BlueCross BlueShield of Tennessee Network M Quick Reference Guide

Effective: Jan. 1, 2026

Dental Benefit Providers (DBP) provider services

Phone: **1-866-238-2630**

- Dedicated Service Representatives 8 a.m. to 6 p.m. EST
- Interactive Voice Response System 24/7

Member eligibility, benefits, claims, authorizations, network participation and contract questions

Authorization/Retro Auth

BlueCross BlueShield of Tennessee
Authorization/Retro Auth
P.O. Box 2053
Milwaukee, WI 53201

Provider Online Academy

Visit the **Provider Online Academy** to utilize the 24/7 on demand provider training and educational support videos.

Dental Hub

dentalhub.com/webinars

The Dental Hub may be used to check eligibility, submit claims, and to access useful information regarding plan coverage.

To register for the Dental Hub, you will need a W-9 and a recently paid claim, or a verification code. For additional assistance with the Dental Hub, call Provider Services.

Claims may be submitted electronically through your clearinghouse, within the provider portal (in-network providers only) or to the mailing addresses here.

Dental claim submissions

BlueCross BlueShield of Tennessee
P.O. Box 2176
Milwaukee, WI 53201
EDI Payer ID: GP133

Claim disputes or adjustments

BlueCross BlueShield of Tennessee
Provider Disputes
P.O. Box 361
Milwaukee, WI 53201

Corrected claims

BlueCross BlueShield of Tennessee
Adjustments/ Resubmissions
P.O. Box 481
Milwaukee, WI 53201

Important notes

This guide is intended to be used as a quick reference and may not contain all of the necessary information. It is subject to change without notice. For a copy of the National Provider Manual, please sign into the **Provider Portal** and select *Manuals/Other Supporting Documents* under *Quick Links*.

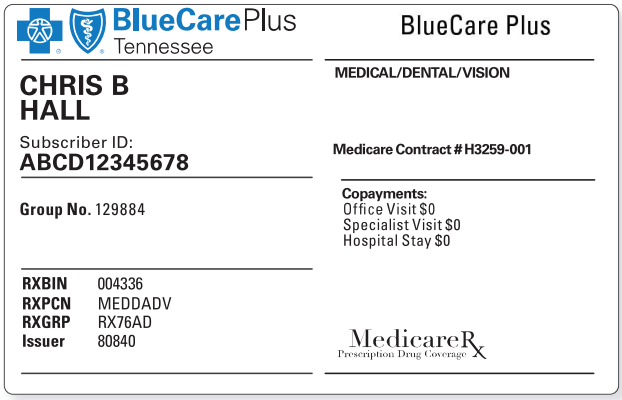
Dental Benefit Providers®

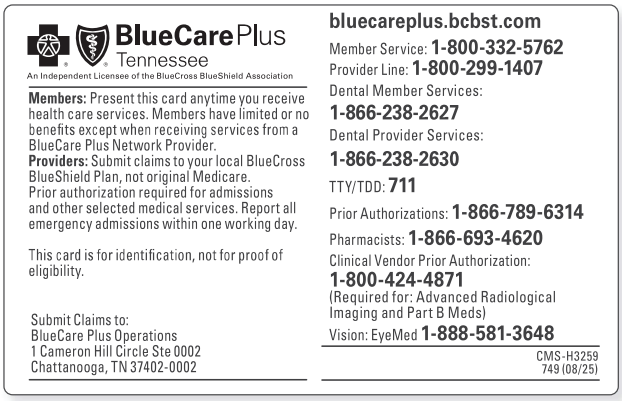
Sample Member ID cards

The DBP provider services number is listed on the back of the medical Member ID card. Submit dental claims to the address listed on page 1 under *Dental claims submissions.* Submit medical claims to the address on the back of the member's ID card.

BlueCare Plus Tennessee

(BlueCare Plus and BlueCare Plus Select)

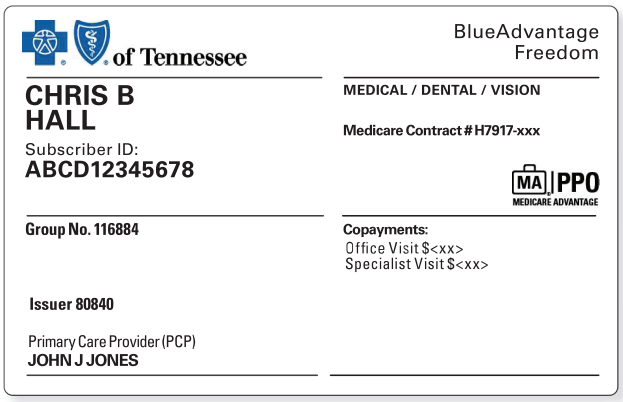


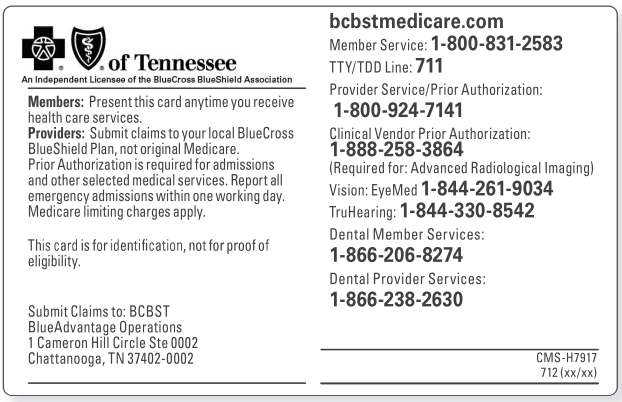


BlueAdvantage PPO

(BlueAdvantage Freedom, BlueAdvantage Diamond, BlueAdvantage Extra, BlueAdvantage Sapphire, BlueAdvantage Ruby, BlueAdvantage Total, BlueAdvantage Total Plus, BlueAdvantage Garnet)

Submit dental claims to the address listed on page 1 under *Dental Claims Submissions.* Submit medical claims to the address on the back of the member's ID card.





Benefit coverage, limitations, and requirements

The following Benefit Grid contains all covered dental procedures and is intended to align to all State and Federal regulatory requirements. Therefore, this Grid is subject to change.

Important - Implant Coverage Policy

Dental implants are no longer covered. The restoration of an implant will be considered only as a continuation of care on a case-by-case basis. Dental implant restorations will not be considered for coverage unless the member has a documented, paid claim for an implant body procedure (D6010, D6013, D6040, or D6050) performed in 2025.

Code	Description	Age limits	Frequency limits	Required Documentation
D0120	Periodic Oral Exam	0-999	2 per 1 Accum Year	
D0140	Limited Oral Evaluation - Problem Focused	0-999	1 per 1 Accum Year	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-999	1 per 3 Accum Years, per Patient per Provider	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0-999	1 per 36 Months	
D0180	Comprehensive periodontal evaluation	0-999	1 per 36 Months	
D0210	Intraoral - Comprehensive Series of Radiographic Images	0-999	1 per 36 Months	
D0220	Intraoral - Periapical First Radiographic Image	0-999		
D0230	Intraoral - Periapical Each Additional Image	0-999		
D0270	Bitewing - Single Radiographic Image	0-999	2 per 12 Months	
D0270	Bitewing - Single Radiographic Image	0-999	1 per 12 Months, per Patient per Provider	
D0272	Bitewings - Two Radiographic Images	0-999	1 per 12 Months	
D0273	Bitewings - Three Radiographic Images	0-999	1 per 12 Months	
D0274	Bitewings - Four Radiographic Images	0-999	1 per 12 Months	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0-999	1 per 12 Months	
D0330	Panoramic Radiographic Image	0-999	1 per 36 Months	
D0999	FQHC Encounter Payment	0-999		Narrative of necessity
D1110	Prophylaxis - Adult	13-999	2 per 1 Rolling Year	
D1120	Prophylaxis - Child	0-999	2 per 1 Rolling Year	
D1999	Unspecified Preventive Procedure, By Report	0-999		Narrative of necessity
D2140	Amalgam - One Surface, Primary Or Permanent	0-999	1 per 12 Months	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-999	1 per 12 Months	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-999	1 per 12 Months	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-999	1 per 12 Months	
D2330	Resin-Based Composite - One Surface, Anterior	0-999	1 per 12 Months	

Code	Description	Age limits	Frequency limits	Required Documentation
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-999	1 per 12 Months	
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-999	1 per 12 Months	
D2335	Resin-based Composite – Four or More Surfaces (anterior)	0-999	1 per 12 Months	
D2390	Resin-Based Composite Crown, Anterior	0-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2391	Resin-Based Composite - One Surface, Posterior	0-999	1 per 12 Months	
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-999	1 per 12 Months	
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-999	1 per 12 Months	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-999	1 per 12 Months	
D2510	Inlay - Metallic - One Surface	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2520	Inlay - Metallic - Two Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2530	Inlay - Metallic - Three Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2542	Onlay - Metallic - Two Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2543	Onlay - Metallic - Three Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2544	Onlay - Metallic - Four Or More Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2610	Inlay - Porcelain/Ceramic - One Surface	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2630	Inlay - Porcelain/Ceramic - Three Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2650	Inlay - Resin-Based Composite - One Surface	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2651	Inlay - Resin-Based Composite - Two Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2652	Inlay - Resin-Based Composite - Three Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2662	Onlay - Resin-Based Composite - Two Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident

Code	Description	Age limits	Frequency limits	Required Documentation
D2663	Onlay - Resin-Based Composite - Three Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident
D2710	Crown - Resin-Based Composite (Indirect)	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2720	Crown - Resin With High Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2721	Crown - Resin With Predominantly Base Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2722	Crown - Resin With Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2740	Crown - Porcelain/Ceramic	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2750	Crown - Porcelain Fused To High Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2751	Crown - Porcelain Fused To Predominantly Base Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2752	Crown - Porcelain Fused To Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2780	Crown - 3/4 Cast High Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2781	Crown - 3/4 Cast Predominantly Base Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2782	Crown - 3/4 Cast Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2783	Crown - 3/4 Porcelain/Ceramic	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2790	Crown - Full Cast High Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2791	Crown - Full Cast Predominantly Base Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2792	Crown - Full Cast Noble Metal	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2794	Crown – Titanium and Titanium Alloys	12-999	1 per 5 Rolling Years	Current pre op x-ray, Narrative when decay not evident, Rationale for replacement
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	12-999	1 per 12 Months	
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core	12-999	1 per 12 Months	
D2920	Re-Cement or Re-Bond Crown	0-999	1 per 12 Months	
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-999	1 per 36 Months	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-999	1 per 36 Months	

Code	Description	Age limits	Frequency limits	Required Documentation
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	0-999	1 per 36 Months	
D2932	Prefabricated Resin Crown	0-999	1 per 36 Months	
D2933	Prefabricated Stainless Steel Crown With Resin Window	0-999	1 per 36 Months	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0-999	1 per 36 Months	
D2950	Core Buildup, Including Any Pins When Required	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2951	Pin Retention - Per Tooth, In Addition To Restoration	12-999	1 per 5 Rolling Years	
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2954	Prefabricated Post And Core In Addition To Crown	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2955	Post Removal	12-999	1 per 5 Rolling Years	
D2957	Each Additional Prefabricated Post - Same Tooth	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs
D2960	Labial Veneer (Resin Laminate) - Direct	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable, Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph
D2961	Labial Veneer (Resin Laminate) - Indirect	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable, Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph
D2962	Labial Veneer (Porcelain Laminate) - Indirect	12-999	1 per 5 Rolling Years	Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable, Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph
D2971	Additional procedures to customize a crown to fit under an existing partial dent	16-999	1 per 5 Rolling Years	
D2980	Crown Repair	0-999	1 per 12 Months	
D2981	Inlay Repair	12-999	1 per 12 Months	
D2982	Onlay Repair	12-999	1 per 12 Months	

Code	Description	Age limits	Frequency limits	Required Documentation
D2983	Veneer Repair	12-999	1 per 12 Months	
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	0-15	1 per 1 Lifetime	
D2999	Unspecified Restorative Procedure, By Report	0-999		Narrative of necessity, Current x-ray of site
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0-999	1 per 5 Rolling Years	
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0-999	1 per 5 Rolling Years	
D3220	Therapeutic Pulpotomy	0-999	1 per 1 Lifetime	
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	0-999	1 per 1 Lifetime	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	0-999	1 per 1 Lifetime	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-999	1 per 1 Lifetime	
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0-999	1 per 1 Lifetime	
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0-999	1 per 1 Lifetime	
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	0-999	1 per 5 Rolling Years	
D3333	Internal Root Repair Of Perforation Defects	0-999	1 per 5 Rolling Years	
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	0-999	1 per 1 Lifetime	Current dated pre op x-ray of tooth, Narrative of necessity
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	0-999	1 per 1 Lifetime	Current dated pre op x-ray of tooth, Narrative of necessity
D3348	Retreatment Of Previous Root Canal Therapy - Molar	0-999	1 per 1 Lifetime	Current dated pre op x-ray of tooth, Narrative of necessity
D3351	Apexification / Recalcification - Initial Visit	0-999	1 per 1 Lifetime	
D3352	Apexification / Recalcification - Interim	0-999	1 per 1 Lifetime	
D3353	Apexification / Recalcification - Final Visit	0-999	1 per 1 Lifetime	
D3357	Pulpal Regeneration - Completion Of Treatment	0-999	1 per 1 Lifetime	
D3410	Apicoectomy - Anterior	0-999	1 per 1 Lifetime	
D3421	Apicoectomy - Premolar (First Root)	0-999	1 per 1 Lifetime	
D3425	Apicoectomy - Molar (First Root)	0-999	1 per 1 Lifetime	
D3426	Apicoectomy - Each Additional Root)	0-999	2 per 1 Lifetime	
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	0-999	1 per 1 Lifetime	
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Tooth	0-999	1 per 1 Lifetime	
D3430	Retrograde Filling - Per Root	0-999	3 per 1 Lifetime	
D3450	Root Amputation - Per Root	0-999	1 per 1 Lifetime	Current dated pre-operative radiograph of tooth, Narrative of necessity
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	0-999	1 per 1 Lifetime	Current dated pre-operative radiograph of tooth, Narrative of necessity
D3999	Unspecified Endodontic Procedure, By Report	0-999		Current dated pre op x-ray of tooth, Narrative of necessity

Code	Description	Age limits	Frequency limits	Required Documentation
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0-999	1 per 36 Months	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0-999	1 per 36 Months	
D4212	Gingevectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	0-999	1 per 36 Months	
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant	0-999	1 per 1 Lifetime	
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant	0-999	1 per 1 Lifetime	
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	0-999	1 per 36 Months	
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	0-999	1 per 36 Months	
D4249	Clinical Crown Lengthening - Hard Tissue	0-999	1 per 1 Lifetime	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4263	Bone Replacement Graft - First Site In Quadrant	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting
D4270	Pedicle Soft Tissue Graft Procedure	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4274	Distal Or Proximal Wedge Procedure	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4276	Combined connective tissue and pedicle graft, per tooth	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity

Code	Description	Age limits	Frequency limits	Required Documentation
D4283	Autogenous Connective Tissue Graft Procedures, Each Additional	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4285	Non-Autogenous Connective Tissue Graft, Each Additional	0-999	1 per 36 Months	Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0-999	1 per 24 Months	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0-999	1 per 24 Months	
D4346	Scaling in moderate or severe gingival inflammation	0-999	1 per 1 Lifetime	
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	0-999	1 per 1 Lifetime	
D4910	Periodontal Maintenance	0-999	2 per 1 Rolling Year	HX of D4341, D4342, D4240, D4241, D4260, D4261 at least 90 days prior OR provide a narrative that shows HX of D4341, D4342, D4240, D4241, D4260, D4261: Date of previous periodontal surgical or SRP more than 90 days
D4999	Unspecified Periodontal Procedure, By Report	0-999		Narrative of necessity, and/or current 6 point perio chart, X-rays
D5110	Complete Denture - Maxillary	16-999	1 per 5 Rolling Years	
D5120	Complete Denture - Mandibular	16-999	1 per 5 Rolling Years	
D5130	Immediate Denture - Maxillary	16-999	1 per 1 Lifetime	
D5140	Immediate Denture - Mandibular	16-999	1 per 1 Lifetime	
D5211	Maxillary Partial Denture - Resin Base	16-999	1 per 5 Rolling Years	
D5212	Mandibular Partial Denture - Resin Base	16-999	1 per 5 Rolling Years	
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	16-999	1 per 5 Rolling Years	
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	16-999	1 per 5 Rolling Years	
D5221	Immediate Maxillary Partial Denture – Resin Base	16-999	1 per 5 Rolling Years	
D5222	Immediate Mandibular Partial Denture – Resin Base	16-999	1 per 5 Rolling Years	
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Base	16-999	1 per 5 Rolling Years	
D5224	Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Base	16-999	1 per 5 Rolling Years	
D5225	Maxillary Partial Denture - Flexible Base (including retentive/ clasping materials, rests, and teeth)	16-999	1 per 5 Rolling Years	

Code	Description	Age limits	Frequency limits	Required Documentation
D5226	Mandibular Partial Denture - Flexible Base (including retentive/ clasping materials, rests, and teeth)	16-999	1 per 5 Rolling Years	
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (including retentive/ clasping materials, rests, and teeth) - Maxillary	16-999	1 per 5 Rolling Years	
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (including retentive/ clasping materials, rests, and teeth) - Mandibular	16-999	1 per 5 Rolling Years	
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including retent	16-999	1 per 5 Rolling Years	
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including retentive clas	16-999	1 per 5 Rolling Years	
D5410	Adjust Complete Denture - Maxillary	16-999	1 per 6 Months	
D5411	Adjust Complete Denture - Mandibular	16-999	1 per 6 Months	
D5421	Adjust Partial Denture - Maxillary	16-999	1 per 6 Months	
D5422	Adjust Partial Denture - Mandibular	16-999	1 per 6 Months	
D5511	Repair Broken Complete Denture Base - Mandibular	16-999	1 per 24 Months	
D5512	Repair Broken Complete Denture Base - Maxillary	16-999	1 per 24 Months	
D5520	Replace missing or broken teeth – complete denture (each tooth) – per tooth	16-999	1 per 24 Months	
D5611	Repair Resin Partial Denture Base, Mandibular	16-999	1 per 24 Months	
D5612	Repair Resin Partial Denture Base - Maxillary	16-999	1 per 24 Months	
D5621	Repair Cast Partial Framework - Mandibular	16-999	1 per 24 Months	
D5622	Repair Cast Partial Framework - Maxillary	16-999	1 per 24 Months	
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	16-999	1 per 24 Months	
D5640	Replace missing or broken teeth – partial denture – per tooth	16-999	1 per 24 Months	
D5650	Add tooth to existing partial denture – per tooth	16-999	1 per 24 Months	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	16-999	1 per 24 Months	
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	16-999	1 per 24 Months	
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	16-999	1 per 24 Months	
D5710	Rebase Complete Maxillary Denture	16-999	1 per 36 Months	
D5711	Rebase Complete Mandibular Denture	16-999	1 per 36 Months	
D5720	Rebase Maxillary Partial Denture	16-999	1 per 36 Months	
D5721	Rebase Mandibular Partial Denture	16-999	1 per 36 Months	
D5730	Reline Complete Maxillary Denture (Direct)	16-999	1 per 36 Months	
D5731	Reline Complete Mandibular Denture (Direct)	16-999	1 per 36 Months	
D5740	Reline Maxillary Partial Denture (Direct)	16-999	1 per 36 Months	
D5741	Reline Mandibular Partial Denture (Direct)	16-999	1 per 36 Months	
D5750	Reline Complete Maxillary Denture (Indirect)	16-999	1 per 36 Months	

Code	Description	Age limits	Frequency limits	Required Documentation
D5751	Reline Complete Mandibular Denture (Indirect)	16-999	1 per 36 Months	
D5760	Reline Maxillary Partial Denture (Indirect)	16-999	1 per 36 Months	
D5761	Reline Mandibular Partial Denture (Indirect)	16-999	1 per 36 Months	
D5850	Tissue Conditioning, Maxillary	16-999	1 per 36 Months	
D5851	Tissue Conditioning, Mandibular	16-999	1 per 36 Months	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	0-999		Narrative specifying nature of procedure and medical necessity, Xrays, photos, or clinical chart as needed
D6055	Connecting Bar - Implant Supported Or Abutment Supported	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6056	Prefabricated Abutment - Includes Modification And Placement	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6057	Custom Fabricated Abutment - Includes Placement	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6058	Abutment Supported Porcelain/Ceramic Crown	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6065	Implant Supported Porcelain/Ceramic Crown	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6066	Implant Supported Crown – Porcelain Fused to High Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6067	Implant Supported Crown – High Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6068	Abutment Supported Retainer For Porcelain/ Ceramic FPD	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)

Code	Description	Age limits	Frequency limits	Required Documentation
D6069	Abutment Supported Retainer For Porcelain Fused To Metal FPD (High Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6070	Abutment Supported Retainer For Porcelain Fused To Metal FPD (Base Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6071	Abutment Supported Retainer For Porcelain Fused To Metal FPD (Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6073	Abutment Supported Retainer For Cast Metal FPD (Base Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6075	Implant Supported Retainer For Ceramic FPD	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6076	Implant Supported Retainer for FPD – Porcelain Fused to High Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6077	Implant Supported Retainer for Metal FPD – High Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6082	Implant Supported Crown - Porcelain Fused To Predominately Base Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6084	Implant Supported Crown - Porcelain Fused To Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6086	Implant Supported Crown - Predominately Base Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6087	Implant Supported Crown - Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6088	Implant Supported Crown - Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6094	Abutment Supported Crown – (Titanium) and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6097	Abutment Supported Crown - Porcelain Fused To Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)

Code	Description	Age limits	Frequency limits	Required Documentation
D6098	Implant Supported Retainer - Porcelain Fused To Predominately Base Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6099	Implant Supported Retainer For FPD - Porcelain Fused To Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6110	Implant/Abutment Supported Removable Denture For Edentulous Maxillary Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6111	Implant/Abutment Supported Removable Denture For Edentulous Mandibular Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6112	Implant/Abutment Supported Removable Denture-Partially Edentulous Maxillary Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6113	Implant/Abutment Supported Removable Denture-Partially Edentulous Mand. Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Maxillary Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Mandibular Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6116	Implant/Abutment Supported Fixed Denture-Partially Edentulous Maxillary Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6117	Implant/Abutment Supported Fixed Denture-Partially Edentulous Mandibular Arch	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6120	Implant Supported Retainer - Porcelain Fused To Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6121	Implant Supported Retainer for Metal FPD - Predominately Base Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6123	Implant Supported Retainer for Metal FPD - Titanium And Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6194	abutment supported retainer crown for FPD (titanium) – porcelain fused to titani	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service)
D6205	Pontic - Indirect Resin Based Composite	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph

Code	Description	Age limits	Frequency limits	Required Documentation
D6210	Pontic - Cast High Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6211	Pontic - Cast Predominantly Base Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6212	Pontic - Cast Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6214	Pontic – Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6240	Pontic - Porcelain Fused To High Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6242	Pontic - Porcelain Fused To Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6243	Pontic - porcelain fused to Titanium And Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6245	Pontic - Porcelain/Ceramic	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6250	Pontic - Resin With High Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6251	Pontic - Resin With Predominantly Base Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6252	Pontic - Resin With Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph

Code	Description	Age limits	Frequency limits	Required Documentation
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6624	Retainer Inlay - Titanium	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6634	Retainer Onlay - Titanium	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6710	Retainer Crown - Indirect Resin Based Composite	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph

Code	Description	Age limits	Frequency limits	Required Documentation
D6720	Retainer Crown - Resin With High Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6721	Retainer Crown - Resin With Predominantly Base Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6722	Retainer Crown - Resin With Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6740	Retainer Crown - Porcelain/Ceramic	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6752	Retainer Crown - Porcelain Fused To Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6753	Retainer Crown - Porcelain Fused To Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6780	Retainer Crown - 3/4 Cast High Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6782	Retainer Crown - 3/4 Cast Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6790	Retainer Crown - Full Cast High Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6791	Retainer Crown - Full Cast Predominantly Base Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6792	Retainer Crown - Full Cast Noble Metal	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph
D6794	Retainer Crown – Titanium and Titanium Alloys	16-999	1 per 5 Rolling Years	Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph

Code	Description	Age limits	Frequency limits	Required Documentation
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	16-999	1 per 24 Months	
D6980	Fixed Partial Denture Repair	16-999	1 per 5 Rolling Years	
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	0-999		Current dated radiographs of area, Narrative describing nature and necessity of procedure, Photos and/or clinical chart as needed
D7111	Extraction, Coronal Remnants - PrimaryTooth	0-999	1 per 1 Lifetime	
D7140	Extraction, Erupted Tooth Or Exposed Root	0-999	1 per 1 Lifetime	
D7210	Extraction, Erupted Tooth	0-999	1 per 1 Lifetime	
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	1 per 1 Lifetime	Current dated pre-operative panoramic radiograph, Narrative of necessity
D7230	Removal Of Impacted Tooth - Partially Bony	0-999	1 per 1 Lifetime	Current dated pre-operative panoramic radiograph, Narrative of necessity
D7240	Removal Of Impacted Tooth - Completely Bony	0-999	1 per 1 Lifetime	Current dated pre-operative panoramic radiograph, Narrative of necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0-999	1 per 1 Lifetime	Current dated pre-operative panoramic radiograph, Narrative of necessity, Description of complications
D7250	Removal Of Residual Tooth (Cutting Procedure)	0-999	1 per 1 Lifetime	
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	0-999	1 per 1 Lifetime	
D7260	Oroantral Fistula Closure	0-999	2 per 1 Lifetime	
D7261	Primary Closure Of Sinus Perforation	0-999	2 per 1 Lifetime	Current dated radiograph of area, Narrative of necessity
D7280	Exposure of an Unerupted Tooth	0-999	1 per 1 Lifetime	
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0-999	1 per 1 Day	
D7286	Incisional Biopsy Of Oral Tissue - Soft	0-999	1 per 1 Day	
D7287	Exfoliative Cytological Sample Collection	0-999	1 per 1 Day	
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	0-999	1 per 1 Lifetime	
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	0-999	1 per 1 Lifetime	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	0-999	1 per 1 Lifetime	
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	0-999	1 per 1 Lifetime	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	0-999	1 per 1 Lifetime	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	0-999	1 per 1 Lifetime	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0-999	1 per 1 Day	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0-999	1 per 1 Day	
D7412	Excision Of Benign Lesion, Complicated	0-999	1 per 1 Day	
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999	1 per 1 Day	

Code	Description	Age limits	Frequency limits	Required Documentation
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999	1 per 1 Day	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999	1 per 1 Day	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999	1 per 1 Day	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0-999	1 per 1 Lifetime	
D7472	Removal Of Torus Palatinus	0-999	1 per 1 Lifetime	
D7473	Removal of Torus Mandibularis	0-999	1 per 1 Lifetime	
D7485	Reduction of Osseous Tuberosity	0-999	2 per 1 Lifetime	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0-999	1 per 1 Day	
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	0-999	1 per 1 Day	
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	0-999	1 per 1 Day	
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	0-999	1 per 1 Day	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	0-999	1 per 1 Day	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	0-999	1 per 1 Day	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	0-999	1 per 1 Day	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present	0-999	1 per 1 Day	
D7710	Maxilla - Open Reduction	0-999	1 per 1 Day	
D7720	Maxilla - Closed Reduction	0-999	1 per 1 Day	
D7730	Mandible - Open Reduction	0-999	1 per 1 Day	
D7740	Mandible - Closed Reduction	0-999	1 per 1 Day	
D7750	Malar And/Or Zygomatic Arch - Open Reduction	0-999	2 per 1 Day	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	0-999	1 per 1 Day	
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0-999	1 per 1 Day	Narrative describing nature and necessity of procedure
D7911	Complicated Suture - Up To 5 Cm	0-999	1 per 1 Day	Narrative describing nature and necessity of procedure
D7912	Complicated Suture - Greater Than 5 Cm	0-999	1 per 1 Day	Narrative describing nature and necessity of procedure
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	0-999	1 per 1 Lifetime	Current dated radiograph of area, Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement
D7963	Frenuloplasty	0-999	2 per 1 Day	Narrative of necessity
D7970	Excision Of Hyperplastic Tissue - Per Arch	0-999	1 per 1 Lifetime	Current dated radiographs and/or photographs of area, Narrative of necessity

Code	Description	Age limits	Frequency limits	Required Documentation
D7971	Excision Of Pericoronal Gingiva	0-999	1 per 1 Lifetime	
D7972	Surgical Reduction Of Fibrous Tuberosity	0-999	2 per 1 Lifetime	Current dated radiographs and/or photographs of area, Narrative of necessity
D7979	Non-Surgical Sialolithotomy	0-999	1 per 1 Day	Diagnosis, Previous or anticipated surgical or nonsurgical treatment, Narrative explaining need for procedure
D7980	Surgical Sialolithotomy	0-999	1 per 1 Day	Diagnosis, Previous or anticipated surgical or nonsurgical treatment, Narrative explaining need for procedure
D7999	Unspecified Oral Surgery Procedure, By Report	0-999		Narrative and current x-ray of site
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	0-999	2 per 1 Rolling Year	
D9120	Fixed Partial Denture Sectioning	0-999	1 per 5 Rolling Years	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0-999	1 per 1 Day	Anesthesia/sedation record including start time and stop time, Narrative of necessity
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0-999		Anesthesia/sedation record including start time and stop time, Narrative of necessity
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes	0-999	1 per 1 Day	Anesthesia/sedation record including start time and stop time, Narrative of necessity
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute	0-999		Anesthesia/sedation record including start time and stop time, Narrative of necessity
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	0-999		Diagnosis, Previous or anticipated surgical or nonsurgical treatment, Narrative explaining need for procedure
D9999	Unspecified Adjunctive Procedure, By Report	0-999		Narrative of necessity

Dental Benefit Providers®

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