



**2021**  
**Dental Health**  
**Supplemental Benefit:**  
**Procedure Code Guide**



## Dental Health: Supplemental Benefit

Dental Procedure Codes. A guide to assist with determining the estimated cost for services with your dental provider.

Basic Restorative (Fillings)			
Code	Description	Frequency	Member Co-Pay
D2140	Amalgam Filling - one surface, primary or permanent	One Restoration per tooth per surface, once in 24 months.  *Restorative service not allowable once crown services have been rendered for surface.	20% of cost
D2150	Amalgam Filling - two surfaces, primary or permanent		
D2160	Amalgam Filling - three surfaces, primary or permanent		
D2161	Amalgam Filling - four surfaces, primary or permanent		
Resin Restorative (Fillings)*			
Code	Description	Frequency	Member Co-Pay
D2330	Resin-Based Composite - one surface, anterior	One Restoration per tooth per surface, once in 24 months.  *Restorative service not allowable once crown services are rendered.	20% of cost
D2331	Resin-Based Composite - two surfaces, anterior		
D2332	Resin-Based Composite - three surfaces, anterior		
D2335	Resin-Based Composite - four+ surfaces, anterior		
D2390	Resin based composite crown, anterior		
D2391	Resin based composite - one surface, posterior		
D2392	Resin based composite - two surfaces, posterior		
D2393	Resin based composite - three surfaces, posterior		
D2394	Resin based composite- four+ surfaces, posterior		
Inlay/ Onlay Restorations*			
Code	Description	Frequency	Member Co-Pay
D2510	Inlay-metallic-one surface	One Restoration per tooth per 60 months  *These services require authorization	20% of cost
D2520	Inlay-metallic-two surfaces		
D2530	Inlay-metallic-three or more surfaces		
D2542	Onlay metallic-two surfaces		
D2543	Onlay metallic-three surfaces		
D2544	Onlay metallic-four or more surfaces		
D2610	Inlay-porcelain/ceramic-one surface		
D2620	Inlay-porcelain/ceramic- two surfaces		
D2630	Inlay-porcelain/ceramic-three or more surfaces		
D2642	Onlay-porcelain/ceramic- two surfaces		
D2643	Onlay-porcelain/ceramic- three surfaces		
D2644	Onlay-porcelain/ceramic- four or more surfaces		
D2650	Inlay - resin based composite one surface		

D2651	Inlay - resin based composite two surfaces		
D2652	Inlay - resin based composite three or more surfaces		
D2662	Onlay - resin based composite two surfaces		
D2663	Onlay - resin based composite three surfaces		
D2664	Onlay - resin based composite four or more surfaces		

**Crowns-Single Restoration only (Crown means Prosthodontics) \***

Code	Description	Frequency	Member Co-Pay
D2710	Crown-resin-(indirect)	One Restoration per tooth per 60 months  *These services require authorization	50% of cost
D2712	Crown-3/4 resin-based composite (indirect)		
D2720	Crown-resin with high noble metal		
D2721	Crown-resin with predominantly base metal		
D2722	Crown-resin with noble metal		
D2740	Crown-porcelain/ceramic		
D2750	Crown-porcelain fused to high noble metal		
D2751	Crown-porcelain fused to predominantly base metal		
D2752	Crown-porcelain fused to noble metal		
D2753	Crown-porcelain fused to titanium and titanium alloys		
D2780	Crown -3/4 cast high noble metal		
D2781	Crown-3/4 cast predominantly base metal		
D2782	Crown-3/4 cast noble metal		
D2783	Crown-3/4 porcelain/ceramic		
D2790	Crown-full cast high noble metal		
D2791	Crown-full cast predominantly base metal		

**Crowns-Single Restoration only (Crown means Prosthodontics) \* continued**

D2792	Crown-full cast noble metal		
D2794	Crown-titanium		
D2799	Provisional crown	Included in crown benefit	

**Major Restoratives (Crown means Prosthodontics)**

Code	Description	Frequency	Member Co-Pay
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	Once per tooth per 24 months only after 6 months of initial placement	20% of cost
D2915	Recement or re-bond indirectly fabricated		
D2920	Recement or re-bond crown		
D2940	Protective restoration-direct placement of a restorative material to protect the	Once per tooth per lifetime	

	tooth and/or tissue form. This procedure may also be used to relieve pain, promote healing or prevent further deterioration.		
D2950	Core build-up, including any pins when required.	One of (D2950, D2952, D2954) once per tooth per 60 months. Not allowable with resin or amalgam restoration.	50% of cost
D2952	Post and core in addition to crown, indirectly fabricated		
D2954	Prefabricated post and core in addition to crown		
D2951	Pin retention-per tooth, in addition to restoration	Once per tooth per 60 months with resin or amalgam restoration. Included with these services D2950, D2952 and D2954	
D2953	Each additional post, same tooth, indirectly fabricated	One per tooth per 60 months included with D2952	
D2980	Crown repair necessitated by restorative material failure	Once per tooth per 24 months only after 6 months of initial placement	
D2990	Resin infiltration of incipient smooth surface lesion	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months.	
D2999	Unspecified restorative procedure, by report*	Authorization required. *Narrative of medical necessity and description of service	

### Pulpotomy

Code	Description	Frequency	Member Co-Pay
D3220	Therapeutic Pulpotomy	One of (D3220 or D3221) once per tooth, per lifetime. Not allowed in conjunction with root canal therapy by same provider/location within 90 days	50% of cost
D3221	Gross pulpal debridement primary and permanent teeth		

### Root Canal Therapy

Code	Description	Frequency	Member Co-Pay
D3310	Endodontic therapy (root canal), anterior	Once per permanent tooth per lifetime	50% of cost
D3320	Endodontic therapy (root canal), bicuspid		
D3330	Endodontic therapy (root canal), molar		
D3331	Treatment of root canal obstruction; non-surgical access		
D3346	Retreatment of previous root canal therapy-anterior		
D3347	Retreatment of previous root canal therapy-bicuspid		
D3348	Retreatment of previous root canal therapy-molar		

D3999	Unspecified endontonic procedure*	Authorization required. *Narrative of medical necessity and description of service	
Apicoectomy/ Periradicular Services*			
Code	Description	Frequency	Member Co-Pay
D3410	Apicoectomy-anterior	Once per permanent tooth per lifetime	50% of cost  *These services require authorization
D3421	Apicoectomy/periradicular-bicuspid (first root)		
D3425	Apicoectomy/periradicular surgery-molar (first root)		
D3426	Apicoectomy/periradicular surgery (each additional root)		
D3430	Retrograde filling	Once per tooth per lifetime	
Periodontic Surgical Services (including usual postoperative services)*			
Code	Description	Frequency	Member Co-Pay
D4210	Gingivectomy-gingivoplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	One of (D4210, D4211) once per quadrant per 36 months, per patient	50% of cost  *These services require authorization
D4211	Gingivectomy of gingivoplasty-one to three contiguous disease teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing-four or more contiguous disease teeth or tooth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planing-one to three contiguous disease teeth or tooth bounded spaces, per quadrant		
D4260	Osseous surgery - four or more contiguous disease teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including flap entry and closure)- one to three contiguous teeth or bounded teeth spaces per quadrant		
D4249	Clinical crown lengthening-hard tissue		
Adjunctive Periodontal Services			
Code	Description	Frequency	Member Co-Pay
D4341	Periodontal scaling and root planing-four or more disease teeth per quadrant*	One of (D4341 or D4342), once per quadrant per 36 months	50% of cost  *D4341 requires authorization
D4342	Periodontal scaling and root planing, 1-3 disease teeth per quadrant		
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	One per 36 months	
Other Periodontal Services*			
Code	Description	Frequency	Member Co-Pay

D4999	Unspecified periodontal procedure- Narrative of medical necessity and description of service	*Requires authorization	50% of cost
Complete Dentures			
Code	Description	Frequency	Member Co-Pay
D5110	Complete denture - maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864), once per 60 months	50% of cost
D5120	Complete denture - mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866), once per 60 months	
D5130	Immediate denture - maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864), one per lifetime.	
D5140	Immediate denture - mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866), one per lifetime.	
Partial Dentures			
Code	Description	Frequency	Member Co-Pay
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864), once per 60 months	50% of cost
D5213	Maxillary part denture-cast metal framework with resin bases		
D5225	Maxillary partial denture-flexible base		
D5212	Mandibular partial denture -resin base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866), once per 60 months	
D5214	Mandibular part denture-cast metal framework with resin bases		
D5226	Mandibular partial denture-flexible base		
D5221	Immediate maxillary partial denture-resin base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864), one per lifetime.	
D5223	Immediate maxillary partial denture-cast metal framework with resin denture bases		
D5222	Immediate mandibular partial denture- resin base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866), one per lifetime.	
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases		
Adjustments of Removable Protheses			
Code	Description	Frequency	Member Co-Pay
D5410	Adjust complete denture- maxillary	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	20% of cost
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
Repairs to Complete Dentures			
Code	Description	Frequency	Member Co-Pay

D5511	Repair broken complete denture base, mandibular	Once per arch per 12 months (after 6 months have elapsed since initial placement)	20% of cost
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture (each tooth)		
D5611	Repair resin denture base, mandibular	Once per arch per 12 months	
D5612	Repair resin denture base, maxillary		
D5621	Repair cast framework, mandibular		
D5622	Repair cast framework, maxillary		
D5630	Repair or replace broken clasp-per tooth		
D5640	Replace broken teeth - per tooth		
D5650	Add tooth to existing partial denture		
D5660	Add clasp to existing partial denture-per tooth		
<b>Denture Rebase Procedures</b>			
Code	Description	Frequency	Member Co-Pay
D5710	Rebase complete maxillary denture	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	20% of cost
D5711	Rebase complete mandibular denture	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	
D5720	Rebase maxillary partial denture	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	
D5721	Rebase mandibular partial denture	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	
<b>Denture Reline Procedures</b>			
Code	Description	Frequency	Member Co-Pay
D5730	Reline complete maxillary denture (chairside)	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	20% of cost
D5750	Reline complete maxillary denture (laboratory)		
D5731	Reline complete mandibular denture (chairside)	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	
D5751	Reline complete mandibular denture (laboratory)		
<b>Denture Reline Procedures continued</b>			
D5740	Reline maxillary partial denture (chairside)	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	
D5760	Reline maxillary partial denture (laboratory)		
D5741	Reline mandibular partial denture (chairside)	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	
D5761	Reline mandibular partial denture (laboratory)		



Other Removable Prosthetic Services			
Code	Description	Frequency	Member Co-Pay
D5850	Tissue conditioning maxillary	With fabrication of new denture only. Not allowable for 60 months after delivery of new denture	20% of cost
D5851	Tissue conditioning mandibular		
D5863	Overdenture-complete maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864), once per 60 months	50% of cost
D5864	Overdenture-partial maxillary		
D5865	Overdenture-complete mandibular		
D5866	Overdenture-partial mandibular		
D5876	Add metal substructure to acrylic full denture	Only allowable on the same date of service as D5110, D5120, D5130, D5140	
D5899	Unspecified removable prosthodontic procedures-pre-operative radiographs and narrative*	*Requires authorization	
D5999	Unspecified maxillofacial prosthesis, by report-narrative of medical necessity and description of service*		
Endosteal Implants*			
Code	Description	Frequency	Member Co-Pay
D6010	Surgical placement of implant body: endosteal implant	One of (D6010, D6013) per 60 months per quadrant	50% of cost
D6013	Surgical placement of mini implant		
D6058	Abutment supported porcelain/ceramic crown	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 months per quadrant	*Services require authorization with exception of (D6090, D6092, and D6093)
D6059	Abutment supported porcelain fused to metal crown (high noble)		
D6060	Abutment supported porcelain fused to metal crown (base metal)		
D6061	Abutment supported porcelain fused to metal crown (noble metal)		
D6062	Abutment supported cast metal crown (high noble)		
D6063	Abutment supported cast metal crown (base metal)		
D6064	Abutment supported cast metal crown (noble metal)		
D6065	Implant supported porcelain/ceramic crown		
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		

D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)		
D6068	Abutment supported retainer for porcelain/ceramic FPD		
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		
D6070	Abutment supported retainer of porcelain fused to metal FPD (predominantly base metal)		
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)		
D6072	Abutment supported retainer for cast metal FPD (high noble metal)		
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)		
D6074	Abutment supported retainer for cast metal FPD (noble metal)		
D6075	Implant supported retainer for ceramic FPD		
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)		
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)		
D6082	Implant supported crown-porcelain fused to predominantly base alloys		
D6083	Implant supported crown-porcelain fused to noble alloys		
D6084	Implant supported crown-porcelain fused to titanium and titanium alloys		
D6086	Implant supported crown-predominantly base alloys		
D6087	Implant supported crown-noble alloys		
D6088	Implant supported crown titanium and titanium alloys		
D6094	Abutment supported crown-titanium		
D6097	Abutment supported crown, porcelain fused to titanium and titanium alloys		
D6098	Implant supported retainer-porcelain fused to predominantly base alloys		
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys		
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys		

Endosteal Implants* continued			
D6121	Implant supported retainer for metal FPD-predominantly base alloys		
D6122	Implant supported retainer for metal FPD- noble alloys		
D6123	Implant supported retainer for metal FPD-titanium and titanium alloys		
D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys		
D6090	Repair implant supported prosthesis	Once per tooth per 24 months only after 6 months of initial placement	20% of cost  *(D6090, D6092, and D6093) only do not require authorization.
D6092	Re-cement or re-bond implant/abutment supported crown		
D6093	Re-cement or re-bond implant/abutment fixed partial denture		
Fixed Partial Denture Pontics*			
Code	Description	Frequency	Member Co-Pay
D6205	Pontic-indirect resin-based composite	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months	50% of cost  *These services require authorization
D6210	Pontic - cast high noble metal		
D6211	Pontic - cast predominantly base metal		
D6212	Pontic - cast noble metal		
D6214	Pontic titanium		
D6240	Pontic-porcelain fused-high noble		
D6241	Pontic-porcelain fused metal		
D6242	Pontic-porcelain fused-noble metal		
D6243	Pontic-porcelain fused to titanium and titanium alloys		
D6245	Pontic-porcelain ceramic substrate		
D6250	Pontic - resin with high noble metal		
D6251	Pontic-resin with base metal		
D6252	Pontic-resin with noble metal		
D6545	Retainer - cast metal for resin bonded fixed prosthesis		
D6548	Retainer-porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Resin retainer-for resin bonded fixed prosthesis		
D6602	Retainer inlay-noble metal, two surfaces		
D6603	Retainer inlay-noble metal, three or more surfaces		
D6604	Retainer inlay-base metal, 2 surfaces		
D6605	Retainer inlay-base metal, 3 or more surfaces		
D6606	Retainer inlay-cast noble metal, two surfaces		
D6607	Retainer inlay-cast noble metal, 3 or more surfaces		

D6608	Retainer onlay-porcelain/ceramic two surfaces		
<b>Fixed Partial Denture Pontics* continued</b>			
D6609	Retainer onlay-porcelain/ceramic three or more surfaces		
D6610	Retainer onlay-cast high noble metal two surfaces		
D6611	Retainer onlay-cast high noble metal three surfaces		
D6612	Retainer onlay-cast predominantly base metal 2 surfaces		
D6613	Retainer onlay-cast predominantly base metal 3 surfaces		
D6614	Retainer onlay-cast noble metal two surfaces		
D6615	Retainer onlay-cast noble metal 3 or more surfaces		
D6624	Retainer-inlay titanium		
D6634	Retainer-onlay titanium		
D6710	Retainer crown - indirect resin-based composite		
<b>Fixed Partial Denture Retainers Crowns*</b>			
Code	Description	Frequency	Member Co-Pay
D6720	Retainer crown - resin with high noble metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	50% of cost
D6721	Retainer crown - resin with predominantly base metal		*These services require authorization
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown-porcelain fused high noble		
D6751	Retainer crown-porcelain fused to metal		
D6752	Retainer crown-porcelain fused noble metal		
D6753	Retainer crown-porcelain fused to titanium and titanium alloys		
D6780	Retainer crown-3/4 cast high noble		
D6781	Retainer crown-3/4 cast high predominantly based metal		
D6782	Retainer crown 3/4 cast noble metal		
D6784	Retainer crown-3/4-titanium and titanium alloys		
D6790	Retainer crown-full cast high noble		
D6791	Retainer crown - full cast base metal		
D6792	Retainer crown - full cast noble metal		
D6793	Provisional retainer crown		
D6794	Retainer crown-titanium		

Other Fixed Partial Denture Services			
Code	Description	Frequency	Member Co-Pay
D6930	Re-cement fixed partial denture	Once per 24 months only after 6 months of initial placement	20% of cost
D6980	Fixed partial denture repair,		
D6999	Unspecified fixed prosthodontics procedures-narrative of medical necessity and description of service*	* Requires authorization	50% of cost
Oral and Maxillofacial Surgery (Oral Surgery or Extractions)*			
Code	Description	Frequency	Member Co-Pay
D7140	Extraction - erupted tooth or exposed root	Once per tooth per lifetime	20% of cost  *These services only (D7210, D7250, D7251) require authorization
D7210	Surgical removal of erupted tooth requiring removal of bone and/or section of tooth		
D7220	Removal impacted tooth-soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted tooth-completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Surgical remove of residual roots		
D7251	Coronectomy		
Other Surgical Procedures			
Code	Description	Frequency	Member Co-Pay
D7260	Oral-antral fistula closure	2 per Arch per lifetime	50% of cost
D7261	Primary closure of a sinus perforation		
D7285	Incisional biopsy of oral tissue-hard		
D7286	Incisional biopsy of oral tissue-soft		
Alveoplasty-Surgical Preparation of Ridge for Dentures			
Code	Description	Frequency	Member Co-Pay
D7310	Alveoplasty with extractions-four or more teeth or tooth spaces per quadrant	One of (D7310 or D7311) per quadrant per lifetime	50% of cost
D7311	Alveoplasty in conjunction with extractions-one to three teeth or tooth spaces per quadrant		
D7320	Alveoplasty not in conjunction with extractions-four or more teeth or tooth spaces per quadrant	One of (D7320 or D7321) per quadrant per lifetime	
D7321	Alveoplasty not in conjunction with extractions-one to three teeth or tooth spaces per quadrant		

<b>Vestibuloplasty</b>				
Code	Description	Frequency	Member Co-Pay	
D7340	Vestibuloplasty - ridge extension (secondary epithelization)	One per arch per lifetime	50% of cost	
D7350	Vestibuloplasty-ridge extensions (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)			
<b>Surgical Excision of Reactive Inflammatory Lesions*</b>				
Code	Description	Frequency	Member Co-Pay	
D7410	Excision of benign lesion of up 1.25 cm		50% of cost  *These services require authorization	
D7411	Excision of benign lesion greater than 1.25 cm			
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm			
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm			
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm			
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm			
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm			
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm			
D7471	Removal of lateral exostosis (maxilla or mandible)			2 per arch per lifetime per member, regardless of the provider
D7472	Removal of Torus Palatinus			Once per lifetime per member, regardless of provider
D7485	Reduction of osseous tuberosity			2 per lifetime per member, regardless of provider
D7473	Removal of torus mandibularis			
<b>Surgical Incision</b>				
Code	Description	Frequency	Member Co-Pay	
D7510	Incision and drainage of abscess - intraoral soft tissue	Not allowable with extraction on same date of service	50% of cost	
D7520	Incision and drainage of abscess - extraoral soft tissue			
D7521	Incision and drainage of abscess extraoral soft tissue complicated			

Other Repair Procedures			
Code	Description	Frequency	Member Co-Pay
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	One (D7960, D7963) once per arch per lifetime per patient	50% of cost
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7999	Unspecified oral surgery procedure, by report-Narrative of medical necessity and description of service*		
Anesthesia*			
Code	Description	Frequency	Member Co-Pay
D9222	Deep Sedation/general anesthesia-first 15 minutes	One per member per date of service. Not allowed with (D9239, D9243) on the same day.	50% of cost  *These services require authorization
D9223	Deep Sedation/general anesthesia-each subsequent 15 minute increment	3 per member per date of service. Not allowed with (D9239, D9243) on the same day.	
D9230	Inhalation of nitrous oxide/ analgesia, anxiolysis	One per member per date of service. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9239	Intravenous moderation (conscious)	One per member per date of service. Not allowed with (D9222, D9223) on the same day.	
D9243	Intravenous moderation (conscious)-each subsequent 15 minute increment	3 per member per date of service. Not allowed with (D9222, D9223) on the same day.	
D9248	Non-intravenous (conscious) sedation	One per member per date of service. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day.	
Professional Consultation			
Code	Description	Frequency	Member Co-Pay
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	One per provider or location per year. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	50% of cost
Professional Visits			
Code	Description	Frequency	Member Co-Pay
D9410	House/ Extended care facility call	One per date of service. 6 per year.	50% of cost
D9420	Hospital or ambulatory surgical center call		

Miscellaneous Services*			
Code	Description	Frequency	Member Co-Pay
D9910	Application of desensitizing medicament	2 of (D1206, D1208, D9910) per 12 months.	50% of cost  *These services require authorization except D9910
D9930	Treatment of complications (post-surgical)	Once per year. Not allowable routine post-operative care or dry socket treatment	
D9950	Occlusal analysis- mounted case	One of (D9950, D9952) per 60 months.	
D9951	Occlusal adjustment - limited	Once per 12 months	
D9952	Occlusal adjustment - complete	One of (D9950, D9952) per 60 months.	
D9999	Unspecified adjunctive procedure, by report		

Lab fees are the member's responsibility.





# CARE N' CARE (HMO/PPO) HEALTH PLAN

## Contact Information

### WEB ADDRESS

Visit Care N' Care at  
[cnchealthplan.com](http://cnchealthplan.com).

### MEDICARE SPECIALIST

Call toll-free 1-877-905-9211 (TTY 711)  
for questions related to Care N' Care  
Medicare Advantage Plans October 1 -  
March 31, 8am to 8pm, CST, seven days a  
week or April 1 - September 30, 8am to  
5pm, CST, Monday through Friday

### MEDICARE INFORMATION

For more information about Medicare,  
call Medicare at 1-800-Medicare  
(1-800-633-4227). TTY users should call  
1-877-486-2048. You can call 24 hours  
a day, seven days a week or, visit  
<https://www.medicare.gov>.

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