

# DENTAQUEST COVERED DENTAL PROCEDURE CODES



MASS ADVANTAGE

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
<b>DIAGNOSTIC (EXAMS OR PREVENTIVE ORAL EXAMS)</b>			
Periodic Oral Evaluation	Two (D0120, D0160, D0170) every calendar year, per patient.	D0120, D0160, D0170	No
Limited Oral Evaluation	3 per calendar year not allowed with routine services.	D0140	No
Comprehensive Oral Exam	<ul style="list-style-type: none"> <li>One of D0150, D0180 every 36 months, per provider or location.</li> <li>One of D0120, D0150, D0180 per 6 months per provider or location.</li> </ul>	<ul style="list-style-type: none"> <li>D0150, D0180 (every 36 months)</li> <li>D0120, D0150, D0180 (per 6 months)</li> </ul>	No
Extensive Oral Exam Problem Focused	Two (D0120, D0160, D0170) every calendar year, per patient.	D0120, D0160, D0170	No
Re-Evaluation - Limited Problem Focused	Two (D0120, D0160, D0170) every calendar year, per patient.	D0120, D0160, D0170	No

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
Comprehensive Periodontal Evaluation	<ul style="list-style-type: none"> <li>• One of D0150, D0180 every 36 months, per provider or location.</li> <li>• One of D0120, D0150, D0180 per 6 months per provider or location.</li> </ul>	<ul style="list-style-type: none"> <li>• D0150, D0180 (every 36 months)</li> <li>• D0120, D0150, D0180 (per 6 months)</li> </ul>	No
<b>PREVENTIVE (CLEANINGS)</b>			
Phrophylaxis - Adult	Two of (D1110, D4346, D4910) every calendar year.	D1110, D4346, D4910	No
Scaling In Presence of Generalized Moderate or Severe Gingival Inflammation, Full Mouth	Two of (D1110, D4346, D4910) every calendar year.	D1110, D4346, D4910	No
Periodontal Maintenance Procedures (Following Active Therapy)	Four of D4910 every calendar year.	D4910	No
<b>RADIOGRAPHS (DENTAL-X-RAYS)</b>			
Intraoral Comprehensive Series Of Radiographic Images	One of (D0210, D0330, D0277, D0372) every 36 months, per patient.	D0210, D0330, D0277, D0372	No
Intraoral Periapical - 1st Radiographic Image	One of D0220, per date of service.	D0220	No

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
Intraoral Periapical - Each Additional Radiographic Image		D0230	No
Intraoral Occlusal Radiographic Image	Two per 24 months.	D0240	No
Bitewing - Single Radiographic Image	One of (D0270, D0272, D0273, D0274, D0373) every calendar year, per patient.	D0270, D0272, D0273, D0274, D0373	No
Bitewing - Two Radiographic Images	One of (D0270, D0272, D0273, D0274, D0373) every calendar year, per patient.	D0270, D0272, D0273, D0274, D0373	No
Bitewing - Three Radiographic Images	One of (D0270, D0272, D0273, D0274, D0373) every calendar year, per patient.	D0270, D0272, D0273, D0274, D0373	No
Bitewing - Four Radiographic Images	One of (D0270, D0272, D0273, D0274, D0373) every calendar year, per patient.	D0270, D0272, D0273, D0274, D0373	No
Vertical Bitewings - 7 to 8 Radiographic Images	One of (D0210, D0330, D0277, D0372) every 36 months, per patient.	D0210, D0330, D0277, D0372	No
Panoramic Radiographic Image	One of (D0210, D0330, D0277, D0372) every 36 months, per patient.	D0210, D0330, D0277, D0372	No

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	One of (D0210, D0330, D0277, D0372) every 36 months, per patient.	D0210, D0330, D0277, D0372	No
Intraoral Tomosynthesis - Bitewing Radiographic Image	One of (D0270, D0272, D0273, D0274, D0373) every calendar year, per patient.	D0270, D0272, D0273, D0274, D0373	No
Intraoral Tomosynthesis - Periapical Radiographic Image	One of (D0374) every calendar year, per patient.	D0374	No
<b>FLUORIDE</b>			
Topical Application Of Fluoride Varnish	2 of (D1206, D1208) per calendar year.	D1206, D1208	No
Topical Application Of Fluoride	2 of (D1206, D1208) per calendar year.	D1206, D1208	No
<b>ADJUNCTIVE GENERAL SERVICES (“EMERGENCY SERVICES”)</b>			
Palliative Treatment of Dental Pain	Not allowed with anything other than D0140 and x-rays.	D9110	No

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
<b>BASIC RESTORATIVE (FILLINGS)</b>			
Amalgam - One Surface, Primary or Permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Amalgam - Two Surfaces, Primary or Permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Amalgam - Three Surfaces, Primary or Permanent Teeth	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Amalgam - Four or More Surfaces, Primary or Permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
<b>RESIN RESTORATIVE (FILLINGS)</b>			
Resin Based Composite - 1 Surface, Anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Resin Based Composite - 2 Surfaces, Anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Resin Based Composite - 3 Surfaces, Anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Resin Based Composite - 4+ Surfaces or Anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
Resin Based Composite Crown, Anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Resin Based Composite - 1 Surface, Posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Resin Based Composite - 2 Surfaces, Posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
Resin Based Composite - 3 Surfaces, Posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes



DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
Resin Based Composite - 4+ Surf, Posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient.	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	Yes
<b>PERIODONTIC - ADJUNCTIVE PERIODONTAL SERVICES</b>			
Periodontal Scaling and Root Planing - Four or More Disease Teeth Per Quadrant	One of (D4341 or D4342), once per quadrant per 36 months, per patient.	D4341 or D4342	Yes
Periodontal Scaling and Root Planing, 1-3 Disease Teeth Per Quadrant	One of (D4341 or D4342), once per quadrant per 36 months, per patient.	D4341 or D4342	Yes
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	One per 36 months, per patient.	D4355	Yes
<b>Oral And Maxillofacial Surgery (Oral Surgery Or Extractions)</b>			
Extraction - Erupted Tooth or Exposed Root	Once per tooth per lifetime.	D7140	Yes
Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Section of Tooth	Once per tooth per lifetime.	D7210	Yes

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
Removal Impacted Tooth - Soft Tissue	Once per tooth per lifetime.	D7220	Yes
Removal of Impacted Tooth - Partially Bony	Once per tooth per lifetime.	D7230	Yes
Removal of Impact Tooth - Completely Bony	Once per tooth per lifetime.	D7240	Yes
Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	Once per tooth per lifetime.	D7241	Yes
Surgical Remove of Residual Roots	Once per tooth per lifetime.	D7250	Yes
Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only	Once per tooth per lifetime.	D7251	Yes
Teledentistry - Synchronous; Real-Time Encounter	<ul style="list-style-type: none"> <li>• One of (D9995 or D9996) per patient per provider or location per date of service.</li> <li>• Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.</li> </ul>	D9995 or D9996	No

DESCRIPTION OF SERVICE	BENEFIT DESCRIPTION	ALLOWED DRUG CODES	COUNTS TOWARDS ANNUAL MAX
Teledentistry – Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	<ul style="list-style-type: none"> <li>• One of (D9995 or D9996) per patient per provider or location per date of service.</li> <li>• Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code."</li> </ul>	D9995 or D9996	No

**Flex card can be used for additional support at out-of-network providers and for services not listed above.**

DESCRIPTION OF SERVICE	CODE	ADMINISTRATIVE GUIDELINES
<b>DIAGNOSTIC (EXAMS OR PREVENTIVE ORAL EXAMS)</b>		
Periodic Oral Evaluation	D0120	Two (D0120, D0160, D0170) every 12 months, per patient
Limited Oral Evaluation	D0140	3 per 12 months not allowed with routine services
Comprehensive Oral Exam	D0150	<ul style="list-style-type: none"> <li>• One of (D0150, D0180) every 36 months, per provider or location.</li> <li>• One of D0120, D0150, D0180 per 6 months per provider or location.</li> </ul>
Extensive Oral Exam Problem Focused	D0160	Two (D0120, D0160, D0170) every 12 months, per patient
Re-Evaluation - Limited Problem Focused	D0170	Two (D0120, D0160, D0170) every 12 months, per patient
Comprehensive Periodontal Evaluation	D0180	<ul style="list-style-type: none"> <li>• One of (D0150, D0180) every 36 months, per provider or location.</li> <li>• One of D0120, D0150, D0180 per 6 months per provider or location.</li> </ul>
<b>RADIOGRAPHS (DENTAL-X-RAYS)</b>		
Intraoral Comprehensive Series of Radiographic Images	D0210	One of (D0210, D0330, D0277, D0372) every 36 months, per patient
Intraoral Periapical - 1st Radiographic Image	D0220	One of D0220, per date of service.

DESCRIPTION OF SERVICE	CODE	ADMINISTRATIVE GUIDELINES
Intraoral Periapical - Each Additional Radiographic Image	D0230	
Intraoral Occlusal Radiographic Image	D0240	Two per 24 months
Bitewing - Single Radiographic Image	D0270	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient
Bitewing - Two Radiographic Images	D0272	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient
Bitewing - Three Radiographic Images	D0273	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient
Bitewing - Four Radiographic Images	D0274	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient
Vertical Bitewings - 7 To 8 Radiographic Images	D0277	One of (D0210, D0330, D0277, D0372) every 36 months, per patient
Panoramic Radiographic Image	D0330	One of (D0210, D0330, D0277, D0372) every 36 months, per patient
Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	D0372	One of (D0210, D0330, D0277, D0372) every 36 months, per patient
Intraoral Tomosynthesis - Bitewing Radiographic Image	D0373	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient
Intraoral Tomosynthesis - Periapical Radiographic Image	D0374	One of (D0374) every 12 months, per patient

## DESCRIPTION OF SERVICE

## CODE

## ADMINISTRATIVE GUIDELINES

**PREVENTIVE (CLEANINGS)**

Phrophylaxis - Adult	D1110	Two of (D1110, D4346, D4910) every 12 months
Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation, Full Mouth	D4346	Two of (D1110, D4346, D4910) every 12 months
Periodontal Maintenance Procedures (Following Active Therapy)	D4910	Four of D4910 every 12 months.

**FLUORIDE**

Topical Application Of Fluoride Varnish	D1206	2 of (D1206, D1208) per 12 months
Topical Application Of Fluoride	D1208	2 of (D1206, D1208) per 12 months

**ADJUNCTIVE GENERAL SERVICES ("EMERGENCY SERVICES")**

Palliative Treatment Of Dental Pain	D9110	Not allowed with anything other than D0140 and x-rays
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**BASIC RESTORATIVE (FILLINGS)**

Amalgam - One Surface, Primary or Permanent	D2140	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Amalgam - Two Surfaces, Primary or Permanent	D2150	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient

DESCRIPTION OF SERVICE	CODE	ADMINISTRATIVE GUIDELINES
Amalgam - Three Surfaces, Primary or Permanent Teeth	D2160	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Amalgam - Four or More Surfaces, Primary or Permanent	D2161	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
<b>RESIN RESTORATIVE (FILLINGS)</b>		
Resin Based Composite - 1 Surface, Anterior	D2330	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Resin Based Composite - 2 Surfaces, Anterior	D2331	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Resin Based Composite - 3 Surfaces, Anterior	D2332	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Resin Based Composite - 4+ Surfaces Or Anterior	D2335	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Resin Based Composite Crown, Anterior	D2390	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Resin Based Composite - 1 Surface, Posterior	D2391	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient

DESCRIPTION OF SERVICE	CODE	ADMINISTRATIVE GUIDELINES
Resin Based Composite - 2 Surfaces, Posterior	D2392	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Resin Based Composite - 3 Surfaces, Posterior	D2393	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient
Resin Based Composite - 4+ Surf, Posterior	D2394	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient

### PERIODONTIC ADJUNCTIVE PERIODONTAL SERVICES

Periodontal Scaling and Root Planing - Four or More Disease Teeth Per Quadrant	D4341	One of (D4341 or D4342), once per quadrant per 36 months, per patient
Periodontal Scaling and Root Planing, 1-3 Disease Teeth Per Quadrant	D4342	One of (D4341 or D4342), once per quadrant per 36 months, per patient
Full Mouth Debridement to Enable Comprehensive Peridontal Evaluation and Diagnosis	D4355	One per 36 months, per patient

### ORAL AND MAXILLOFACIAL SURGERY (ORAL SURGERY OR EXTRACTIONS)

Extraction - Erupted Tooth or Exposed Root	D7140	Once per tooth per lifetime
Surgical Removal of Erupted Tooth Requiring Removal of Bone And/or Section of Tooth	D7210	Once per tooth per lifetime



DESCRIPTION OF SERVICE	CODE	ADMINISTRATIVE GUIDELINES
Removal Impacted Tooth - Soft Tissue	D7220	Once per tooth per lifetime
Removal of Impacted Tooth - Partially Bony	D7230	Once per tooth per lifetime
Removal of Impact Tooth - Completely Bony	D7240	Once per tooth per lifetime
Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	D7241	Once per tooth per lifetime
Surgical Remove of Residual Roots	D7250	Once per tooth per lifetime
Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only	D7251	Once per tooth per lifetime
Teledentistry - Synchronous; Real-Time Encounter	D9995	<ul style="list-style-type: none"> <li>• One of (D9995 or D9996) per patient per provider or location per date of service.</li> <li>• Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.</li> </ul>
Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	D9996	<ul style="list-style-type: none"> <li>• One of (D9995 or D9996) per patient per provider or location per date of service.</li> <li>• Cannot be billed as standalone code.D9995 or D9996 must be billed with exam code.</li> </ul>

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Periodic Oral Evaluation - Established Patient"	D0120	Two (D0120, D0160, D0170) every 12 months, per patient	No	Not Applicable
Limited Oral Evaluation - Problem Focused	D0140	3 per 12 months not allowed with routine services	No	Not Applicable
Comprehensive Oral Evaluation - New or Established Patient	D0150	<ul style="list-style-type: none"> <li>One of (D0150, D0180) every 36 months, per provider or location.</li> <li>One of D0120, D0150, D0180 per 6 months per provider or location.</li> </ul>	No	Not Applicable
Detailed and Extensive Oral Eval - Problem Focused, By Report	D0160	Two (D0120, D0160, D0170) every 12 months, per patient	No	Not Applicable
Re-Evaluation, Limited Problem Focused	D0170	Two (D0120, D0160, D0170) every 12 months, per patient	No	Not Applicable
Comprehensive Periodontal Evaluation - New or Established Patient	D0180	<ul style="list-style-type: none"> <li>One of (D0150, D0180) every 36 months, per provider or location.</li> <li>One of D0120, D0150, D0180 per 6 months per provider or location.</li> </ul>	No	Not Applicable
Intraoral - Complete Series of Radiographic mages	D0210	One of (D0210, D0330, D0277) every 36 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Intraoral - Periapical First Radiographic Image	D0220	One of D0220, per date of service.	No	Not Applicable
Intraoral - Periapical Each Additional Radiographic Image	D0230		No	Not Applicable
Intraoral - Occlusal Radiographic Image	D0240	Two per 24 months	No	Not Applicable
Bitewing - Single Radiographic Image	D0270	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	No	Not Applicable
Bitewings - Two Radiographic Images	D0272	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	No	Not Applicable
Bitewings - Three Radiographic Images	D0273	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	No	Not Applicable
Bitewings - Four Radiographic Images	D0274	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	No	Not Applicable
Vertical Bitewings - 7 To 8 films	D0277	One of (D0210, D0330, D0277) every 36 months, per patient	No	Not Applicable
Panoramic Radiographic Image	D0330	One of (D0210, D0330, D0277) every 36 months, per patient	No	Not Applicable
Prophylaxis - Adult	D1110	Two of (D1110, D4346, D4910) every 12 months	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Topical Application of Fluoride Varnish	D1206	2 of (D1206, D1208, D9910) per 12 months	No	Not Applicable
Topical Application of Fluoride - Excluding Varnish	D1208	2 of (D1206, D1208, D9910) per 12 months	No	Not Applicable
Amalgam - One Surface, Primary or Permanent	D2140	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Amalgam - Two Surfaces, Primary or Permanent	D2150	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Amalgam - Three Surfaces, Primary or Permanent	D2160	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Amalgam - Four or More Surfaces, Primary or Permanent	D2161	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Resin-Based Composite - One Surface, Anterior	D2330	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Resin-Based Composite - Two Surfaces, Anterior	D2331	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Resin-Based Composite - Three Surfaces, Anterior	D2332	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Resin-Based Composite - Four Or More Surfaces or Involving Incisal Angle (Anterior)	D2335	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Resin-Based Composite Crown, Anterior	D2390	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Resin-Based Composite - One Surface, Posterior	D2391	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Resin-Based Composite - Two Surfaces, Posterior	D2392	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Resin-Based Composite - Three Surfaces, Posterior	D2393	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Resin-Based Composite - Four Or More Surfaces, Posterior	D2394	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 per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	No	Not Applicable
Inlay - Metallic-1 Surface	D2510	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable



PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Inlay - Metallic-2 Surfaces	D2520	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Inlay - Metallic-3+ Surfaces	D2530	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Onlay - Metallic-Two Surfaces	D2542	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient"	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Onlay - Metallic-3 Surfaces	D2543	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Onlay - Metallic-4+ Surfaces	D2544	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Inlay - Porcelain/Ceramic-1 surface	D2610	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Inlay - Porcelain/Ceramic 2 Surfaces	D2620	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Inlay- Porcelain/Ceramic 3+ Surfaces	D2630	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Onlay-Porcelain/ Ceramic-2 Surfaces	D2642	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Onlay - Porcelain/Ceramic 3 Surfaces	D2643	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Onlay - Porcelain/Ceramic 4+ Surfaces	D2644	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Inlay - Composite/Resin 1 surface	D2650	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Inlay - Composite/Resin 2 Surfaces	D2651	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Inlay - Composite/Resin 3+ Surfaces	D2652	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Onlay- Composite/Resin 2 Surfaces	D2662	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Onlay - Composite/Resin 3 Surfaces	D2663	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Onlay-Composite/Resin-4+ Surfaces	D2664	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Resin-Based Composite (Indirect)	D2710	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - 3/4 Resin-Based Composite (Indirect)	D2712	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Resin with High Noble Metal	D2720	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Resin With Predominantly Base Metal	D2721	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - Resin with Noble Metal	D2722	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Porcelain/ Ceramic	D2740	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Porcelain Fused to High Noble Metal	D2750	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient"	No	Not Applicable



PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - Porcelain Fused to Predominantly Base Metal	D2751	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Porcelain Fused to Noble Metal	D2752	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Porcelain Fused to Titanium and Titanium Alloys	D2753	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - ¾ Cast High Noble Metal	D2780	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - ¾ Cast Predominantly Base Metal	D2781	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - ¾ Cast Noble Metal	D2782	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - ¾ Porcelain/ Ceramic	D2783	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Full Cast High Noble Metal	D2790	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Full Cast Predominantly Base Metal	D2791	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - Full Cast Noble Metal	D2792	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Crown - Titanium	D2794	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	No	Not Applicable
Provisional Crown	D2799	Disallow - included in the crown benefit	No	Not Applicable
Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	D2910	Once per tooth per 24 months only after 6 months of initial placement	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post And Core	D2915	Once per tooth per 24 months only after 6 months of initial placement	No	Not Applicable
Re-Cement Or Re-Bond Crown	D2920	Once per tooth per 24 months only after 6 months of initial placement	No	Not Applicable
Protective Restoration	D2940	Once per tooth per lifetime	No	Not Applicable
Core Buildup, Including Any Pins When Required	D2950	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration.	No	Not Applicable
Pin Retention - Per Tooth, in Addition to Restoration	D2951	One of D2951 once per tooth per 60 months, per patient when billed with resin or amalgam restoration. Deny D2951 as included in D2950, D2952, D2954 if billed separately.	No	Not Applicable
Cast Post and Core in Addition to Crown	D2952	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration."	No	Not Applicable
Each Additional Cast Post - Same Tooth"	D2953	One per 60 months per tooth when billed with D2952.	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Prefabricated Post and Core in Addition to Crown	D2954	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration."	No	Not Applicable
Crown Repair, By Report	D2980	Once per tooth per 24 months only after 6 months of initial placement	No	Not Applicable
Resin Infiltration of Incipient Smooth Surface Lesions	D2990	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 per patient	No	Not Applicable
Unspecified Restorative Procedure, By Report	D2999		No	Not Applicable
Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to The Dentinocemental Junction and Application of Medicament"	D3220	One of (D3220 or D3221) once per tooth, per lifetime, per patient. Not allowed in conjunction with root canal therapy by same provider/location within 90 days	No	Not Applicable
Pulpal Debridement, Primary and Permanent Teeth	D3221	One of (D3220 or D3221) once per tooth, per lifetime, per patient. Not allowed in conjunction with root canal therapy by same provider/location within 90 days	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)"	D3310	Once per permanent tooth per lifetime	No	Not Applicable
Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)"	D3320	Once per permanent tooth per lifetime	No	Not Applicable
Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	D3330	Once per permanent tooth per lifetime	No	Not Applicable
Treatment of Root Canal Obstruction; Non-Surgical Access	D3331	Once per permanent tooth per lifetime	No	Not Applicable
Retreatment of Previous Root Canal Therapy- Anterior"	D3346	Once per permanent tooth per lifetime	No	Not Applicable
Retreatment of Previous Root Canal Therapy - Premolar	D3347	Once per permanent tooth per lifetime	No	Not Applicable
Retreatment of Previous Root Canal Therapy- Molar	D3348	Once per permanent tooth per lifetime	No	Not Applicable
Apicoectomy - Anterior	D3410	Once per permanent tooth per lifetime	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Apicoectomy - Premolar (First Root)	D3421	Once per permanent tooth per lifetime	No	Not Applicable
Apicoectomy - Molar (First Root)	D3425	Once per permanent tooth per lifetime	No	Not Applicable
Apicoectomy (Each Additional Root)"	D3426	Once per permanent tooth per lifetime	No	Not Applicable
Retrograde Filling - Per Root	D3430	Once per tooth per lifetime	No	Not Applicable
Unspecified Endodontic Procedure, by Report	D3999		No	Not Applicable
Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	D4210	One of (D4210, D4211) once per quadrant per 36 months, per patient	No	Not Applicable
Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant"	D4211	One of (D4210, D4211) once per quadrant per 36 months, per patient	No	Not Applicable



PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	D4240	One of (D4240, D4241) once per quadrant per 36 months, per patient	No	Not Applicable
Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	D4241	One of (D4240, D4241) once per quadrant per 36 months, per patient	No	Not Applicable
Clinical Crown Lengthening - Hard Tissue"	D4249	Once per permanent tooth per lifetime	No	Not Applicable
Osseous Surgery (Including Elevation of A Full Thickness Flap And Closure) - Four of More Contiguous Teeth of Tooth Bounded Spaces Per Quadrant	D4260	One of (D4260 or D4261), once per quadrant per 36 months, per patient	No	Not Applicable
Osseous Surgery (Including Elevation of a Full Thickness Flap And Closure) - One to Three Contiguous Teeth of Tooth Bounded Spaces Per Quadrant	D4261	One of (D4260 or D4261), once per quadrant per 36 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Periodontal Scaling and Root Planing - Four of More Teeth Per Quadrant	D4341	One of (D4341 or D4342), once per quadrant per 36 months, per patient	No	Not Applicable
Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	D4342	One of (D4341 or D4342), once per quadrant per 36 months, per patient	No	Not Applicable
Scaling In Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	D4346	Two of (D1110, D4346, D4910) every 12 months	No	Not Applicable
Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	D4355	One per 36 months, per patient	No	Not Applicable
Periodontal Maintenance Procedures	D4910	Four of D4910 every 12 months.	No	Not Applicable
Unspecified Periodontal Procedure, By Report	D4999		No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Complete Denture - Maxillary	D5110	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable
Complete Denture - Mandibular	D5120	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient"	No	Not Applicable
Immediate Denture - Maxillary	D5130	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable
Immediate Denture - Mandibular	D5140	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	No	Not Applicable
Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	D5211	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable
Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)"	D5212	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	D5213	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable
Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	D5214	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	No	Not Applicable
Immediate Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	D5221	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable
Immediate Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	D5222	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	D5223	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable
Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	D5224	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	No	Not Applicable
Maxillary Partial Denture - Flexible Base	D5225	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable
Mandibular Partial Denture - Flexible Base	D5226	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	No	Not Applicable
Immediate Maxillary Partial Denture - Flexible Base	D5227	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Immediate Mandibular Partial Denture - Flexible Base	D5228	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	No	Not Applicable
Adjust Complete Denture - Maxillary	D5410	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Adjust Complete Denture - Mandibular	D5411	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Adjust Partial Denture - Maxillary	D5421	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Adjust Partial Denture - Mandibular"	D5422	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Repair Broken Complete Denture Base, Mandibular"	D5511	Once per arch per 12 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Repair Broken Complete Denture Base, Maxillary	D5512	Once per arch per 12 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	D5520	Once per tooth per 12 months (after 6 months have elapsed since initial placement)	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Repair Resin Denture Base, Mandibular	D5611	Once per arch per 12 months	No	Not Applicable
Repair Resin Denture Base, Maxillary	D5612	Once per arch per 12 months	No	Not Applicable
Repair Cast Framework, Mandibular	D5621	Once per arch per 12 months	No	Not Applicable
Repair Cast Framework, Maxillary	D5622	Once per arch per 12 months	No	Not Applicable
Repair or Replace Broken Clasp	D5630	Once per tooth per 12 months	No	Not Applicable
Replace Broken Teeth - Per Tooth	D5640	Once per tooth per 12 months	No	Not Applicable
Add Tooth to Existing Partial Denture"	D5650	Once per tooth per 12 months	No	Not Applicable
Add Clasp to Existing Partial Denture"	D5660	Once per tooth per 12 months	No	Not Applicable
Rebase Complete Maxillary Denture	D5710	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Rebase Complete Mandibular Denture	D5711	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Rebase Maxillary Partial Denture	D5720	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Rebase Mandibular Partial Denture	D5721	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Rebase of Hybrid Prosthesis	D5725	One of D5725 per arch per 36 months (after 6 months have elapsed since initial placement)"	No	Not Applicable
Reline Complete Maxillary Denture (Chairside)	D5730	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Reline Complete Mandibular Denture (Chairside)	D5731	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Reline Maxillary Partial Denture (Chairside)	D5740	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Reline Mandibular Partial Denture (Chairside)	D5741	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Reline Complete Maxillary Denture (Laboratory)	D5750	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable



PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Reline Complete Mandibular Denture (Laboratory)	D5751	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Reline Maxillary Partial Denture (Laboratory)	D5760	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Reline Mandibular Partial Denture (Laboratory)	D5761	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Soft Liner For Complete or Partial Dentures (Indirect)	D5765	One of D5765 per arch per 36 months (after 6 months have elapsed since initial placement)	No	Not Applicable
Tissue Conditioning, Maxillary	D5850	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture	No	Not Applicable
Tissue Conditioning, Mandibular	D5851	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture	No	Not Applicable
Overdenture - Complete Maxillary	D5863	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Overdenture - Partial Maxillary	D5864	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months, per patient	No	Not Applicable
Overdenture - Complete Mandibular	D5865	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months, per patient	No	Not Applicable
Overdenture - Partial Mandibular	D5866	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months, per patient"	No	Not Applicable
Add Metal Substructure to Acrylic Full Denture"	D5876	Only allowed on the same date of service as D5110, D5120, D5130, D5140	No	Not Applicable
Unspecified Removable Prosthodontic Procedure, By Report	D5899		No	Not Applicable
Unspecified Maxillofacial Prosthesis, By Report	D5999		No	Not Applicable
Prefabricated Abutment - Includes Modification AndPlacement	D6056	One of (D6056, D6057) per 60 months per tooth per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Custom Fabricated Abutment - Includes Placement	D6057	One of (D6056, D6057) per 60 months per tooth per patient	No	Not Applicable
Abutment Supported Porcelain/Ceramic Crown	D6058	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 tooth per patient	No	Not Applicable
Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	D6059	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 tooth per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	D6060	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 tooth per patient	No	Not Applicable
Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	D6061	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 tooth per patient	No	Not Applicable
Abutment Supported Cast Metal Crown (High Noble Metal)	D6062	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 tooth per patient"	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Abutment Supported Cast Metal Crown (Predominantly Base Metal)	D6063	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 tooth per patient	No	Not Applicable
Abutment Supported Cast Metal Crown (Noble Metal)	D6064	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 tooth per patient	No	Not Applicable
Abutment Supported Retainer for Porcelain/ Ceramic FPD	D6068	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 tooth per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	D6069	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 tooth per patient	No	Not Applicable
Abutment Supported Retainer For Porcelain Fused To Metal FPD (Predominantly Base Metal)	D6070	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 tooth per patient	No	Not Applicable
Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	D6071	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 tooth per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	D6072	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 tooth per patient	No	Not Applicable
Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	D6073	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 tooth per patient	No	Not Applicable
Abutment Supported Retainer for Cast Metal Fpd (Noble Metal)	D6074	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 tooth per patient	No	Not Applicable
Repair Implant Prosthesis	D6090	Once per tooth per 24 months only after 6 months of initial placement	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Abutment Supported Crown - (Titanium)	D6094	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 tooth per patient	No	Not Applicable
Abutment Supported Crown, Porcelain Fused To Titanium And Titanium Alloys	D6097	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 tooth per patient	No	Not Applicable
Semi-Precision Abutment - Placement	D6191	One of (D6191) per 60 months per tooth, per patient	No	Not Applicable
Semi-Precision Attachment - Placement	D6192	One of (D6192) per 60 months per tooth, per patient"	No	Not Applicable



PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	D6195	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	No	Not Applicable
Pontic - Indirect Resin Based Composite	D6205	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic - Cast High Noble Metal	D6210	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic - Cast Base Metal	D6211	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic - Cast Noble Metal	D6212	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Pontic - Titanium	D6214	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient"	No	Not Applicable
Pontic-Porcelain Fused - High Noble	D6240	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic-Porcelain Fused to Base Metal	D6241	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic-Porcelain Fused - Noble Metal	D6242	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic-Porcelain Fused to Titanium and Titanium Alloys	D6243	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Prosthodontics Fixed, Pontic - Porcelain/ Ceramic	D6245	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Pontic-Resin with High Noble Metal	D6250	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic-Resin with Base Metal	D6251	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Pontic-Resin with Noble Metal	D6252	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	No	Not Applicable
Retainer - Cast Metal Fixed	D6545	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Prosthodontics Fixed, Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthodontic	D6548	"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	No	Not Applicable
Resin Retainer - For Resin Bonded Fixed Prosthesis	D6549	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	No	Not Applicable
Inlay - Cast High Noble Metal, Two Surfaces	D6602	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Inlay - Cast High Noble Metal, Three or More Surfaces	D6603	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	No	Not Applicable
Inlay - Cast Predominantly Base Metal, Two Surfaces	D6604	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	No	Not Applicable
Inlay - Cast Predominantly Base Metal, Three or More Surfaces	D6605	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Inlay - Cast Noble Metal, Two Surfaces	D6606	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	No	Not Applicable
Inlay - Cast Noble Metal, Three or More Surfaces	D6607	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	No	Not Applicable
Onlay - Porcelain/ Ceramic, Two Surfaces	D6608	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Onlay - Porcelain/ Ceramic, Three or More Surfaces	D6609	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	No	Not Applicable
Onlay - Cast High Noble Metal, Two Surfaces	D6610	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	No	Not Applicable
Onlay - Cast High Noble Metal, Three or More Surfaces	D6611	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Onlay - Cast Predominantly Base Metal, Two Surfaces	D6612	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	No	Not Applicable
Onlay - Cast Predominantly Base Metal, Three or More Surfaces	D6613	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	No	Not Applicable
Onlay - Cast Noble Metal, Two Surfaces	D6614	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	No	Not Applicable



PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Onlay - Cast Noble Metal, Three or More Surfaces	D6615	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	No	Not Applicable
Inlay - Titanium	D6624	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	No	Not Applicable
Onlay - Titanium	D6634	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - Indirect Resin Based Composite	D6710	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	No	Not Applicable
Crown-Resin with High Noble Metal	D6720	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	No	Not Applicable
Crown-Resin with Base Metal	D6721	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown-Resin with Noble Metal	D6722	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	No	Not Applicable
Retainer Crown - Porcelain/Ceramic	D6740	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	No	Not Applicable
Crown-Porcelain Fused High Noble	D6750	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown-Porcelain Fused to Base Metal	D6751	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	No	Not Applicable
Crown-Porcelain Fused Noble Metal	D6752	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	No	Not Applicable
Retainer Crown-Porcelain Fused to Titanium and Titanium Alloys	D6753	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown-3/4 Cst High Noble Metal	D6780	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	No	Not Applicable
Prosthodontics Fixed, Crown ¾ Cast Predominantly Based Metal	D6781	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	No	Not Applicable
Prosthodontics Fixed, Crown ¾ Cast Noble Metal	D6782	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Retainer Crown-3/4- Titanium and Titanium Alloys	D6784	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	No	Not Applicable
Crown-Full Cast High Noble	D6790	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	No	Not Applicable
Crown - Full Cast Base Metal	D6791	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Crown - Full Cast Noble Metal	D6792	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	No	Not Applicable
Provisional Retainer Crown	D6793	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	No	Not Applicable
Crown - Titanium	D6794	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	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Re-Cement or Re-Bond Fixed Partial Denture"	D6930	Once per 24 months only after 6 months of initial placement	No	Not Applicable
Fixed Partial Denture Repair	D6980	Once per 24 months only after 6 months of initial placement	No	Not Applicable
Fixed Prosthodontic Procedure	D6999		No	Not Applicable
Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)"	D7140	Once per tooth per lifetime	No	Not Applicable
Surgical Removal of Erupted Tooth Requiring Removal of Bone And/ or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	D7210	Once per tooth per lifetime	No	Not Applicable
Removal of Impacted Tooth - Soft Tissue	D7220	Once per tooth per lifetime	No	Not Applicable
Removal of Impacted Tooth - Partially Bony"	D7230	Once per tooth per lifetime	No	Not Applicable
Removal of Impacted Tooth -Completely Bony	D7240	Once per tooth per lifetime	No	Not Applicable



PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	D7241	Once per tooth per lifetime	No	Not Applicable
Surgical Removal of Residual Tooth Roots (Cutting Procedure)"	D7250	Once per tooth per lifetime	No	Not Applicable
Coronectomy	D7251	Once per tooth per lifetime	No	Not Applicable
Oroantral Fistula Closure	D7260	2 per Arch per lifetime	No	Not Applicable
Primary Closure of A Sinus Perforation	D7261	2 per Arch per lifetime	No	Not Applicable
Incisional Biopsy of Oral Tissue - Hard (Bone, Tooth)"	D7285		No	Not Applicable
Incisional Biopsy of Oral Tissue - Soft"	D7286		No	Not Applicable
Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	D7310	One of (D7310 or D7311) per quadrant per lifetime per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	D7311	One of (D7310 or D7311)per quadrant per lifetime per patient	No	Not Applicable
Alveoloplasty Not in Conjunction With Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	D7320	One of (D7320 or D7321) per quadrant per lifetime per patient	No	Not Applicable
Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant"	D7321	One of (D7320 or D7321) per quadrant per lifetime per patient	No	Not Applicable
Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	D7340	One per arch per lifetime	No	Not Applicable
Vestibuloplasty - Ridge Extension	D7350	One per arch per lifetime	No	Not Applicable
Radical Excision - Lesion Diameter Up To 1.25 cm	D7410		No	Not Applicable
Excision of Benign Lesion Greater Than 1.25 cm"	D7411		No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Excision of Malignant Tumor - Lesion Diameter Up To 1.25 cm	D7440		No	Not Applicable
Excision of Malignant Tumor - Lesion Diameter Greater Than 1.25 cm	D7441		No	Not Applicable
Removal of Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	D7450		No	Not Applicable
Removal of Odontogenic Cyst or Tumor - Lesion Greater Than 1.25 cm	D7451		No	Not Applicable
Removal of Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	D7460		No	Not Applicable
Removal of Nonodontogenic Cyst or Tumor - Lesion Greater Than 1.25 cm	D7461		No	Not Applicable
Removal of Exostosis - Per Site	D7471	2 per arch per lifetime per patient/member, regardless of the provider	No	Not Applicable
Removal of Torus Palatinus	D7472	Once per lifetime per patient/member, regardless of provider	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Removal of Torus Mandibularis	D7473	2 per lifetime per patient/member, regardless of provider	No	Not Applicable
Surgical Reduction of Osseous Tuberosity"	D7485	2 per lifetime per patient/member, regardless of provider	No	Not Applicable
Incision and Drainage of Abscess - Intraoral Soft Tissue"	D7510	Not allowed in conjunction with extraction on same date of service	No	Not Applicable
Incision and Drainage of Abscess - Extraoral Soft Tissue	D7520		No	Not Applicable
Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	D7521		No	Not Applicable
Buccal/Labial Frenectomy (Frenulectomy)	D7961	One (D7961, D7963) once per arch per lifetime per patient	No	Not Applicable
Lingual Frenectomy (Frenulectomy)	D7962	One (D7962) once per arch per lifetime per patient"	No	Not Applicable
Frenuloplasty	D7963	One (D7961, D7963) once per arch per lifetime per patient	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Excision of Hyperplastic Tissue - Per Arch	D7970	Once per arch per lifetime	No	Not Applicable
Excision of Pericoronal Gingiva	D7971	Once per tooth per lifetime	No	Not Applicable
Unspecified Oral Surgery Procedure, By Report	D7999		No	Not Applicable
Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	D9110	Not allowed with anything other than D0140 and x-rays	No	Not Applicable
Deep Sedation/General Anesthesia-First 15 Minutes	D9222	One per member per date of service. Not allowed with (D9239, D9243) on the same day.	No	Not Applicable
Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment"	D9223	3 per member per date of service. Not allowed with (D9239, D9243) on the same day.	No	Not Applicable
Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	D9230	One per member per date of service. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	No	Not Applicable
Intravenous Moderation (Conscious)	D9239	One per member per date of service. Not allowed with (D9222, D9223) on the same day.	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute Increment"	D9243	3 per member per date of service. Not allowed with (D9222, D9223) on the same day.	No	Not Applicable
Non-Intravenous Moderate (Conscious) Sedation	D9248	One per member per date of service. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day.	No	Not Applicable
Consultation - Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician	D9310	One per provider or location per year. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	No	Not Applicable
House/Extended Care Facility Call	D9410	One per date of service. 6 per year.	No	Not Applicable
Hospital or Ambulatory Surgical Center Call	D9420	One per date of service. 6 per year.	No	Not Applicable
Application of Desensitizing Medicament"	D9910	2 of (D1206, D1208, D9910) per 12 months.	No	Not Applicable
Treatment of Complications (Post Surgical)	D9930	Once per year per patient. Not to be used for routine post-operative care or dry socket treatment	No	Not Applicable

PROCEDURE NAME	CODE	FREQUENCY LIMITATIONS	PREPAYMENT REVIEW REQUIRED	DOCUMENTATION REQUIRED
Occlusion Analysis-Mounted Case	D9950	One of (D9950, D9952) per 60 months.	No	Not Applicable
Occlusal Adjustment - Limited	D9951	Once per 12 months	No	Not Applicable
Occlusal Adjustment - Complete	D9952	One of (D9950, D9952) per 60 months.	No	Not Applicable
Teledentistry - Synchronous; Real- Time Encounter	D9995	One of (D9995 or D9996) per patient per provider or location per date of service. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code."	No	Not Applicable
Teledentistry - Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	D9996	One of (D9995 or D9996) per patient per provider or location per date of service. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	No	Not Applicable
Unspecified Adjunctive Procedure, By Report	D9999		No	Not Applicable