644	onlay-porcelain/ceramic-4+surf	0 to 999	-All-	
D2650	inlay-composite/resin 1surface	0 to 999	-All-	
D2651	inlay-composite/resin-2 surf	0 to 999	-All-	
D2652	inlay-composite/resin-3+ surf	0 to 999	-All-	
D2662	onlay-composite/resin-2 surf	0 to 999	-All-	
D2663	onlay-composite/resin-3 surf	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D2664	onlay-composite/resin-4+ surf	0 to 999	-All-	
D2710	crown - resin (laboratory)	0 to 999	-All-	
D2712	crown - 3/4 resin - does not include facial veneers	0 to 999	-All-	
D2720	crown-resin w high noble metal	0 to 999	-All-	
D2721	crown-resin with base metal	0 to 999	-All-	
D2722	crown - resin with noble metal	0 to 999	-All-	
D2740	crown-porcen/ceramic substrate	0 to 999	-All-	
D2750	crown-porc fused to high noble	0 to 999	-All-	
D2751	crown-porcelain fused to metal	0 to 999	-All-	
D2752	crown-porce fused noble metal	0 to 999	-All-	
D2780	crown - ¾ cast high noble metal	0 to 999	-All-	
D2781	crown - ¾ cast predominantly base metal	0 to 999	-All-	
D2782	crown - ¾ cast noble metal	0 to 999	-All-	
D2783	crown - ¾ porcelain/ceramic	0 to 999	-All-	
D2790	crown-full cast high noble	0 to 999	-All-	
D2791	crown - full cast base metal	0 to 999	-All-	
D2792	crown - full cast noble metal	0 to 999	-All-	
D2794	crown - titanium	0 to 999	-All-	
D2799	provisional crown	0 to 999	-All-	
D2810	crown - 3/4 cast metallic	0 to 999	-All-	
D2910	recement inlay	0 to 999	-All-	
D2915	recement cast or prefabricated post and core	0 to 999	-All-	
D2920	recement crown	0 to 999	-All-	
D2930	prefab steel crown-prime tooth	0 to 999	-All-	
D2931	prefab steel crown-perm tooth	0 to 999	-All-	
D2932	prefabricated resin crown	0 to 999	-All-	
D2933	prefab steel crown w resin win	0 to 999	-All-	
D2934	prefabricated esthetic coated stainless steel crown - primary	0 to 999	-All-	
D2950	core buildup, including pins	0 to 999	-All-	
D2952	cast post and core plus crown	0 to 999	-All-	
D2953	each additional cast post - same tooth	0 to 999	-All-	
D2954	prefabr post/core & crown	0 to 999	-All-	
D2955	post removal (not endodontic)	0 to 999	-All-	
D2957	each additional prefabricated post - same tooth	0 to 999	-All-	
D2960	labial veneer (laminate)-chair	0 to 999	-All-	
D2961	labial veneer (resin laminate)	0 to 999	-All-	
D2962	labial veneer (porc laminate)	0 to 999	-All-	
D2970	temporary crown (fracture)	0 to 999	-All-	
D2970	temporary crown (fractured tooth)	0 to 999	-All-	
D2971	additional procedures to construct new crown under partial	0 to 999	-All-	
D2975	coping	0 to 999	-All-	
D2980	crown repair, by report	0 to 999	-All-	
D2999	unspecified restorative proc	0 to 999	-All-	
D3330	root canal, molar	0 to 999	1	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D3330	root canal, molar	0 to 999	16	
D3330	root canal, molar	0 to 999	17	
D3330	root canal, molar	0 to 999	32	
D3410	apicoectomy/periradicular-ant	0 to 999	12	
D3410	apicoectomy/periradicular-ant	0 to 999	13	
D3410	apicoectomy/periradicular-ant	0 to 999	14	
D3410	apicoectomy/periradicular-ant	0 to 999	15	
D3410	apicoectomy/periradicular-ant	0 to 999	19	
D3410	apicoectomy/periradicular-ant	0 to 999	2	
D3410	apicoectomy/periradicular-ant	0 to 999	20	
D3410	apicoectomy/periradicular-ant	0 to 999	21	
D3410	apicoectomy/periradicular-ant	0 to 999	28	
D3410	apicoectomy/periradicular-ant	0 to 999	29	
D3410	apicoectomy/periradicular-ant	0 to 999	3	
D3410	apicoectomy/periradicular-ant	0 to 999	30	
D3410	apicoectomy/periradicular-ant	0 to 999	31	
D3410	apicoectomy/periradicular-ant	0 to 999	4	
D3410	apicoectomy/periradicular-ant	0 to 999	5	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	10	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	11	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	14	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	15	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	18	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	19	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	2	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	22	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	23	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	24	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	25	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	26	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	27	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	3	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	30	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	31	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	6	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	7	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	8	
D3421	apicoectomy/periradicular-bicuspid	0 to 999	9	
D3450	root amputation - per root	0 to 999	10	
D3450	root amputation - per root	0 to 999	11	
D3450	root amputation - per root	0 to 999	12	
D3450	root amputation - per root	0 to 999	13	
D3450	root amputation - per root	0 to 999	20	
D3450	root amputation - per root	0 to 999	21	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D3450	root amputation - per root	0 to 999	22	
D3450	root amputation - per root	0 to 999	23	
D3450	root amputation - per root	0 to 999	24	
D3450	root amputation - per root	0 to 999	25	
D3450	root amputation - per root	0 to 999	26	
D3450	root amputation - per root	0 to 999	27	
D3450	root amputation - per root	0 to 999	28	
D3450	root amputation - per root	0 to 999	29	
D3450	root amputation - per root	0 to 999	4	
D3450	root amputation - per root	0 to 999	5	
D3450	root amputation - per root	0 to 999	6	
D3450	root amputation - per root	0 to 999	7	
D3450	root amputation - per root	0 to 999	8	
D3450	root amputation - per root	0 to 999	9	
D3460	endodontic endosseous implant	0 to 999	-All-	
D3470	intentional reimplantation	0 to 999	-All-	
D3910	surg proc isolation of tooth	0 to 999	12	
D3910	surg proc isolation of tooth	0 to 999	13	
D3910	surg proc isolation of tooth	0 to 999	14	
D3910	surg proc isolation of tooth	0 to 999	15	
D3910	surg proc isolation of tooth	0 to 999	18	
D3910	surg proc isolation of tooth	0 to 999	19	
D3910	surg proc isolation of tooth	0 to 999	2	
D3910	surg proc isolation of tooth	0 to 999	20	
D3910	surg proc isolation of tooth	0 to 999	21	
D3910	surg proc isolation of tooth	0 to 999	28	
D3910	surg proc isolation of tooth	0 to 999	29	
D3910	surg proc isolation of tooth	0 to 999	3	
D3910	surg proc isolation of tooth	0 to 999	30	
D3910	surg proc isolation of tooth	0 to 999	31	
D3910	surg proc isolation of tooth	0 to 999	4	
D3910	surg proc isolation of tooth	0 to 999	5	
D3950	canal prep & fit dowel/post	0 to 999	10	
D3950	canal prep & fit dowel/post	0 to 999	11	
D3950	canal prep & fit dowel/post	0 to 999	14	
D3950	canal prep & fit dowel/post	0 to 999	15	
D3950	canal prep & fit dowel/post	0 to 999	18	
D3950	canal prep & fit dowel/post	0 to 999	19	
D3950	canal prep & fit dowel/post	0 to 999	2	
D3950	canal prep & fit dowel/post	0 to 999	22	
D3950	canal prep & fit dowel/post	0 to 999	23	
D3950	canal prep & fit dowel/post	0 to 999	24	
D3950	canal prep & fit dowel/post	0 to 999	25	
D3950	canal prep & fit dowel/post	0 to 999	26	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D3950	canal prep & fit dowel/post	0 to 999	27	
D3950	canal prep & fit dowel/post	0 to 999	3	
D3950	canal prep & fit dowel/post	0 to 999	30	
D3950	canal prep & fit dowel/post	0 to 999	31	
D3950	canal prep & fit dowel/post	0 to 999	6	
D3950	canal prep & fit dowel/post	0 to 999	7	
D3950	canal prep & fit dowel/post	0 to 999	8	
D3950	canal prep & fit dowel/post	0 to 999	9	
D3960	bleaching of discolored tooth	0 to 999	-All-	
D4220	gingival curettage, per quad	0 to 999	-All-	
D4230	anatomical crown exposure - four or more contiguous teeth per quadrant	0 to 999	-All-	
D4231	anatomical crown exposure - one to three teeth per quadrant	0 to 999	-All-	
D4250	mucogingival surgery-per quad	0 to 999	-All-	
D4268	surgical revision procedure	0 to 999	-All-	
D4920	unscheduled dressing change	0 to 999	-All-	
D5110	complete denture - maxillary	0 to 999	-All-	
D5120	complete denture - mandibular	0 to 999	-All-	
D5130	immediate denture - maxillary	0 to 999	-All-	
D5140	immediate denture - mandibular	0 to 999	-All-	
D5211	maxillary part denture-resin	0 to 999	-All-	
D5212	mandibular part denture-resin	0 to 999	-All-	
D5213	maxillary part denture-cst mtl	0 to 999	-All-	
D5214	mandibular part denture-mtl	0 to 999	-All-	
D5225	partial denture - flexible base - max	0 to 999	-All-	
D5226	partial denture - flexible base - mand	0 to 999	-All-	
D5281	removable uni partial denture	0 to 999	-All-	
D5410	adjust comp dent - maxillary	0 to 999	-All-	
D5411	adjust comp dent-mandibular	0 to 999	-All-	
D5421	adj partial denture-maxillary	0 to 999	-All-	
D5422	adj partial dent-mandibular	0 to 999	-All-	
D5510	repair broken comp dent base	0 to 999	-All-	
D5520	replace teeth-dent/per tooth	0 to 999	-All-	
D5610	repair resin denture base	0 to 999	-All-	
D5620	repair cast framework	0 to 999	-All-	
D5630	repair or replace broken clasp	0 to 999	-All-	
D5640	replace broken teeth-per tooth	0 to 999	-All-	
D5650	add tooth to partial denture	0 to 999	-All-	
D5660	add clasp to partial denture	0 to 999	-All-	
D5670	replace all teeth on metal framework - maxillary	0 to 999	-All-	
D5671	replace all teeth on metal framework - mandibular	0 to 999	-All-	
D5710	rebase comp maxillary denture	0 to 999	-All-	
D5711	rebase comp mandibular denture	0 to 999	-All-	
D5720	rebase maxillary partial dent	0 to 999	-All-	
D5721	rebase mandibular partial dent	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D5730	reline comp max dent (chair)	0 to 999	-All-	
D5731	reline mandibular dent (chair)	0 to 999	-All-	
D5740	reline max part denture(chair)	0 to 999	-All-	
D5741	reline partial dent (chair)	0 to 999	-All-	
D5750	reline comp maxillary denture	0 to 999	-All-	
D5751	reline comp mandibular denture	0 to 999	-All-	
D5760	reline maxillary partial dent	0 to 999	-All-	
D5761	reline mandibular partial dent	0 to 999	-All-	
D5810	interim comp denture-maxillary	0 to 999	-All-	
D5811	interim comp dent, mandibular	0 to 999	-All-	
D5820	interim part dent, maxillary	0 to 999	-All-	
D5821	interim part dent-mandibular	0 to 999	-All-	
D5850	tissue conditioning, maxillary	0 to 999	-All-	
D5851	tissue conditioning,mandibular	0 to 999	-All-	
D5860	overdenture - complete	0 to 999	-All-	
D5861	overdenture - partial	0 to 999	-All-	
D5862	precision attachment	0 to 999	-All-	
D5867	replacement of precision attachment	0 to 999	-All-	
D5875	mod of removable prosthesis after surgery	0 to 999	-All-	
D5899	unspec removable prostho proc, by report	0 to 999	-All-	
D5911	facial moulage (sectional)	0 to 999	-All-	
D5912	facial moulage (complete)	0 to 999	-All-	
D5913	nasal prosthesis	0 to 999	-All-	
D5914	auricular prosthesis	0 to 999	-All-	
D5915	orbital prosthesis	0 to 999	-All-	
D5916	ocular prosthesis	0 to 999	-All-	
D5919	facial prosthesis	0 to 999	-All-	
D5922	nasal septal prosthesis	0 to 999	-All-	
D5923	ocular prosthesis, interim	0 to 999	-All-	
D5924	cranial prosthesis	0 to 999	-All-	
D5925	facial augment implant prosthe	0 to 999	-All-	
D5926	nasal prosthesis, replacement	0 to 999	-All-	
D5927	auricular prosthesis, replace	0 to 999	-All-	
D5928	orbital prosthesis, replace	0 to 999	-All-	
D5929	facial prosthesis, replacement	0 to 999	-All-	
D5931	obturator prosthesis, surgical	0 to 999	-All-	
D5932	obturator prosthesis, defin	0 to 999	-All-	
D5933	obturator prosthesis, modify	0 to 999	-All-	
D5934	mandibular resect prosthesis	0 to 999	-All-	
D5935	mandib resection prosthesis	0 to 999	-All-	
D5936	obturator prosthesis, interim	0 to 999	-All-	
D5937	trismus appliance (not TMD)	0 to 999	-All-	
D5951	feeding aid	0 to 999	-All-	
D5952	speech aid prosthesis, ped	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D5953	speech aid prosthesis, adult	0 to 999	-All-	
D5954	palatal augment prosthesis	0 to 999	-All-	
D5955	palatal lift prosthesis, defin	0 to 999	-All-	
D5958	palatal lift prosthesis, inter	0 to 999	-All-	
D5959	palatal lift prosthesis, mod	0 to 999	-All-	
D5960	speech aid prosthesis, mod	0 to 999	-All-	
D5983	radiation carrier	0 to 999	-All-	
D5984	radiation shield	0 to 999	-All-	
D5985	radiation cone locator	0 to 999	-All-	
D5986	fluoride gel carrier	0 to 999	-All-	
D5987	commissure splint	0 to 999	-All-	
D5999	maxillofacial prosthesis	0 to 999	-All-	
D6010	endosteal implant	0 to 999	-All-	
D6012	surgical placement interim implant body trans prosthesis: endosteal implant	0 to 999	-All-	
D6020	abutment endosteal implant	0 to 999	-All-	
D6040	surg place:eposteal implnt	0 to 999	-All-	
D6050	surg place-transosteal implant	0 to 999	-All-	
D6053	implant/abutment supp denture - complete	0 to 999	-All-	
D6054	implant/abutment supp denture - partial	0 to 999	-All-	
D6055	dental implant connecting bar	0 to 999	-All-	
D6056	prefab abutment	0 to 999	-All-	
D6057	custom abutment	0 to 999	-All-	
D6058	abutment supp porc/ceramic crown	0 to 999	-All-	
D6059	abutment supp porc/high noble metal crown	0 to 999	-All-	
D6060	abutment supp porc/base metal crown	0 to 999	-All-	
D6061	abutment supp porc/noble metal crown	0 to 999	-All-	
D6062	abutment supp high noble metal crown	0 to 999	-All-	
D6063	abutment supp base metal crown	0 to 999	-All-	
D6064	abutment supp noble metal crown	0 to 999	-All-	
D6065	implant supp porc/ceramic crown	0 to 999	-All-	
D6066	implant supp porcelain/metal crown	0 to 999	-All-	
D6067	implant supp metal crown	0 to 999	-All-	
D6068	abutment supp retainer	0 to 999	-All-	
D6069	abutment supp retainer	0 to 999	-All-	
D6070	abutment supp retainer	0 to 999	-All-	
D6071	abutment supp retainer	0 to 999	-All-	
D6072	abutment supp retainer	0 to 999	-All-	
D6073	abutment supp retainer	0 to 999	-All-	
D6074	abutment supp retainer	0 to 999	-All-	
D6075	abutment supp retainer	0 to 999	-All-	
D6076	abutment supp retainer	0 to 999	-All-	
D6077	implant supported retainer	0 to 999	-All-	
D6078	implant/abutment supp fixed denture -comp edentulous arch	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D6079	implant/abutment supp fixed denture -part edentulous arch	0 to 999	-All-	
D6080	implant maintenance proc	0 to 999	-All-	
D6090	repair implant prosthesis	0 to 999	-All-	
D6091	replacement of semi-precision implant/abutment supptd prosthesis, per attachment	0 to 999	-All-	
D6092	recement emplant/abutment supported crown	0 to 999	-All-	
D6093	recement emplant/abutment supported fixed partial denture	0 to 999	-All-	
D6094	abutment supported crown - titanium	0 to 999	-All-	
D6095	repair implant abutment	0 to 999	-All-	
D6100	implant removal, by report	0 to 999	-All-	
D6190	radiographic/surgical implant index, by report	0 to 999	-All-	
D6194	abutment supported retainer crown for FPD - titanium	0 to 999	-All-	
D6199	unspecified implant procedure	0 to 999	-All-	
D6205	pontic crown - indirect resin based composite	0 to 999	-All-	
D6210	pontic - cast high noble metal	0 to 999	-All-	
D6211	pontic-cast base metal	0 to 999	-All-	
D6212	pontic - cast noble metal	0 to 999	-All-	
D6214	pontic crown - titanium	0 to 999	-All-	
D6240	pontic-porc fused-high noble	0 to 999	-All-	
D6241	pontic-porcelain fused metal	0 to 999	-All-	
D6242	pontic-porce fused-noble metal	0 to 999	-All-	
D6245	prosth fixed, pontic - porcelain/ceramic	0 to 999	-All-	
D6250	pontic-resin w high noble met	0 to 999	-All-	
D6251	pontic-resin with base metal	0 to 999	-All-	
D6252	pontic-resin with noble metal	0 to 999	-All-	
D6253	provisional pontic	0 to 999	-All-	
D6519	prosth fixed, inlay/onlay - porc/ceramic	0 to 999	-All-	
D6520	inlay-metallic-2 surfaces	0 to 999	-All-	
D6530	inlay-metallic-3 or more surf	0 to 999	-All-	
D6543	onlay-metallic-3 surfaces	0 to 999	-All-	
D6544	onlay-metallic-4 or more surf	0 to 999	-All-	
D6545	retainer - cast metal fixed	0 to 999	-All-	
D6548	prosth fixed, retainer - porc/ceramic	0 to 999	-All-	
D6600	inlay - porcelain/ceramic, 2 surf	0 to 999	-All-	
D6601	inlay - porcelain/ceramic, 3+ surf	0 to 999	-All-	
D6602	inlay - cast high noble metal, 2 surf	0 to 999	-All-	
D6604	inlay - pred base metal, 2 surf	0 to 999	-All-	
D6605	inlay - pred base metal, 3+ surf	0 to 999	-All-	
D6606	inlay - cast noble metal, 2 surf	0 to 999	-All-	
D6607	inlay - cast noble metal, 3+ surf	0 to 999	-All-	
D6608	onlay - porcelain/ceramic, 2 surf	0 to 999	-All-	
D6609	onlay - porcelain/ceramic, 3+ surf	0 to 999	-All-	
D6610	onlay - cast high noble metal, 2 surf	0 to 999	-All-	
D6611	onlay - cast high noble metal, 3+ surf	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D6612	onlay - pred base metal, 2 surf	0 to 999	-All-	
D6613	onlay - pred base metal, 3+ surf	0 to 999	-All-	
D6614	onlay - cast noble metal, 2 surf	0 to 999	-All-	
D6615	onlay - cast noble metal, 3+ surf	0 to 999	-All-	
D6624	inlay - titanium	0 to 999	-All-	
D6634	onlay - titanium	0 to 999	-All-	
D6710	crown - indirect resin based composite	0 to 999	-All-	
D6720	crown-resin w/high noble metal	0 to 999	-All-	
D6721	crown-resin w/base metal	0 to 999	-All-	
D6722	crown-resin w/noble metal	0 to 999	-All-	
D6740	prostho fixed, crown - porc/ceramic	0 to 999	-All-	
D6750	crown-porc fused high noble	0 to 999	-All-	
D6751	crown-porc fused to metal	0 to 999	-All-	
D6752	crown-porc fused noble metal	0 to 999	-All-	
D6780	crown-3/4 cst high noble metal	0 to 999	-All-	
D6781	prostho fixed, crown ¾ cast predom based metal	0 to 999	-All-	
D6782	prostho fixed, crown ¾ cast noble metal	0 to 999	-All-	
D6783	prostho fixed, crown ¾ porc/ceramic	0 to 999	-All-	
D6790	crown-full cast high noble	0 to 999	-All-	
D6791	crown - full cast base metal	0 to 999	-All-	
D6792	crown - full cast noble metal	0 to 999	-All-	
D6793	provisional retainer crown	0 to 999	-All-	
D6794	crown - titanium	0 to 999	-All-	
D6920	connector bar	0 to 999	-All-	
D6930	recement fixed partial denture	0 to 999	-All-	
D6940	stress breaker	0 to 999	-All-	
D6950	precision attachment	0 to 999	-All-	
D6970	cast post/core & fixed retain	0 to 999	-All-	
D6971	cast post-fixed part denture	0 to 999	-All-	
D6972	prefab post & core + retainer	0 to 999	-All-	
D6973	core build retainer w pins	0 to 999	-All-	
D6975	coping - metal	0 to 999	-All-	
D6976	prostho fixed, each add cast post-same tooth	0 to 999	-All-	
D6977	prostho fixed, each add prefab post - same tooth	0 to 999	-All-	
D6980	fixed partial denture repair	0 to 999	-All-	
D6985	pediatric partial denture	0 to 999	-All-	
D6999	fixed prosthodontic procedure	0 to 999	-All-	
D7110	extraction-single tooth	0 to 999	-All-	
D7120	extraction-ea additional tooth	0 to 999	-All-	
D7130	root removal - exposed roots	0 to 999	-All-	
D7270	tooth reimplantation-accident	0 to 999	-All-	
D7280	surg exp impacted tooth-ortho	0 to 999	1	
D7280	surg exp impacted tooth-ortho	0 to 999	16	
D7280	surg exp impacted tooth-ortho	0 to 999	17	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D7280	surg exp impacted tooth-ortho	0 to 999	32	
D7281	surg impacted/unerupted tooth	0 to 999	-All-	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	1	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	16	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	17	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	32	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	A	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	B	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	C	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	D	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	E	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	F	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	G	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	H	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	I	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	J	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	K	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	L	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	M	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	N	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	O	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	P	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	Q	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	R	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	S	
D7283	placement of device to facilitate eruption of impacted tooth	0 to 999	T	
D7287	cytology sample	0 to 999	-All-	
D7288	brush biopsy - transepithelial sample collection	0 to 999	-All-	
D7292	surgical placement: temp anchorage device [screw retained plate] surg flap	0 to 999	-All-	
D7293	surgical placement: temporary anchorage device requiring surgical flap	0 to 999	-All-	
D7294	surgical placement: temporary anchorage device without surgical flap	0 to 999	-All-	
D7420	radical excision lesion >1.25cm	0 to 999	-All-	
D7430	excis benign tumor <=1.25cm	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D7431	excis benign tumor >1.25cm	0 to 999	-All-	
D7465	destruction of lesion(s)	0 to 999	-All-	
D7470	remove exostosis-maxi or mandi	0 to 999	-All-	
D7480	guttering or saucerization	0 to 999	-All-	
D7490	radical resection w bone graft	0 to 999	-All-	
D7520	incision/drain abscess-extraor	0 to 999	-All-	
D7521	incision and drainage - extraoral - complicated	0 to 999	-All-	
D7530	removal of foreign body	0 to 999	-All-	
D7540	removal of foreign bodies	0 to 999	-All-	
D7550	sequestrectomy-osteomyelitis	0 to 999	-All-	
D7560	maxillary sinusotomy	0 to 999	-All-	
D7610	maxilla - open reduction	0 to 999	-All-	
D7620	maxilla - closed reduction	0 to 999	-All-	
D7630	mandible-open reduction	0 to 999	-All-	
D7640	mandible - closed reduction	0 to 999	-All-	
D7650	malar/zygomatic arch-open red	0 to 999	-All-	
D7660	malar/zygomatic arch-closed	0 to 999	-All-	
D7670	alveolus stabilization teeth	0 to 999	-All-	
D7671	alveolus - open reduction	0 to 999	-All-	
D7680	facial bones - complex reduce	0 to 999	-All-	
D7720	maxilla - closed reduction	0 to 999	-All-	
D7730	mandible - open reduction	0 to 999	-All-	
D7740	mandible - closed reduction	0 to 999	-All-	
D7750	malar/ zygomatic arch-open	0 to 999	-All-	
D7760	malar/zygomatic arch-closed	0 to 999	-All-	
D7770	alveolus-stabilization teeth	0 to 999	-All-	
D7771	alveolus - closed reduction, stabilization	0 to 999	-All-	
D7780	facial bones - complex reduce	0 to 999	-All-	
D7810	open reduction of dislocation	0 to 999	-All-	
D7830	manipulation under anesthesia	0 to 999	-All-	
D7840	condylectomy	0 to 999	-All-	
D7850	surgical discectomy	0 to 999	-All-	
D7852	disc repair	0 to 999	-All-	
D7854	synovectomy	0 to 999	-All-	
D7856	myotomy	0 to 999	-All-	
D7858	joint reconstruction	0 to 999	-All-	
D7860	arthrotomy	0 to 999	-All-	
D7865	arthroplasty	0 to 999	-All-	
D7870	arthrocentesis	0 to 999	-All-	
D7871	non-arthroscopic lysis and lavage	0 to 999	-All-	
D7872	arthroscopy - diagnosis	0 to 999	-All-	
D7873	arthroscopy-surg: lavage/lysis	0 to 999	-All-	
D7874	arthroscopy-surgical	0 to 999	-All-	
D7875	arthroscopy-surg synovectomy	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D7876	arthroscoy-surgery discectomy	0 to 999	-All-	
D7877	arthroscoy-surg debridement	0 to 999	-All-	
D7880	occlusal orthotic device	0 to 999	-All-	
D7899	unspecified TMD therapy	0 to 999	-All-	
D7910	suture small wounds up to 5 cm	0 to 999	-All-	
D7911	complicated suture-up to 5 cm	0 to 999	-All-	
D7912	complex suture-more than 5cm	0 to 999	-All-	
D7920	skin graft	0 to 999	-All-	
D7940	osteoplasty-orthognathic defrm	0 to 999	-All-	
D7941	osteotomy - ramus, closed	0 to 999	-All-	
D7942	osteotomy - ramus, open	0 to 999	-All-	
D7943	osteotomy-ramus, w bone graft	0 to 999	-All-	
D7944	osteotomy per sextant or quad	0 to 999	-All-	
D7945	osteotomy - body of mandible	0 to 999	-All-	
D7946	LeFort I (maxilla - total)	0 to 999	-All-	
D7947	LeFort I (maxilla - segmented)	0 to 999	-All-	
D7948	LeFort II or LeFort III	0 to 999	-All-	
D7949	LeFort II or LeFort III	0 to 999	-All-	
D7950	graft of mandible/facial bones	0 to 999	-All-	
D7951	sinus augmentation with bone or bone substitutes	0 to 999	-All-	
D7953	bone replacement graft for ridge preservation - per site	0 to 999	-All-	
D7955	repair maxillofacial tissue	0 to 999	-All-	
D7980	sialolithotomy	0 to 999	-All-	
D7981	excision of salivary gland	0 to 999	-All-	
D7982	sialodochoplasty	0 to 999	-All-	
D7983	closure of salivary fistula	0 to 999	-All-	
D7990	emergency tracheotomy	0 to 999	-All-	
D7991	coronoidectomy	0 to 999	-All-	
D7996	implant-mandible	0 to 999	-All-	
D7997	appliance removal, incl removal of archbar	0 to 999	-All-	
D7998	intraoral placement of a fixation device not in conjunction with a fracture	0 to 999	-All-	
D8010	limited ortho treat primary	0 to 999	-All-	
D8020	limited ortho treat transition	0 to 999	-All-	
D8030	limited ortho treat adolescent	0 to 999	-All-	
D8040	limited ortho treat adult	0 to 999	-All-	
D8050	intercep ortho prime dentition	0 to 999	-All-	
D8060	interceptive orthodontic treat - transitional	0 to 999	-All-	
D8070	comp ortho treat transitional	0 to 999	-All-	
D8080	comp ortho treat adolescent	0 to 999	-All-	
D8090	comp ortho treat-adult	0 to 999	-All-	
D8210	removable appliance therapy	0 to 999	-All-	
D8220	fixed appliance therapy	0 to 999	-All-	
D8660	pre-orthodontic treat visit	0 to 999	-All-	
D8670	periodic ortho exam/contracted	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D8680	ortho retention (remove app)	0 to 999	-All-	
D8690	ortho treatment(contract fee)	0 to 999	-All-	
D8691	repair of orthodontic appliance	0 to 999	-All-	
D8692	replacement of lost or broken retainer	0 to 999	-All-	
D8693	rebonding or recementing; and/or repair, as required, of fixed retainers	0 to 999	-All-	
D8999	unspecified orthodontic proc	0 to 999	-All-	
D9120	fixed partial denture sectioning	0 to 999	-All-	
D9211	regional block anesthesia	0 to 999	-All-	
D9212	trigeminal div blk anesthesia	0 to 999	-All-	
D9240	IV sedation	0 to 999	-All-	
D9430	office visit for observation	0 to 999	-All-	
D9450	case presentation, treatment plan	0 to 999	-All-	
D9910	apply desensitizing medicament	0 to 999	-All-	
D9911	app of desens resin for cerv &/or root surf, per tooth	0 to 999	-All-	
D9941	fabricate athletic mouthguard	0 to 999	-All-	
D9970	enamel microabrasion	0 to 999	-All-	
D9972	external bleaching - per arch	0 to 999	-All-	
D9973	external bleaching - per tooth	0 to 999	-All-	
D9974	internal bleaching - per tooth	0 to 999	-All-	