



DentaQuest[®]

2024

Dental Health Benefit:

Procedure Code Guide

Brought to you by:

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Insurance Company, Inc.

Routine Dental Services Schedule of Benefits

(Benefit through DentaQuest)

Our plan offers routine dental services. This Schedule of Benefits describes your covered benefits and services. Below is a listing of covered codes for your plan. If a code is not listed, it is not covered. If you have a question about what is covered by the plan, please call 1-877-374-7993 (TTY 711), email your Customer Experience Team at yourteam@cnchealthplan.com, or visit www.cnchealthplan.com/plan-documents-2024, to access your Evidence of Coverage online.

Diagnostic (Exams or Preventive Oral Exams)			
Code	Description	Frequency	Authorization Required
D0120	Periodic oral evaluation	Two (D0120, D0160, D0170) every 12 months	No authorization required
D0160	Extensive oral exam problem focused		
D0170	Re-evaluation-limited problem focused		
D0150	Comprehensive oral exam	One of (D0150, D0180) every 36 months	
D0180	Comprehensive periodontal evaluation		
D0140	Limited oral evaluation	Three per 12 months not allowed with routine services	

Radiographs (Dental-X-rays)			
Code	Description	Frequency	Authorization Required
D0210	Intraoral-comprehensive series of radiographic images	One of (D0210, D0330, D0277, D0372) every 36 months	No authorization required
D0330	Panoramic radiographic image		
D0277	Vertical bitewings-7 to 8 radiographic images		
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images		
D0220	Intraoral periapical-1st radiographic image	One of D0220, per date of service	
D0230	Intraoral periapical-each additional radiographic image		
D0374	Intraoral tomosynthesis – periapical radiographic image	One every 12 months	
D0240	Intraoral occlusal radiographic image	Two every 24 months	
D0270	Bitewing-single radiographic image	One of (D0270, D0272, D0273, D0274, D0373) every 12 months	
D0272	Bitewing-two radiographic images		
D0273	Bitewing-three radiographic images		
D0274	Bitewing-four radiographic images		
D0373	Intraoral tomosynthesis – periapical radiographic image		

Preventive (Cleanings)

Code	Description	Frequency	Authorization Required
D1110	Prophylaxis-adult	Two of (D1110, D4346, D4910) every 12 months	No authorization required

Fluoride

Code	Description	Frequency	Authorization Required
D1206	Topical application of fluoride varnish	Two of (D1206, D1208, D9910) every 12 months	No authorization required
D1208	Topical application of fluoride		

Basic Restorative (Fillings)

Code	Description	Frequency	Authorization Required
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.	No authorization required
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	Authorization Required
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.	No authorization required
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	Authorization Required
D2510	Inlay-metallic-one surface	One Restoration per tooth per 60 months	*Services require authorization
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	One Restoration per tooth per 60 months	*Services require authorization
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*					
Code	Description	Frequency	Authorization Required		
D2710	Crown-resin-(indirect)	One Restoration per tooth per 60 months	*Services require authorization		
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				
D2792	Crown-full cast noble metal				
D2794	Crown-titanium				
D2799	Provisional crown			Included in crown benefit	

Major Restoratives			
Code	Description	Frequency	Authorization Required
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	No authorization required
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 tooth and/or tissue form. This procedure may also be used to relieve pain, promote healing, or prevent further deterioration.	Once per tooth per lifetime	
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.	No authorization required
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*		*Services require authorization. Narrative of medical necessity and description of service

Pulpotomy			
Code	Description	Frequency	Authorization Required
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	No authorization required
D3221	Gross pulpal debridement primary and permanent teeth		

Root Canal Therapy			
Code	Description	Frequency	Authorization Required
D3310	Endodontic therapy (root canal), anterior	Once per permanent tooth per lifetime	No authorization required
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*		*Services require authorization. Narrative of medical necessity and description of service

Apicoectomy/ Periradicular Services*			
Code	Description	Frequency	Authorization Required
D3410	Apicoectomy-anterior	Once per permanent tooth per lifetime	*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*

Code	Description	Frequency	Authorization Required
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	*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	Once per permanent tooth per lifetime	
D4249	Clinical crown lengthening-hard tissue		

Adjunctive Periodontal Services

Code	Description	Frequency	Authorization Required
D4341	Periodontal scaling and root planing-four or more disease teeth per quadrant*	One of (D4341 or D4342), once per quadrant per 36 months	*Services require authorization (D4341)
D4342	Periodontal scaling and root planing, 1-3 disease teeth per quadrant		No authorization required
D4346	Scaling in presence of generalized moderate or severe gingival inflammation, full mouth	Two of (D1110, D4346, D4910) every 12 months	
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	One per 36 months	

Other Periodontal Services*

Code	Description	Frequency	Authorization Required
D4910	Periodontal maintenance procedures (following active therapy)	Four of D4910 every 12 months.	No authorization required
D4999	Unspecified periodontal procedure- Narrative of medical necessity and description of service		*Services require authorization

Complete Dentures

Code	Description	Frequency	Authorization Required
D5110	Complete denture - maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months	No authorization required
D5120	Complete denture - mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months	
D5130	Immediate denture - maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months	
D5140	Immediate denture - mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months	

Partial Dentures			
Code	Description	Frequency	Authorization Required
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months	No authorization required
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, D5228, D5865, D5866, D6111, D6113), once per 60 months	No authorization required
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, D5227, D5863, D5864, D6110, D6112), once per 60 months	No authorization required
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, D5228, D5865, D5866, D6111, D6113), once per 60 months	No authorization required
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases		
D5225	Maxillary partial denture-flexible base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months	No authorization required
D5226	Mandibular partial denture-flexible base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months	No authorization required
D5227	Immediate maxillary partial denture-flexible base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months	No authorization required
D5228	Immediate mandibular partial denture-flexible base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months	No authorization required

Adjustments of Removable Dentures

Code	Description	Frequency	Authorization Required
D5410	Adjust complete denture- maxillary	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	No authorization required
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		

Repairs to Complete Dentures

Code	Description	Frequency	Authorization Required
D5511	Repair broken complete denture base, mandibular	Once per arch per 12 months (after 6 months have elapsed since initial placement)	No authorization required
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		

Denture Rebase Procedures

Code	Description	Frequency	Authorization Required
D5710	Rebase complete maxillary denture	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	No authorization required
D5711	Rebase complete mandibular denture	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	No authorization required
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)	
D5725	Rebase of hybrid prosthesis	One of D5725 per arch per 36 months (after 6 months have elapsed since initial placement)	No authorization required

Denture Reline Procedures

Code	Description	Frequency	Authorization Required
D5730	Reline complete maxillary denture (chairside)	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	No authorization required
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)		
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)		
D5765	Soft liner for complete or partial dentures	One of D5765 per arch per 36 months (after 6 months have elapsed since initial placement)	No authorization required

Other Removable Prosthetic Services

Code	Description	Frequency	Authorization Required
D5850	Tissue conditioning maxillary	With fabrication of new denture only. Not allowable for 60 months after delivery of new denture	No authorization required
D5851	Tissue conditioning mandibular		
D5863	Overdenture-complete maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months	No authorization required
D5864	Overdenture-partial maxillary		
D5865	Overdenture-complete mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months, per patient	
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*		*Services require authorization
D5999	Unspecified maxillofacial prosthesis, by report-narrative of medical necessity and description of service*		

Endosteal Implants*

Code	Description	Frequency	Authorization Required
D6010	Surgical placement of implant body: endosteal implant	One of (D6010, D6013) per 60 months per quadrant	*Services require authorization with exception of (D6090, D6092, and D6093)
D6013	Surgical placement of mini implant		
D6056	Prefabricated abutment-includes modification and placement	One of (D6056, D6057) per 60 months per tooth per patient	
D6057	Custom fabricated abutment-includes placement	One of (D6056, D6057) per 60 months per tooth per patient	
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	One per tooth per 12 months (after 6 months of initial placement)	
D6106	Guided tissue regeneration-resorbable barrier, per implant	One of (D6106, D6107, D7956, D7957) per 60 months per tooth	
D6107	Guided tissue regeneration-non-resorbable barrier per implant	One of (D6106, D6107, D7956, D7957) per 60 months per tooth	
D7956	Guided tissue regeneration, edentulous area-resorbable barrier, per site	One of (D6106, D6107, D7956, D7957) per 60 months per tooth	
D7957	Guided tissue regeneration, edentulous area-non-resorbable, per site	One of (D6106, D6107, D7956, D7957) per 60 months per tooth	
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months	
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D6111, D6113), once per 60 months	
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months	
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D6111, D6113), once per 60 months	
D6191	Semi-precision abutment-placement	One of (D6191) per 60 months per tooth	

Endosteal Implants (Continued)*

Code	Description	Frequency	Authorization Required
D6192	Semi-precision attachment-placement	One of (D6192) per 60 months per tooth	*Services require authorization with exception of (D6090, D6092, and D6093)
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis	One of (D6197) per 12 months per tooth	
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	
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)		

Endosteal Implants* continued

Code	Description	Frequency	Authorization Required
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	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)
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

Code	Description	Frequency	Authorization Required
D6121	Implant supported retainer for metal FPD-predominantly base alloys	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)
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	No authorization required
D6092	Re-cement or re-bond implant/abutment supported crown		
D6093	Re-cement or re-bond implant/abutment fixed partial denture		

Fixed Partial Dentures*

Code	Description	Frequency	Authorization Required
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	
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		
D6609	Retainer onlay-porcelain/ceramic three or more surfaces		

Fixed Partial Dentures* continued

Code	Description	Frequency	Authorization Required
D6610	Retainer onlay-cast high noble metal two surfaces	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	*Services require authorization
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		
D6720	Retainer crown - resin with high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
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	Authorization Required
D6930	Re-cement fixed partial denture	Once per 24 months only after 6 months of initial placement	No authorization required
D6980	Fixed partial denture repair,		
D6999	Unspecified fixed prosthodontics		*Services require authorization

Oral and Maxillofacial Surgery (Oral Surgery or Extractions) *

Code	Description	Frequency	Authorization Required
D7140	Extraction - erupted tooth or exposed root	Once per tooth per lifetime	*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-intentional partial tooth removal, impacted teeth only		

Other Surgical Procedures

Code	Description	Frequency	Authorization Required
D7260	Oral-antral fistula closure	2 per Arch per lifetime	* D7284 requires authorization
D7261	Primary closure of a sinus perforation		
D7284	Incisional biopsy of minor salivary glands*		
D7285	Incisional biopsy of oral tissue-hard		
D7286	Incisional biopsy of oral tissue-soft		

Alveoloplasty			
Code	Description	Frequency	Authorization Required
D7310	Alveoloplasty with extractions-four or more teeth or tooth spaces per quadrant	One of (D7310 or D7311) per quadrant per lifetime	No authorization required
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces per quadrant		
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces per quadrant	One of (D7320 or D7321) per quadrant per lifetime	
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces per quadrant		

Vestibuloplasty			
Code	Description	Frequency	Authorization Required
D7340	Vestibuloplasty - ridge extension (secondary epithelization)	One per arch per lifetime	No authorization required
D7350	Vestibuloplasty-ridge extensions (including soft tissue grafts, muscle re- attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		

Surgical Incision			
Code	Description	Frequency	Authorization Required
D7510	Incision and drainage of abscess - intraoral soft tissue	Not allowable with extraction on same date of service	No authorization required
D7520	Incision and drainage of abscess - extraoral soft tissue		
D7521	Incision and drainage of abscess extraoral soft tissue complicated		

Surgical Excision of Lesions*

Code	Description	Frequency	Authorization Required	
D7410	Excision of benign lesion of up 1.25 cm			
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			

*Services require authorization

Other Repair Procedures

Code	Description	Frequency	Authorization Required
D7961	Buccal/labial frenectomy (frenulectomy)	One (D7961, D7963) once per arch per lifetime	D7999 requires authorization
D7962	Lingual frenectomy (frenulectomy)	One (D7962) once per arch per lifetime	
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch	Once per arch per lifetime	
D7971	Excision of pericoronal gingiva	Once per tooth per lifetime	
D7999	Unspecified oral surgery procedure, by report-Narrative of medical necessity and description of service*	* Requires authorization	

Anesthesia*

Code	Description	Frequency	Authorization Required
D9222	Deep Sedation/general anesthesia-first 15 minutes	One per member per date of service. Not allowed with (D9239, D9243) on the same day.	*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	Authorization Required
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.	No authorization required

Professional Visits

Code	Description	Frequency	Authorization Required
D9410	House/ Extended care facility call	One per date of service. 6 per year.	No authorization required
D9420	Hospital or ambulatory surgical center call		

Miscellaneous Services*

Code	Description	Frequency	Authorization Required
D9910	Application of desensitizing medicament	2 of (D1206, D1208, D9910) per 12 months.	*These services require authorization, except (D9910, D9999)
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		

Non-covered Services

The plan does not cover the following:

- Dental services not listed in the table above
- Services or items listed in the Limitations & Exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America

You're responsible for all charges related to any excluded services. You must also pay the costs of any services received greater than the limits specified.

Limitations & Exclusions

1. Coverage is limited to the services listed in the Schedule of Benefits. If a service is not listed, it is not included and is **not covered**.
2. Fees related to broken appointments, preparing, or copying dental reports, duplication of x-rays, itemized bills or claim forms are **not covered**.

Medical Necessity

This is a requirement for you to receive a covered benefit under this plan. Dental care services that we determine a provider using sensible clinical judgment would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease or its symptoms, and that we determine are:

- In accordance with generally accepted standards of dental practice
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider

Generally accepted standards of dental practice means standards based on credible scientific evidence published in peer-reviewed dental literature and is:

- Generally recognized by the relevant dental community
- Consistent with the standards set forth in policy issues involving clinical judgement

Care N' Care (HMO/PPO)

Contact Information

Web Address

cnchealthplan.com

Medicare Specialist

1-877-905-9207 (TTY 711) for questions related to Care N' Care Medicare Advantage Plans October 1 - March 31, 8 a.m. to 8 p.m. CST, seven days a week or April 1 - September 30, 8 a.m. to 8 p.m., 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>.