



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

Provider Office Procedural Manual

PLAN NAME:

DBS 02 - DENTAL BLUE SELECT ENHANCED

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

www.BCBSNC-Dental.com

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

Office Procedural Manual Table of Contents

| Topic | Page |
|--|-------------|
| BCBSNC Contacts | 4 |
| Patient Eligibility Verification Procedures | 5 |
| Provider Web Services (PWS) Access | 5 |
| Provider IVR Access | 5 |
| Claim Submission Procedures (claim filing options) | 5 – 7 |
| Provider Certification | 7 |
| Schedule of Dental Benefits | 9 |
| CDT Code Detail | 10 – 26 |
| Service Limitations by Code | |
| Service Limitations by Code Set | |
| Waiting Periods | |
| Service Exclusions | |
| | |

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

DBS-02 DENTAL BLUE SELECT ENHANCED 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: 888-471-2738 |
| FAX: 336-759-0968 | |
| E-Mail: 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 |

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 02 DENTAL BLUE SELECT ENHANCED PLAN

| Dental Benefits | ENHANCED PLAN: Open Network / Members can visit any licensed dentist | | |
|---|--|---|---|
| <i>Maximum Benefit for Type A, B, C Services Only</i> | \$1,000 Per Benefit Year | | |
| <i>Benefit Deductible</i> <i>Lifetime</i> | \$100 | | |
| | Plan Co-payment Rate | Description of Services | Frequencies/Other Information |
| <i><u>Type A Services</u> Diagnostic & Preventative</i> | 100% Lifetime Deductible Applies | <u>Preventive/Diagnostic Dental:</u> Oral Exams, Prophylaxis, Fluoride Treatment, and Sealants. | <u>Exams & Cleanings:</u> (2 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) |
| <i><u>Type B Services</u> Basic</i> | 80% Lifetime Deductible Applies | <u>Basic Dental:</u> Fillings, simple teeth removal, Periodontics, Endodontics (Root Canal Treatments), 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>Composite Fillings are not downgraded to Amalgum Fillings.</i> |
| <i><u>Type C Services</u> Major 12 Month Waiting Period</i> | 50% Lifetime Deductible Applies | <u>Major Dental:</u> Oral Surgery and related anesthesia, Crowns, Inlays, Adult Implants, Bridges, Dentures, and Space Maintainers. | <i>5 year replacement clause</i> <i>Denture relines are covered (if over 6 months after installation)</i> <i>Recementation and repair of crowns, inlays, bridges, and dentures are covered.</i> |
| <i><u>Type D Services</u> Orthodontia</i> | 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 | 2 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 |
| D2510 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2520 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2530 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2542 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2543 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2544 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2610 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2620 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2630 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2642 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2643 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2644 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2650 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2651 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2652 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2662 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2663 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2664 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2710 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2712 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2720 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2721 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2722 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2740 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2750 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2751 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2752 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2780 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2781 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |

SCHEDULE OF DENTAL BENEFITS

| SERVICE LIMITATIONS BY CODE | | | | |
|-----------------------------|----------|-----------------|-----------------------|---------------|
| Code | Ages | Specialty Group | Limitation | Counting Rule |
| D2782 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2783 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2790 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2791 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2792 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2794 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2930 | 0 to 999 | All Specialties | 1 every 3 Year(s) | Per Patient |
| D2931 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2932 | 0 to 999 | All Specialties | 1 every 3 Year(s) | Per Patient |
| D2933 | 0 to 999 | All Specialties | 1 every 3 Year(s) | Per Patient |
| D2934 | 0 to 999 | All Specialties | 1 every 3 Year(s) | Per Patient |
| D2951 | 0 to 999 | All Specialties | 1 every 1 Day(s) | Per Patient |
| D2960 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2961 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2962 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2970 | 0 to 999 | All Specialties | 1 every 1 Lifetime(s) | Per Patient |
| D2971 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D2975 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D3110 | 0 to 999 | All Specialties | 1 every 3 Year(s) | Per Patient |
| D3120 | 0 to 999 | All Specialties | 1 every 3 Year(s) | Per Patient |
| D3220 | 0 to 999 | All Specialties | 1 every 1 Lifetime(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 |
| 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 |

SCHEDULE OF DENTAL BENEFITS

| SERVICE LIMITATIONS BY CODE | | | | |
|-----------------------------|----------|-----------------|-------------------------|---------------|
| Code | Ages | Specialty Group | Limitation | Counting Rule |
| 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 |
| 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 |
| D5110 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5120 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5130 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5140 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5211 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5212 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5213 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5214 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5225 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5226 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5281 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5710 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5711 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5720 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5721 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5730 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5731 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5740 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5741 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5750 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5751 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5760 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5761 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5850 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5851 | 0 to 999 | All Specialties | 1 every 1 Accum Year(s) | Per Patient |
| D5860 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5861 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5862 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D5867 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6010 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6012 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6040 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6050 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6053 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |

SCHEDULE OF DENTAL BENEFITS

| SERVICE LIMITATIONS BY CODE | | | | |
|-----------------------------|----------|-----------------|-------------------|---------------|
| Code | Ages | Specialty Group | Limitation | Counting Rule |
| D6054 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6055 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6056 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6057 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6058 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6059 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6060 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6061 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6062 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6063 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6064 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6065 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6066 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6067 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6068 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6069 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6070 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6071 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6072 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6073 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6074 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6075 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6076 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6077 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6078 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6079 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6091 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6094 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6194 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6205 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6210 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6211 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6212 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6214 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6240 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6241 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6242 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6245 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6250 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6251 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6252 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6545 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6548 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6600 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |

SCHEDULE OF DENTAL BENEFITS

| SERVICE LIMITATIONS BY CODE | | | | |
|-----------------------------|----------|-----------------|-----------------------|---------------|
| Code | Ages | Specialty Group | Limitation | Counting Rule |
| D6601 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6602 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6603 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6604 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6605 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6606 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6607 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6608 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6609 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6610 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6611 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6612 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6613 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6614 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6615 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6624 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6634 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6710 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6720 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6721 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6722 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6740 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6750 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6751 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6752 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6780 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6781 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6782 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6783 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6790 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6791 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6792 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6794 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6920 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6950 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6970 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6971 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6972 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6973 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6975 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6976 | 0 to 999 | All Specialties | 1 every 5 Year(s) | Per Patient |
| D6977 | 0 to 999 | All Specialties | 1 every 5 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 |

SCHEDULE OF DENTAL BENEFITS

| SERVICE LIMITATIONS BY CODE | | | | |
|-----------------------------|----------|-----------------|-------------------------|---------------|
| Code | Ages | Specialty Group | Limitation | Counting Rule |
| 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 |
| D9120 | 0 to 999 | All Specialties | 1 every 5 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 |

| 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 | 2 every 1 Accum Year(s) | Per Patient |
| 1201, 1203, 1204, 1205, 1206 | All Specialties | 0 to 19 | 1 every 1 Accum Year(s) | Per Patient |
| 272, 273, 274 | All Specialties | 0 to 999 | 1 every 1 Accum Year(s) | Per Patient |
| 5211, 5213, 5225, 5281-UPD | All Specialties | 0 to 999 | 1 every 5 Year(s) | Per Patient |
| 5212, 5214, 5226, 5281-LPD | All Specialties | 0 to 999 | 1 every 5 Year(s) | Per Patient |
| D5110, D5130-U Dentures | All Specialties | 0 to 999 | 1 every 5 Year(s) | Per Patient |
| D5120, D5140 - L Dentures | All Specialties | 0 to 999 | 1 every 5 Year(s) | Per Patient |

SCHEDULE OF DENTAL BENEFITS

| WAITING PERIODS | | | |
|-------------------|----------|-----------|--------------|
| Codeset | Std Days | Late Days | Apply Credit |
| DBS-SELECT-TYPE B | 0 | 365 | True |
| DBS-SELECT-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- | |
| D1201 | fluoride with prophy-child | 0 to 999 | -All- | |
| D1203 | fluoride w/o prophy-child | 19 to 999 | -All- | |
| D1204 | fluoride w/o prophy-adult | 19 to 999 | -All- | |
| D1205 | fluoride with prophy-adult | 0 to 999 | -All- | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|---------------------------|----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| D1310 | nutritional counseling | 0 to 999 | -All- | |
| 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 | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|-----------------------------------|-----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| D1351 | sealant - per tooth | 5 to 15 | Q | |
| 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- | |
| 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- | |
| D2799 | provisional crown | 0 to 999 | -All- | |
| D2910 | recement inlay | 0 to 999 | 10 | |
| D2910 | recement inlay | 0 to 999 | 11 | |
| D2910 | recement inlay | 0 to 999 | 21 | |
| D2910 | recement inlay | 0 to 999 | 22 | |
| D2910 | recement inlay | 0 to 999 | 23 | |
| D2910 | recement inlay | 0 to 999 | 24 | |
| D2910 | recement inlay | 0 to 999 | 25 | |
| D2910 | recement inlay | 0 to 999 | 26 | |
| D2910 | recement inlay | 0 to 999 | 27 | |
| D2910 | recement inlay | 0 to 999 | 6 | |
| D2910 | recement inlay | 0 to 999 | 7 | |
| D2910 | recement inlay | 0 to 999 | 8 | |
| D2910 | recement inlay | 0 to 999 | 9 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 10 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 11 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 21 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 22 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 23 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 24 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 25 | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|-------------------------------|----------|-----|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 26 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 27 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 6 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 7 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 8 | |
| D2931 | prefab steel crown-perm tooth | 0 to 999 | 9 | |
| D2932 | prefabricated resin crown | 0 to 999 | 1 | |
| D2932 | prefabricated resin crown | 0 to 999 | 10 | |
| D2932 | prefabricated resin crown | 0 to 999 | 11 | |
| D2932 | prefabricated resin crown | 0 to 999 | 12 | |
| D2932 | prefabricated resin crown | 0 to 999 | 13 | |
| D2932 | prefabricated resin crown | 0 to 999 | 14 | |
| D2932 | prefabricated resin crown | 0 to 999 | 15 | |
| D2932 | prefabricated resin crown | 0 to 999 | 16 | |
| D2932 | prefabricated resin crown | 0 to 999 | 17 | |
| D2932 | prefabricated resin crown | 0 to 999 | 18 | |
| D2932 | prefabricated resin crown | 0 to 999 | 19 | |
| D2932 | prefabricated resin crown | 0 to 999 | 2 | |
| D2932 | prefabricated resin crown | 0 to 999 | 20 | |
| D2932 | prefabricated resin crown | 0 to 999 | 21 | |
| D2932 | prefabricated resin crown | 0 to 999 | 22 | |
| D2932 | prefabricated resin crown | 0 to 999 | 23 | |
| D2932 | prefabricated resin crown | 0 to 999 | 24 | |
| D2932 | prefabricated resin crown | 0 to 999 | 25 | |
| D2932 | prefabricated resin crown | 0 to 999 | 26 | |
| D2932 | prefabricated resin crown | 0 to 999 | 27 | |
| D2932 | prefabricated resin crown | 0 to 999 | 28 | |
| D2932 | prefabricated resin crown | 0 to 999 | 29 | |
| D2932 | prefabricated resin crown | 0 to 999 | 3 | |
| D2932 | prefabricated resin crown | 0 to 999 | 30 | |
| D2932 | prefabricated resin crown | 0 to 999 | 31 | |
| D2932 | prefabricated resin crown | 0 to 999 | 32 | |
| D2932 | prefabricated resin crown | 0 to 999 | 4 | |
| D2932 | prefabricated resin crown | 0 to 999 | 5 | |
| D2932 | prefabricated resin crown | 0 to 999 | 6 | |
| D2932 | prefabricated resin crown | 0 to 999 | 7 | |
| D2932 | prefabricated resin crown | 0 to 999 | 8 | |
| D2932 | prefabricated resin crown | 0 to 999 | 9 | |
| D2932 | prefabricated resin crown | 0 to 999 | A | |
| D2932 | prefabricated resin crown | 0 to 999 | B | |
| D2932 | prefabricated resin crown | 0 to 999 | I | |
| D2932 | prefabricated resin crown | 0 to 999 | J | |
| D2932 | prefabricated resin crown | 0 to 999 | K | |
| D2932 | prefabricated resin crown | 0 to 999 | L | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|---|----------|-----|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| D2932 | prefabricated resin crown | 0 to 999 | S | |
| D2932 | prefabricated resin crown | 0 to 999 | T | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 1 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 10 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 11 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 12 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 13 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 14 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 15 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 16 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 17 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 18 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 19 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 2 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 20 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 21 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 22 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 23 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 24 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 25 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 26 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 27 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 28 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 29 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 3 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 30 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 31 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 32 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 4 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 5 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 6 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 7 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 8 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | 9 | |
| D2933 | prefab steel crown w resin win | 0 to 999 | A | |
| D2933 | prefab steel crown w resin win | 0 to 999 | B | |
| D2933 | prefab steel crown w resin win | 0 to 999 | I | |
| D2933 | prefab steel crown w resin win | 0 to 999 | J | |
| D2933 | prefab steel crown w resin win | 0 to 999 | K | |
| D2933 | prefab steel crown w resin win | 0 to 999 | L | |
| D2933 | prefab steel crown w resin win | 0 to 999 | S | |
| D2933 | prefab steel crown w resin win | 0 to 999 | T | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | A | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | B | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|---|----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | I | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | J | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | K | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | L | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | S | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary | 0 to 999 | T | |
| D2955 | post removal (not endodontic) | 0 to 999 | -All- | |
| D3330 | root canal, molar | 0 to 999 | 1 | |
| D3330 | root canal, molar | 0 to 999 | 16 | |
| D3330 | root canal, molar | 0 to 999 | 17 | |
| D3330 | root canal, molar | 0 to 999 | 32 | |
| 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 | |
| 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 | |
| D3910 | surg proc isolation of tooth | 0 to 999 | -All- | |
| 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 | 12 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 13 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 20 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 21 | |
| 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 | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|---|----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 26 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 27 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 28 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 29 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 4 | |
| D3950 | canal prep & fit dowel/post | 0 to 999 | 5 | |
| 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- | |
| D4268 | surgical revision procedure | 0 to 999 | -All- | |
| D4920 | unscheduled dressing change | 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- | |
| D5875 | mod of removable prosthesis after surgery | 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- | |
| D5953 | speech aid prosthesis, adult | 0 to 999 | -All- | |
| D5954 | palatal augment prosthesis | 0 to 999 | -All- | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|--|----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| 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- | |
| D6012 | surgical placement interim implant body trans prosthesis: endosteal implant | 0 to 999 | -All- | |
| D6253 | provisional pontic | 0 to 999 | -All- | |
| D6793 | provisional retainer crown | 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- | |
| D7272 | tooth transplantation | 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 | |
| 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 | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|--|----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| 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- | |
| 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- | |
| D7710 | maxilla - open reduction | 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- | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|--|----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| 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- | |
| D7820 | closed reduction 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- | |
| 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- | |
| D7876 | arthroscopy-surgery discectomy | 0 to 999 | -All- | |
| D7877 | arthroscopy-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- | |

SCHEDULE OF DENTAL BENEFITS

| COVERAGE EXCLUSIONS | | | | |
|---------------------|---|----------|-------|--------------|
| Code | Description | Ages | Sub | Alt Ben Code |
| 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- | |
| D7999 | unspecified oral surgery proc | 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- | |
| 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- | |
| D9211 | regional block anesthesia | 0 to 999 | -All- | |
| D9212 | trigeminal div blk anesthesia | 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- | |
| D9971 | odontoplasty 1-2 teeth; incl removal of enamel proj | 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- | |