



CDT 2017

*Code on Dental Procedures and
Nomenclature*

Arkansas Procedure Guidelines Analysis



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Diagnostic Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
CLINICAL ORAL EVALUATIONS: One evaluation code may be billed per dentist per date of service. Evaluations, including diagnosis and treatment planning, are the responsibility of the dentist. A dentist must complete all evaluations.			
D0120	Periodic oral evaluation	Twice per calendar year	None
D0140	Limited oral evaluation: problem-focused	Once per calendar year, per patient, per dentist	None
D0145	Oral evaluation for a patient less than 3 years of age and counseling with primary caregiver	Twice per calendar year	None
D0150	Comprehensive oral evaluation, new or established patient	Once in a 24 month period, per patient, per dentist. Additional exams by the same dentist within the twenty four month period, change code to D0120 which is subject to the frequency limit for D0120.	None
D0160	Detailed, extensive oral evaluation: problem-focused, by report	Once per calendar year, per patient, per dentist	None
D0170	Re-evaluation: limited, problem focused (established patient, not post-operative visit)	Not a covered benefit	None
D0171	Re-evaluation-post operative visit	Not a covered benefit	None
D0180	Comprehensive periodontal evaluation: new or established patient	Once per patient per dentist per calendar year; Not covered in individual plans	None
PRE-DIAGNOSTIC SERVICES			
D0190	Screening of a patient: A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.	Not a covered benefit	None
D0191	Assessment of a patient: A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.	Not a covered benefit	None
DIAGNOSTIC IMAGING: Image Capture With Interpretation; Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.			
D0210	Intraoral complete series intraoral - complete series of radiographic images	Once in a 5 year period	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0220	Intraoral periapical – first radiographic image.	No limit; panoramic radiograph (D0330) reported with non-itemized charges for the same provider and same DOS as periapical radiograph will merge to the panoramic radiograph	None
D0230	Intraoral periapical – each additional radiographic image.	No limit; panoramic radiograph (D0330) reported with non-itemized charges for the same provider and same DOS as periapical radiograph will merge to the panoramic radiograph	None
D0240	Intraoral occlusal radiographic image.	No limitation	Arch identification
D0250	Extraoral, 2D radiographic image.	No limitation	None
D0251	Extra-oral posterior dental radiographic image	Not Covered	None
D0270	Bitewing – single radiographic image.	No limitation	None
D0272	Bitewings – two radiographic images.	Once per calendar year, except twice per calendar year for dependent child through age 18	None
D0273	Bitewings – three radiographic images.	One occurrence of D0272, D0273, D0274 or D0277 in a calendar year over the age of 18	None
D0274	Bitewings – four radiographic images.	One occurrence of D0272, D0273, D0274 or D0277 in a calendar year over the age of 18	None
D0277	Vertical bitewings – 7 to 8 radiographic images.	One occurrence of D0272, D0273, D0274 or D0277 in a calendar year over the age of 18	None
D0310	Sialography	Not a covered benefit	None
D0320	Temporomandibular joint arthrogram, including injection	Not a covered benefit	None
D0321	Other temporomandibular joint radiographic image., by report	Not a covered benefit	None
D0322	Tomographic survey	Not a covered benefit	None
D0330	Panoramic radiographic image.	Once in a 5 year period	None
D0340	Cephalometric radiographic image.	Once per lifetime with Orthodontic benefit	None
D0350	2D oral/facial photographic images obtained intraorally or extraorally	Not a covered benefit	None
D0351	3D photographic image	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw.	Not a covered benefit	None
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Not a covered benefit	None
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium.	Not a covered benefit	None
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium.	Not a covered benefit	None
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures.	Not a covered benefit	None
D0369	Maxillofacial MRI capture and interpretation.	Not a covered benefit	None
D0370	Maxillofacial ultrasound capture and interpretation.	Not a covered benefit	None
D0371	Sialoendoscopy capture and interpretation	Not a covered benefit	None
IMAGE CAPTURE ONLY: Capture by a Practitioner Not Associated with Interpretation and Report			
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw.	Not a covered benefit	None
D0381	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Not a covered benefit	None
D0382	Cone beam CT capture and interpretation with full dental arch – maxilla, with or without cranium.	Not a covered benefit	None
D0383	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium.	Not a covered benefit	None
D0384	Cone beam CT capture and interpretation for TMJ series including two or more exposures.	Not a covered benefit	None
D0385	Maxillofacial MRI capture and interpretation.	Not a covered benefit	None
D0386	Maxillofacial ultrasound capture and interpretation.	Not a covered benefit	None
INTERPRETATION AND REPORT ONLY: Interpretation and Report by Practitioner not Associated with Image Capture.			
D0391	Interpretation of diagnostic image by practitioner not associated with capture of image, including report.	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0393	Treatment simulation using 3D image volume	Not a covered benefit	None
D0394	Digital subtraction of two or more images or image volumes of the same modality.	Not a covered benefit	None
D0395	Fusion of two or more 3D image volumes of one or more modalities.	Not a covered benefit	None
TESTS AND EXAMINATIONS			
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report	Not a covered benefit	None
D0415	Collection of microorganisms for culture and sensitivity	Not a covered benefit	None
D0416	Viral Culture	Not a covered benefit	None
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Not a covered benefit	None
D0418	Analysis of saliva sample	Not a covered benefit	None
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Not a covered benefit	None
D0423	Genetic test for susceptibility to diseases – specimen analysis	Not a covered benefit	None
D0425	Caries susceptibility tests	Not a covered benefit	None
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions; does not include cytology or biopsy procedures	Not a covered benefit	None
D0460	Pulp vitality tests	Once per visit	None
D0470	Diagnostic casts	Not a covered benefit	None
ORAL PATHOLOGY LABORATORY			
D0472	Accession of tissue, gross examination, including preparation and transmission of written report	Not a covered benefit	None
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Not a covered benefit	None
D0475	Decalcification procedure	Not a covered benefit	None
D0476	Special stains for microorganisms	Not a covered benefit	None
D0477	Special stains, not for microorganisms	Not a covered benefit	None
D0478	Immunohistochemical stains	Not a covered benefit	None
D0479	Tissue in-site hybridization, including interpretation	Not a covered benefit	None
D0480	Processing and interpretation of exfoliative cytologic smears, including preparation and transmission of written report	Not a covered benefit	None
D0481	Electron microscopy	Not a covered benefit	None
D0482	Direct immunofluorescence	Not a covered benefit	None
D0483	Indirect immunofluorescence	Not a covered benefit	None
D0484	Consultation on slides prepared elsewhere	Not a covered benefit	None
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not a covered benefit	None
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Not a covered benefit	None
D0502	Other oral pathology procedures, by report	Not a covered benefit	None
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Not a covered benefit	None
D0601	Caries risk assessment and documentation, with a finding of low risk.	Not a covered benefit	None
D0602	Caries risk assessment and documentation, with a finding of moderate risk.	Not a covered benefit	None
D0603	Caries risk assessment and documentation, with a finding of high risk.	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D0999	Unspecified diagnostic procedure, by report	Not a covered benefit	None

Preventive Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
DENTAL PROPHYLAXIS			
D1110	Prophylaxis – adult age 14+	Twice per calendar year	None
D1120	Prophylaxis – child through age 13 (up to 14 th birthday)	Twice per calendar year	None
TOPICAL FLUORIDE TREATMENT OFFICE PROCEDURE			
D1206	Topical application of fluoride varnish.	Twice per calendar year through age 18. Benefit will be in place of D1203, D1204.	None
D1208	Topical application of fluoride.- excluding varnish	Twice per calendar year through age 18.	None
OTHER PREVENTIVE SERVICES			
D1310	Nutritional counseling for control of dental disease	Not a covered benefit	None
D1320	Tobacco counseling for control and prevention of oral disease	Not a covered benefit	None
D1330	Oral hygiene instructions	Not a covered benefit	None
D1351	Sealant – per tooth	Once in 3 years for; dependents through age 15 on permanent first and second molars.	Tooth identification
D1352	Preventive resin restoration in a moderate to high caries-risk patient; permanent tooth	Once in 3 years for dependents through age 15 on permanent first and second molars. Preventive resin restorations are considered sealants for benefit purposes.	Tooth identification
D1353	Sealant repair-per tooth	Not a covered benefit	None
D1354	Interim caries arresting medicament application	Not a covered benefit	None

SPACE MAINTENANCE (PASSIVE APPLIANCES): Designed to prevent tooth movement			
D1510	Space maintainer – fixed, unilateral	Dependents through the age of 18 for premature loss of primary molars and permanent first molars, or those that have not/will not develop	Tooth identification
D1515	Space maintainer – fixed, bilateral	Dependents through the age of 18 for premature loss of primary molars and permanent first molars, or those that have not/will not develop	Tooth identification
D1520	Space maintainer – removable, bilateral	Not a covered benefit	Tooth identification
D1525	Space maintainer – removable, bilateral	Not a covered benefit	Tooth identification
D1550	Re-cement or re-bond space maintainer	Once in a 6-month period, but not within six months of insertion by same dentist	Tooth identification
D1555	Removal of fixed space maintainer	No limitations	Tooth identification
D1575	Distal shoe space maintainer-fixed-unilateral	Dependents through the age of 18 for premature loss of primary molars and permanent first molars, or those that have not/will not develop	Tooth identification
D1999	Unspecified preventative procedure, by report.	Not a covered benefit	None

Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<p>AMALGAM RESTORATIONS (INCLUDING POLISHING): Amalgam restorations include tooth preparation, localized tissue removal, base, direct and indirect pulp cap, local anesthesia and all adhesives (including amalgam bonding agents, liners and bases) Included as part of the restoration. If used, pins should be reported separately (see D2951). Restorations only allowed for fracture or decay. Restorations for erosion, attrition, or abrasion are not covered benefits.</p>			
D2140	Amalgam – 1 surface, permanent or primary	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
D2150	Amalgam – 2 surfaces, permanent or primary	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
D2160	Amalgam – 3 surfaces, permanent or primary	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
D2161	Amalgam – 4 or more surfaces, permanent or primary	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
<p>RESIN-BASED COMPOSITE RESTORATIONS: Resin refers to a broad category of materials including, but not limited to, composites. May include bonded composite, light-cured composite, etc. Light curing, acid-etching, and adhesives (including resin bonding agents) are included as part of the restoration. Resin restorations include tooth preparation, localized tissue removal, base, direct and indirect pulp cap and local anesthesia. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, please report them separately (see D2951). Restorations are only allowed for fracture or decay. Restorations for erosion, attrition or abrasion are not covered benefits.</p>			
D2330	Resin-based composite, 1 surface, anterior	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
D2331	Resin-based composite, 2 surfaces, anterior	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
D2332	Resin-based composite, 3 surfaces, anterior	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
D2335	Resin-based composite, 4 or more surfaces or involving incisal angle, anterior	One restoration per surface per tooth per 12 month period	Tooth identification, Surface identification
D2390	Resin-based composite crown, anterior	One per tooth per lifetime; primary teeth only	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2391	Resin-based composite, 1 surface, posterior, permanent or primary	One restoration per surface per tooth per 12 months. Alternate benefit of comparable amalgam restoration. No alternate code for anterior teeth.	Tooth identification, Surface identification
D2392	Resin-based composite, 2 surfaces, posterior, permanent, or primary	One restoration per surface per tooth per 12 months. Alternate benefit of comparable amalgam restoration. No alternate code for anterior teeth.	Tooth identification, Surface identification
D2393	Resin-based composite, 3 surface, posterior, permanent, or primary	One restoration per surface per tooth per 12 months. Alternate benefit of comparable amalgam restoration. No alternate code for anterior teeth.	Tooth identification, Surface identification
D2394	Resin-based composite, 4 or more surfaces, posterior permanent, or primary	One restoration per surface per tooth per 12 months. Alternate benefit of comparable amalgam restoration. No alternate code for anterior teeth.	Tooth identification, Surface identification
GOLD FOIL RESTORATIONS			
D2410	Gold foil, 1 surface	Not a covered benefit	Tooth identification, Surface identification
D2420	Gold foil, 2 surfaces	Not a covered benefit	Tooth identification, Surface identification
D2430	Gold foil, 3 surfaces	Not a covered benefit	Tooth identification, Surface identification
INLAY/ONLAY RESTORATIONS: inlay – an intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips; onlay – a dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.			
D2510	Inlay – metallic, 1 surfaces (D2140)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2520	Inlay – metallic, 2 surfaces (D2150)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2530	Inlay – metallic, 3 or more surfaces (D2160)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2542	Onlay – metallic, 2 surfaces (D2150)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification Surface identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2543	Onlay – metallic, 3 surfaces	One per tooth per 5 years	Tooth identification, Surface identification
D2544	Onlay – metallic, 4 or more surfaces	One per tooth per 5 years	Tooth identification, Surface identification
D2610	Inlay – porcelain/ceramic, 1 surface (D2140)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2620	Inlay – porcelain/ceramic, 2 surfaces (D2150)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2630	Inlay – porcelain/ceramic, 3 or more surfaces (D2160)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2642	Onlay – porcelain/ceramic, 2 surfaces (D2150)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2643	Onlay – porcelain/ceramic, 3 surfaces	One per tooth per 5 years	Tooth identification, Surface identification
D2644	Onlay – porcelain/ceramic, 4 or more surfaces	One per tooth per 5 years	Tooth identification, Surface identification
D2650	Inlay – resin-based composite, 1 surface (D2140)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2651	Inlay – resin-based composite, 2 surfaces (D2150)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2652	Inlay – resin-based composite, 3 or more surfaces (D2160)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification, Surface identification
D2662	Onlay – resin-based composite, 2 surfaces (D2150)	One per tooth per 5 years. Alternate benefit of comparable amalgam restoration.	Tooth identification Surface identification
D2663	Onlay – resin-based composite, 3 surfaces	One per tooth per 5 years	Tooth identification Surface identification
D2664	Onlay – resin-based composite, 4 or more surfaces	One per tooth per 5 years	Tooth identification Surface identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
<p>CROWNS, SINGLE RESTORATIONS ONLY: Crowns are covered to restore fractured or severely diseased teeth when teeth cannot be properly restored with amalgam or resin restorations. They are non-covered for cosmetic purposes or for replacement of veneers regardless if decayed or fractured, since services performed in association with a non-covered service are also non-covered. Crowns to correct congenital or developmental abnormalities are not covered. Submit service for payment with the completion (permanent cementation) date. A gingivectomy performed in conjunction with a crown should be considered part of the overall procedure and cannot be billed separately.</p>			
D2710	Crown – resin-based composite (indirect)	Not a covered benefit	Tooth identification
D2712	Crown - ¾ resin-based composite (indirect), does not include facial veneers	Not a covered benefit	Tooth identification
D2720	Crown – resin with high-noble metal	Not a covered benefit	Tooth identification
D2721	Crown – resin with predominantly base metal	Not a covered benefit	Tooth identification
D2722	Crown – resin with noble metal	Not a covered benefit	Tooth identification
D2740	Crown – porcelain/ceramic substrate	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2750	Crown – porcelain fused to high-noble metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2751	Crown – porcelain fused to predominantly base metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2752	Crown – porcelain fused to noble metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2780	Crown – ¾ cast high noble metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2781	Crown – ¾ cast predominantly base metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2782	Crown – ¾ cast noble metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2783	Crown – ¾ porcelain/ceramic (not veneers)	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2790	Crown – full cast high-noble metal	One in 5 years. Not covered for patients under age 14.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2791	Crown – full-cast predominantly base metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2792	Crown – full-cast noble metal	One in 5 years. Not covered for patients under age 14.	Tooth identification
D2794	Crown – titanium	Not a covered benefit	Tooth identification
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary crown for a routine prosthetic restoration.	Not a covered benefit	Tooth identification
OTHER RESTORATIVE SERVICES			
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	One in six month period, but not within six months of insertion by same dentist	Tooth identification
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Not a covered benefit	Tooth identification
D2920	Re-cement or re-bond crown	One in six month period, but not within six months of insertion by same dentist	Tooth identification
D2921	Reattachment of tooth fragment, incisal edge or cusp.	Not a covered benefit	Tooth identification
D2929	Prefabricated porcelain/ceramic crown – primary tooth	One per tooth per lifetime; under age 14; alternate code D2930	Tooth identification
D2930	Prefabricated stainless steel crown – primary tooth	One per tooth per lifetime; under age 14	Tooth identification
D2931	Prefabricated stainless steel crown – permanent tooth	One per tooth per lifetime; under age 14	Tooth identification
D2932	Prefabricated resin crown	One per tooth per lifetime; under age 14; alternate code D2930	Tooth identification
D2933	Prefabricated stainless steel crown with resin window (D2930)	One per tooth per lifetime; under age 14; alternate code D2930	Tooth identification
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth (D2930)	One per tooth per lifetime; under age 14; alternate code D2930	Tooth identification
D2940	Protective restoration	Not a covered benefit	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2941	Interim therapeutic restoration – primary dentition	Not a covered benefit	None
D2949	Restorative foundation for an indirect restoration	Not a covered benefit	None
D2950	Core build-up, including any pins when required	One per tooth per 5 years	Tooth identification
D2951	Pin retention – per tooth, in addition to restoration	No limitations, per tooth. Not covered if submitted with D2950.	Tooth identification
D2952	Post and core in addition to crown; indirectly fabricated (D2954)	One per 5 years; alternate code D2954	Tooth identification
D2953	Each additional cast post – same tooth; indirectly fabricated	Not a covered benefit	Tooth identification
D2954	Prefabricated post and core in addition to crown	One per tooth per 5 years	Tooth identification
D2955	Post removal	Not a covered benefit	Tooth identification
D2957	Each additional prefabricated post – same tooth	Not a covered benefit	Tooth identification
D2960	Labial veneer (resin laminate) – chair side	Not a covered benefit	Tooth identification
D2961	Labial veneer (resin laminate) – laboratory	Not a covered benefit	Tooth identification
D2962	Labial veneer (porcelain laminate) – laboratory	One in 5 years. Not covered for patients under age 14	Tooth identification
D2971	Additional procedures to construct new crown under existing partial denture framework	Not a covered benefit	Tooth identification
D2975	Coping	Not a covered benefit	Tooth identification
D2980	Crown repair, necessary by restorative material failure.	No limitation	Tooth identification
D2981	Inlay repair necessitated by restorative material failure.	No limitation	Tooth identification
D2982	Only repair necessitated by restorative material failure.	No limitation	Tooth identification
D2983	Veneer repair necessitated by restorative material failure.	No limitation	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D2990	Resin infiltration of incipient smooth surface lesions	Not a covered benefit	Tooth identification
D2999	Unspecified restorative procedure, by report	Not a covered benefit	Tooth identification

Endodontic Services

Please note the following:

- Endodontic procedures include exams, pulp tests, pulpotomy, pulpectomy, extirpation of pulp, pre-operative, operative and post-operative radiographs, filling of canals, bacteriologic cultures and local anesthesia.
- Endodontic therapy performed specifically for coping or overdenture is not covered.
- Please bill claims for multiple-stage procedures only on the date of completion/insertion.
- Payment for endodontic services does not mean that benefits will be available for subsequent restorative services. Coverage for those services is still subject to exclusions listed under major restorative guidelines.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
PULP CAPPING			
D3110	Pulp cap direct (excluding final restoration)	Not a covered benefit	Tooth identification
D3120	Pulp cap indirect (excluding final restoration)	Not a covered benefit	Tooth identification
PULPOTOMY: Therapeutic pulpotomy (excluding final restoration)			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to dentinocemental junction and application of medicament (not to be used for apexogenesis)	Pulpotomies considered integral in conjunction with root canal therapy D3310-D3330 by the same dentist within 45 days prior to RCT completion date.	Tooth identification
D3221	Pulpal debridement, primary and permanent teeth not to be used for apexogenesis	Not a covered benefit	Tooth identification
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development.	Not a covered benefit	Tooth identification
ENDODONTIC THERAPY ON PRIMARY TEETH			
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	Not a covered benefit	Tooth identification
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration)	Not a covered benefit	Tooth identification

ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow up care)			
D3310	Anterior tooth (excluding final restoration)	One per tooth per lifetime.	Tooth identification
D3320	Bicuspid tooth (excluding final restoration)	One per tooth per lifetime.	Tooth identification
D3330	Molar tooth (excluding final restoration)	One per tooth per lifetime.	Tooth identification
D3331	Treatment of root canal obstruction; non-surgical access in lieu of surgery. Root canal blocked by foreign bodies or calcification of 50% or more of root.	Not a covered benefit	Tooth identification
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	By report, up to 40% of comparable endodontic procedure fee allowance.	Tooth identification
D3333	Internal root repair of perforation defects	Not a covered benefit	Tooth identification
ENDODONTIC RETREATMENT			
D3346	Retreatment of previous root canal therapy, anterior, by report	Allowed if greater than 3 years since initial root canal therapy	Tooth identification
D3347	Retreatment of previous root canal therapy, bicuspid, by report	Allowed if greater than 3 years since initial root canal therapy	Tooth identification
D3348	Retreatment of previous root canal therapy, molar, by report	Allowed if greater than 3 years since initial root canal therapy	Tooth identification
APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES			
D3351	Apexification/recalcification: initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	No limitation. The final apexification visit includes root canal therapy.	Tooth identification
D3352	Apexification/recalcification: interim medication replacement	No limitation. The final apexification visit includes root canal therapy.	Tooth identification
D3353	Apexification/recalcification: final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	No limitation. The final apexification visit includes root canal therapy.	Tooth identification
PULPAL REGENERATION			
D3355	Pulpal regeneration – initial visit	No limitation	Tooth identification
D3356	Pulpal regeneration – interim medication replacement	No limitation	Tooth identification

D3357	Pulpal regeneration – completion of treatment	No limitation	Tooth identification
APICOECTOMY/PERIRADICULAR SERVICES: Includes all pre-operative radiographs, bacteriologic cultures, local anesthesia and routine follow-up care			
D3410	Apicoectomy - anterior	No Limitation. Not payable within 30 days post root canal treatment.	Tooth identification
D3421	Apicoectomy – bicuspid (first root)	No Limitation. Not payable within 30 days post root canal treatment.	Tooth identification
D3425	Apicoectomy – molar (first root)	No Limitation. Not payable within 30 days post root canal treatment.	Tooth identification
D3426	Apicoectomy – (each additional root)	No Limitation. Not payable within 30 days post root canal treatment.	Tooth and root identification
D3427	Periradicular surgery without apicoectomy	Not a covered benefit.	None
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site.	Not a covered benefit	None
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	Not a covered benefit	None
D3430	Retrograde filling – per root	One per tooth root per lifetime. Only covered when reported with D3410, D3421, D3425, and D3426.	Tooth and root identification
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not a covered benefit	None
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Not a covered benefit	None
D3450	Root amputation – per root	One per tooth per lifetime for multi-rooted posterior teeth.	Tooth identification
D3460	Endodontic endosseous implant	Not a covered benefit	Tooth identification
D3470	Intentional reimplantation (including necessary splinting)	Not a covered benefit	Tooth identification,
OTHER ENDODONTIC PROCEDURES			
D3910	Surgical procedure for isolation of tooth with rubber dam	Not a covered benefit	None
D3920	Hemisection (including any root removal), not including root canal therapy	One per tooth per lifetime	Tooth identification
D3950	Canal preparation and fitting of preformed dowel or post	One per tooth per lifetime	Tooth identification

D3999	Unspecified endodontic procedure, by report	Not a covered benefit.	Tooth identification, Detailed narrative, Current dated pre- and post-operative periapical radiographs
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Periodontal Services

Procedure Billing Guidelines

- A quadrant is defined as four or more contiguous teeth in a quadrant. A partial quadrant is defined as one to three teeth in a quadrant.
- For billing purposes, a sextant is not a recognized designation by the American Dental Association.
- To be covered, alveolar crestal bone loss must be evident radiographically for scaling and root planing.
- When more than one periodontal service (codes D4000-D4999) is completed within the same site or quadrant on the same date of service, Arkansas Blue Cross will pay for the more extensive treatment as payment for the total service.
- Benefits for all periodontal services are limited to two quadrants per date of service. If you wish to request an exception due to a medical condition that may require your patient to receive extended treatment, please include a detailed narrative including general or intravenous anesthesia record, medical condition and length of appointment time for consideration.

Payment for Surgical Services

- Payment for definitive periodontal service includes follow-up evaluation for both surgical and non-surgical procedures.
- No more than two quadrants of surgical or non-surgical services may be covered when done on the same date of service. To request an exception due to a medical condition that may require your patient to receive extended periodontal treatment, please submit a detailed narrative including general or intravenous anesthesia record, medical condition and length of appointment time for consideration with the claim form.
- When localized procedures are performed in the same quadrant within 36 months, the payment will not exceed the full quadrant allowance.
- Periodontal services are benefits when performed for the treatment of periodontal disease around natural teeth. There are no benefits for these procedures when billed in conjunction with or in preparation for implants, ridge augmentation, extractions sites and endodontic surgeries.
- When localized surgical or pre-surgical services are performed in the same quadrants within coverage time guidelines, payment for the services will not exceed the full quadrant allowance.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES)			
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth-bounded spaces, per quadrant	One per quadrant in 36 months, minimum age 19	Quadrant identification
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	One per quadrant in 36 months, minimum age 19	Tooth identification
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	One per quadrant in 36 months, minimum age 19	Tooth identification
D4230	Anatomical crown exposure – 4 or more contiguous teeth	Not a covered benefit	Quadrant identification
D4231	Anatomical crown exposure – 1 to 3 teeth	Not a covered benefit	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D4240	Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth-bounded spaces per quadrant	One per quadrant in 36 months, minimum age 19	Quadrant identification
D4241	Gingival flap procedure - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	One per quadrant in 36 months, minimum age 19	Tooth identification
D4245	Apically repositioned flap	Not a covered benefit.	Quadrant identification
D4249	Clinical crown lengthening hard tissue	One per tooth per lifetime. Only covered when bone is removed.	Tooth identification
D4260	Osseous surgery (including flap and closure) – four or more contiguous teeth or tooth-bounded spaces per quadrant	One per quadrant in 36 months, min age 19. If performed on same day as crown lengthening, osseous surgery will not be covered.	Quadrant identification
D4261	Osseous surgery, one to three contiguous teeth or tooth bounded spaces per quadrant	One in 36 months, minimum age 19 If performed on same day as crown lengthening, osseous surgery will not be covered	Tooth identification
D4263	Bone replacement graft – first site in quadrant	No limitations.	Tooth identification
D4264	Bone replacement graft – each additional site in quadrant	No limitations.	Tooth identification
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Not a covered benefit	Tooth identification
D4266	Guided tissue regeneration resorbable barrier, per site	One per tooth per lifetime.	Tooth identification
D4267	Guided tissue regeneration non-restorable barrier, per site (includes membrane removal)	One per tooth per lifetime.	Tooth identification
D4268	Surgical revision procedure, per tooth	One per tooth per lifetime.	Tooth identification
D4270	Pedicle soft tissue graft procedure	One in 36 months, minimum age 19	Tooth identification
D4273	Autogenous connective tissue graft procedure, (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	One in 36 months, minimum age 19	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures on the same anatomical area)	Not a covered benefit	Tooth identification Quadrant identification
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.	One in 36 months, minimum age 19. Alternate benefit of comparable free soft tissue graft procedure.	Tooth identification
D4276	Combined connective tissue and double pedicle graft, per tooth (D4271)	One in 36 months, minimum age 19. Alternate benefit of comparable free soft tissue graft procedure.	Tooth identification
D4277	Free soft tissue graft procedure (including recipient and donor surgical site), first tooth, implant, or edentulous tooth position in graft	One in 36 months, minimum age 19	Tooth or site identification
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site	One in 36 months, minimum age 19	Tooth or site identification
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site.	Payment limited to three teeth per site. All other limitations and policies for soft tissue graft apply.	Tooth identification
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant, or edentulous tooth position in same graft site.	Payment limited to three teeth per site. All other limitations and policies for soft tissue graft apply	Tooth identification
NON-SURGICAL PERIODONTAL SERVICES			
D4320	Provisional splinting – intracoronal	Not a covered benefit	None
D4321	Provisional splinting – extracoronal	Not a covered benefit	None
D4341	Periodontal scaling and root planing, 4 or more teeth per quadrant	One per quadrant in 24 months, minimum age 19, D1110 not payable if billed on same day.	Quadrant identification;
D4342	Periodontal scaling and root planing, 1 - 3 teeth per quadrant	One per quadrant in 24 months, minimum age 19, D1110 not payable if billed on same day.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after evaluation	Once per 24 months	None
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	Not a covered benefit	None
D4381	Localized delivery of antimicrobial agents via a controlled-release vehicle into diseased crevicular tissue, per tooth, by report (only to be used as a site specific adjunct to localized disease)	Not a covered benefit	Tooth identification
OTHER PERIODONTAL SERVICES			
D4910	Periodontal maintenance procedures (following active therapy)	Four per calendar year or two routine cleanings (D1110, D1120) and two perio maintenance visits per calendar year following active periodontal therapy.	None
D4920	Unscheduled dressing change (performed by other than treating dentist or their staff)	Not a covered benefit	None
D4921	Gingival irrigation – per quadrant	Not a covered benefit; Integral to any perio service,	
D4999	Unspecified periodontal procedure, by report	Not a covered benefit	None

Notes

Prosthodontics, Removable

Please bill claims for multiple-stage procedures on the date of completion/insertion. Services may be non-covered for the following conditions:

- Untreated bone loss: An abutment tooth has poor-to-hopeless prognosis from either a restorative or periodontal perspective
- Periapical pathology or unresolved, incomplete, or failed endodontic therapy
- Treatment of TMJ to increase vertical dimension or restore occlusion

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			
D5110	Complete denture – maxillary	One in 5 years	None
D5120	Complete denture – mandibular	One in 5 years	None
D5130	Immediate denture – maxillary	One in 5 years	None
D5140	Immediate denture – mandibular	One in 5 years	None
PARTIAL DENTURES: For the following codes, denture base presumed to include any conventional clasps, rests, and teeth			
D5211	Maxillary partial denture – resin base	One in 5 years	Tooth identification
D5212	Mandibular partial denture – resin base	One in 5 years	Tooth identification
D5213	Maxillary partial denture – cast metal framework with resin denture bases	One in 5 years	Tooth identification
D5214	Mandibular partial denture – cast metal framework with resin denture bases	One in 5 years	Tooth identification
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	One in 5 years	Tooth identification
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	One in 5 years	Tooth identification
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	One in 5 years	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One in 5 years	Tooth identification
D5225	Maxillary partial denture - flexible base	One in 5 years	Tooth identification
D5226	Mandibular partial denture - flexible base	One in 5 years	Tooth identification
D5281	Removable unilateral partial denture – one piece cast metal	One in 5 years	Tooth identification
D5410	Adjust complete denture – maxillary	No limitations. Considered integral if performed within 6 months of insertion.	None
D5411	Adjust complete denture – mandibular	No limitations. Considered integral if performed within 6 months of insertion.	None
D5421	Adjust partial denture – maxillary	No limitations. Considered integral if performed within 6 months of insertion.	None
D5422	Adjust partial denture – mandibular	No limitations. Considered integral if performed within 6 months of insertion.	None
REPAIRS TO COMPLETE AND PARTIAL DENTURES			
D5510	Repair broken base (complete denture)	No limitations.	None
D5520	Replace missing or broken teeth (complete denture), each tooth	No limitations.	Tooth identification
D5610	Repair resin denture base	No limitations.	None
D5620	Repair cast framework	No limitations.	None
D5630	Repair or replace broken clasp – per tooth	No limitations.	None
D5640	Repair broken teeth – per tooth	No limitations.	Tooth identification
D5650	Add tooth to existing partial denture	No limitations.	Tooth identification
D5660	Add clasp to existing partial denture – per tooth	No limitations.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5670	Replace all teeth and acrylic on cast metal framework – maxillary	No limitations.	None
D5671	Replace all teeth and acrylic on cast metal framework – mandibular	No limitations.	None
DENTURE REBASE PROCEDURES: process of refitting a denture by replacing the base material			
D5710	Rebase complete maxillary denture	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5711	Rebase complete mandibular denture	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5720	Rebase maxillary partial denture	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5721	Rebase mandibular partial denture	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
DENTURE RELINE PROCEDURES: The process of resurfacing the tissue side of a denture with new base material			
D5730	Reline complete maxillary denture (chair side)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5731	Reline complete mandibular denture (chair side)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5740	Reline maxillary partial denture (chair side)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5741	Reline mandibular partial denture (chair side)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5750	Reline complete maxillary denture (laboratory)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5751	Reline complete mandibular denture (laboratory)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5760	Reline upper maxillary denture (laboratory)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None
D5761	Reline mandibular partial denture (laboratory)	One in a 3 year period. Considered integral if performed within 6 months of insertion.	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
OTHER REMOVABLE PROSTHETIC SERVICES			
D5810	Interim complete denture (maxillary)	Not a covered benefit	None
D5811	Interim complete denture (mandibular)	Not a covered benefit	None
D5820	Interim partial denture (maxillary)	Not a covered benefit	None
D5821	Interim partial denture (mandibular)	Not a covered benefit	None
D5850	Tissue conditioning, maxillary	Not a covered benefit	None
D5851	Tissue conditioning, mandibular	Not a covered benefit	None
D5862	Precision attachment, by report	Not a covered benefit	None
D5863	Overdenture – complete maxillary	1 in a 5 year period; D5110 automatic alternate benefit	None
D5864	Overdenture – partial maxillary	1 in a 5 year period; D5113 automatic alternate benefit	None
D5865	Overdenture – complete mandibular	1 in a 5 year period; D5120 automatic alternate benefit	None
D5866	Overdenture – partial mandibular	1 in a 5 year period; D5114 automatic alternate benefit	None
D5867	Replacement of replaceable part or semi-precision or precision attachment (male or female component)	Not a covered benefit	None
D5875	Modification of removable prosthesis following implant surgery	Not a covered benefit	None
D5899	Unspecified removable prosthodontic procedure, by report	Not a covered benefit	Tooth identification Arch identification
MAXILLOFACIAL PROSTHETICS			
D5911	Facial moulage (sectional)	Not a covered benefit	None
D5912	Facial moulage (complete)	Not a covered benefit	None
D5913	Nasal prosthesis	Not a covered benefit	None
D5914	Auricula prosthesis	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5915	Orbital prosthesis	Not a covered benefit	None
D5916	Ocular prosthesis	Not a covered benefit	None
D5919	Facial prosthesis	Not a covered benefit	None
D5922	Nasal septal prosthesis	Not a covered benefit	None
D5923	Ocular prosthesis, interim	Not a covered benefit	None
D5924	Cranial prosthesis	Not a covered benefit	None
D5925	Facial augmentation implant prosthesis	Not a covered benefit	None
D5926	Nasal prosthesis, replacement	Not a covered benefit	None
D5927	Auricular prosthesis, replacement	Not a covered benefit	None
D5928	Orbital prosthesis, replacement	Not a covered benefit	None
D5929	Facial prosthesis, replacement	Not a covered benefit	None
D5931	Obturator prosthesis, surgical	Not a covered benefit	None
D5932	Obturator prosthesis, definitive	Not a covered benefit	None
D5933	Obturator prosthesis, modification	Not a covered benefit	None
D5934	Mandibular resection prosthesis with flange	Not a covered benefit	None
D5935	Mandibular resection prosthesis without guide flange	Not a covered benefit	None
D5936	Obturator prosthesis, interim	Not a covered benefit	None
D5937	Trismus appliance (not for TMD treatment)	Not a covered benefit	None
D5951	Feeding aid	Not a covered benefit	None
D5952	Speech aid prosthesis, pediatric	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D5953	Speech aid prosthesis, adult	Not a covered benefit	None
D5954	Palatal augmentation prosthesis	Not a covered benefit	None
D5955	Palatal lift prosthesis, definitive	Not a covered benefit	None
D5958	Palatal lift prosthesis, interim	Not a covered benefit	None
D5959	Palatal lift prosthesis, modification	Not a covered benefit	None
D5960	Speech aid prosthesis, modification	Not a covered benefit	None
D5982	Surgical stent	Not a covered benefit	None
D5983	Radiation carrier	Not a covered benefit	None
D5984	Radiation shield	Not a covered benefit	None
D5985	Radiation cone locator	Not a covered benefit	None
D5986	Fluoride gel carrier	Not a covered benefit	None
D5987	Commissure splint	Not a covered benefit	None
D5988	Surgical splint	Not a covered benefit	None
D5991	Vesiculobullous disease medicament carrier	Not a covered benefit	None
D5992	Adjust maxillofacial prosthetic appliance, by report	Not a covered benefit	None
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Not a covered benefit	None
D5994	Periodontal medicament carrier with peripheral seal-laboratory processed.	Not a covered benefit	None
D5999	Unspecified maxillofacial prosthesis, by report	Not a covered benefit	Detailed narrative

Implant Services

Coverage

General Information

- Benefits for single-tooth endosteal dental implants, single-tooth abutments, and single-tooth implant/abutment supported crowns are covered up to the member's annual maximum.

Implant Services

Coverage for implant services has a maximum lifetime dollar amount and covers the surgical placement of endosteal implants with a minimum age qualification of 16 for the replacement of teeth 2-15 and teeth 18-31.

The implant rider does not cover the following services:

- Special preparatory radiographic or imaging studies (i.e., tomographic, CT, or MRI)
- Adjunctive periodontal (D4000 series) or surgical (D7000 series) procedures in preparation for implant placement, in association with implant placement, or in association with salvage attempts of a failing implant; *(covers implants only)*
- Maxillofacial prosthetic procedure D5982, surgical stent (implant positioning type); *(covers implants only)*

Please also note:

- Routine radiographs (i.e., periapical and panoramic) may be covered under the member's general dental insurance policy to the same extent and under the same conditions and guidelines as those applied to a natural tooth.
- The frequency limitation for dental implants is once per tooth (replacement) per 60 months.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
IMPLANT SERVICES			
D6010	Surgical placement of implant body, endosteal implant	One in a 5-year period; not covered for patients under age 16	Tooth area identification
D6011	Second stage implant surgery	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6012	Surgical placement of interim implant body for transitional prosthesis, endosteal implant	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6013	Surgical placement of mini implant.	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6040	Surgical placement, eposteal implant	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6050	Surgical placement, transosteal implant	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6051	Interim abutment	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6052	Semi-precision attachment abutment	Not a covered benefit	None
IMPLANT-SUPPORTED PROSTHETICS			
D6055	Dental implant connecting bar – implant supported or abutment supported	One in a 5-year period; not covered for patients under age 16	None
D6056	Prefabricated abutment, including placement	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6057	Custom abutment, including placement	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6058	Abutment-supported porcelain/ceramic crown	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6059	Abutment-supported porcelain fused to metal crown (high noble metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6060	Abutment-supported porcelain fused to metal crown (predominantly base metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6061	Abutment-supported porcelain fused to metal crown (noble metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6062	Abutment-supported cast metal crown (high noble metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6063	Abutment-supported cast metal crown (predominantly base metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6064	Abutment-supported cast metal crown (noble metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6065	Implant-supported porcelain/ceramic crown	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6066	Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6068	Abutment supported retainer for porcelain/ceramic FPD	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6070	Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6073	Abutment-supported retainer for cast metal FPD (predominately base metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6074	Abutment-supported retainer for cast metal FPD (noble metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6075	Implant-supported retainer for ceramic FPD	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6076	Implant-supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
D6077	Implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	One in a 5-year period; not covered for patients under age 16; excludes third molar replacement	Tooth identification
OTHER IMPLANT SERVICES			
D6080	Implant maintenance procedures when prosthesis are removed and reinserted, including cleansing of prosthesis and abutments.	No Limitations	None
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Not a covered benefit	None
D6085	Provisional implant crown	Not a covered benefit	None
D6090	Repair implant supported prosthesis, by report	No Limitations	Tooth identification
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment-supported prosthesis, per attachment	No Limitation	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6092	Re-cement or re-bond implant/abutment-supported crown	One in six month period, but not within six months of insertion by same dentist	Tooth identification
D6093	Re-cement or re-bond implant/abutment-supported fixed partial denture	One in six month period, but not within six months of insertion by same dentist	Tooth identification
D6094	Abutment supported crown, titanium	One in a 5-year period; not covered for patients under age 16	Tooth identification
D6095	Repair implant abutment, by report	Once every six months	Tooth identification
D6100	Implant removal, by report	No limitation	Tooth identification
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Not a covered benefit	None
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flat entry and closure	Not a covered benefit	None
D6103	Bone graft for repair of peri-implant defect does not including flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately.	Not a covered benefit	None
D6104	Bone graft at time of implant placement	Not a covered benefit	None
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	One in five year period. Not covered for patients under 16.	None
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular	One in five year period. Not covered for patients under 16.	None
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	One in five year period. Not covered for patients under 16.	None
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	One in five year period. Not covered for patients under 16.	None
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	One in five year period. Not covered for patients under 16.	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	One in five year period. Not covered for patients under 16.	None
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	One in five year period. Not covered for patients under 16.	None
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	One in five year period. Not covered for patients under 16.	None
D6194	Abutment-supported retainer crown for FPD, titanium	One in a 5-year period; not covered for patients under 16.	Tooth identification
D6199	Unspecified implant procedure, by report	Not a covered benefit.	Tooth identification

Notes

Prosthodontics, Fixed

Benefits

- Please bill claims for multiple-stage procedures on the date of completion/insertion of the final restoration.
- Treatments must follow generally accepted dental practice and must be necessary and appropriate for the dental condition. The foundation of generally accepted dental practice continues to be:
 - Establishing periodontal health prior to final phase restoration prosthetic dentistry
 - Avoiding incomplete or technically deficient endodontic treatment that is detrimental to the long-term prognosis of the tooth and subsequent oral health

When Services Are Non-Covered

Fixed prosthodontics will not be covered if these conditions are present:

- Untreated bone loss
- An abutment tooth has poor-to-hopeless prognosis from either a restorative or periodontal perspective
- Periapical pathology or unresolved, incomplete or failed endodontic therapy
- Service meant to treat TMJ, increase vertical dimension or restore occlusion

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
FIXED PARTIAL DENTURE PONTICS			
D6205	Pontic – indirect resin-based composite	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6210	Pontic - cast high noble	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6211	Pontic – cast predominantly base metal	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6212	Pontic – cast noble metal	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6214	Pontic – titanium	Not a covered benefit	Tooth identification
D6240	Pontic – porcelain fused to high noble metal	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6241	Pontic – porcelain fused to predominantly base metal	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6242	Pontic – porcelain fused to noble metal	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6245	Pontic – porcelain/ceramic	One in a 5-year period; not covered for patients under age 15	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6250	Pontic – resin with high noble metal	Not a covered benefit	Tooth identification
D6251	Pontic – resin with high noble metal	Not a covered benefit	Tooth identification
D6252	Pontic – resin with noble metal	Not a covered benefit	Tooth identification
D6253	Provisional pontic	Not a covered benefit	Tooth identification
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS			
D6545	Retainer – cast metal for resin-bonded fixed prosthesis	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6548	Retainer – porcelain/ ceramic for resin-bonded fixed prosthesis	One in a 5-year period; not covered for patients under age 15	Tooth identification
D6549	Resin retainer – for resin bonded fixed prosthesis	One in a 5 year period.	Tooth identification
D6600	Retainer Inlay - porcelain/ceramic, 2 surfaces	One in a 5 year period.	Tooth identification, Surface identification
D6601	Retainer Inlay - porcelain/ceramic, 3 or more surfaces	One in a 5 year period.	Tooth identification, Surface identification
D6602	Retainer Inlay – high-noble metal, 2 surfaces	One in a 5 year period.	Tooth identification, Surface identification
D6603	Retainer Inlay – high-noble metal, 3 or more surfaces	One in a 5 year period.	Tooth identification, Surface identification
D6604	Retainer Inlay - cast, predominately base metal, 2 surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Pre-treatment recommended
D6605	Retainer Inlay – cast, predominately base metal, 3 or more surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Pre-treatment recommended
D6606	Retainer Inlay - cast noble metal, 2 surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Pre-treatment recommended

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6607	Retainer Inlay - cast noble metal, 3 or more surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Pre-treatment recommended
D6608	Retainer Onlay - porcelain ceramic, 2 surface	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface
D6609	Retainer Onlay - porcelain ceramic, 3 or more surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface
D6610	Retainer Onlay - cast high noble metal, 2 surface	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface
D6611	Retainer Onlay - cast high noble, 3 or more surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface
D6612	Retainer Onlay - cast predominately base metal, 2 surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface
D6613	Retainer Onlay - cast predominately base metal, 3 or more surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface
D6614	Retainer Onlay - cast noble metal, 2 surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface
D6615	Retainer Onlay - cast noble metal, 3 or more surfaces	One in a 5-year period; not covered for patients under age 15	Tooth identification Surface identification must include B or L surface

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6624	Retainer Inlay - titanium	Not a covered benefit	Tooth identification Surface identification must include B or L surface
D6634	Retainer Onlay - titanium	Not a covered benefit	Tooth identification Surface identification must include B or L surface
FIXED PARTIAL DENTURE RETAINERS – CROWNS			
D6710	Retainer Crown – indirect resin-based composite	Not a covered benefit	None
D6720	Retainer Crown – resin with high noble metal	Not a covered benefit	Tooth identification
D6721	Retainer Crown – resin with predominantly base metal	Not a covered benefit	Tooth identification
D6722	Retainer Crown – resin with noble metal	Not a covered benefit	Tooth identification
D6740	Retainer Crown – porcelain/ceramic	Not a covered benefit	Tooth identification
D6750	Retainer Crown – porcelain fused to high noble	Not a covered benefit	Tooth identification
D6751	Retainer Crown – porcelain fused to predominantly base metal	Not a covered benefit	Tooth identification
D6752	Retainer Crown – porcelain fused to noble metal	Not a covered benefit	Tooth identification
D6780	Retainer Crown – ¾ cast high noble metal	Not a covered benefit	Tooth identification
D6781	Retainer Crown – ¾ cast predominately base metal	Not a covered benefit	Tooth identification
D6782	Retainer Crown – ¾ cast noble metal	Not a covered benefit	Tooth identification
D6783	Retainer Crown – ¾ porcelain/ceramic	Not a covered benefit	Tooth identification
D6790	Retainer Crown – full cast high noble metal	Not a covered benefit	Tooth identification
D6791	Retainer Crown – full cast predominantly base metal	Not a covered benefit	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D6792	Retainer Crown – full cast noble metal	Not a covered benefit	Tooth identification
D6793	Provisional retainer crown	Not a covered benefit	Tooth identification
D6794	Retainer Crown – titanium	Not a covered benefit	Tooth identification
OTHER FIXED PARTIAL DENTURE SERVICES			
D6920	Connector bar	No limitations.	None
D6930	Re-cement or re-bond bridge	No limitations.	Tooth identification
D6940	Stress breaker	Not a covered benefit	None
D6950	Precision attachments	Not a covered benefit	None
D6980	Fixed partial denture (bridge) repair, necessitated by restorative material failure	No limitations.	Tooth identification
D6985	Pediatric fixed partial denture	Not a covered benefit	Arch identification
D6999	Unspecified fixed prosthodontic procedure, by report	Not a covered benefit	Detailed narrative

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
EXTRACTIONS: Includes local anesthesia, suturing if needed, and routine post operative care. Bone grafts (D4263, D4264, D4265) and GTR membranes (D4266, D4267) are not covered in conjunction with oral surgery codes (D7000-D7999).			
D7111	Extraction – coronal remnants, deciduous tooth	One per tooth per lifetime	Tooth identification
D7140	Extraction – erupted tooth or exposed root (elevation and/or forcep removal)	One per tooth per lifetime	Tooth identification
SURGICAL EXTRACTIONS (Includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7210	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	One per tooth per lifetime	Tooth identification
D7220	Removal of impacted tooth – soft tissue	One per tooth per lifetime	Tooth identification
D7230	Removal of impacted tooth – partially bony	One per tooth per lifetime	Tooth identification
D7240	Removal of impacted tooth – completely bony	One per tooth per lifetime	Tooth identification
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	One per tooth per lifetime	Tooth identification
D7250	Surgical removal of residual tooth roots (cutting procedure)	One per tooth per lifetime	Tooth identification
D7251	Coronectomy: intentional partial tooth removal	Not a covered benefit	Tooth identification
OTHER SURGICAL PROCEDURES			
D7260	Oroantral fistula closure	No limitations.	None
D7261	Primary closure of a sinus perforation	No limitations.	None
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Not a covered benefit	Tooth identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Not a covered benefit	Tooth identification
D7280	Surgical access of unerupted tooth	One per tooth per lifetime	Tooth identification
D7282	Mobilization of erupted or mal-positioned tooth to aid eruption	Not a covered benefit	Tooth identification
D7283	Placement of device to facilitate eruption of impacted tooth	Not a covered benefit	Tooth identification
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Not a covered benefit	None
D7286	Incisional biopsy of oral tissue – soft (all others)	Not a covered benefit	None
D7287	Cytology exfoliative sample collection	Not a covered benefit	None
D7288	Brush biopsy – transepithelial sample collection	Not a covered benefit	None
D7290	Surgical repositioning of teeth – grafting procedures are additional	Not a covered benefit	Tooth identification;
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Not a covered benefit	Tooth identification;
D7292	Surgical placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal.	Not a covered benefit	None
D7293	Surgical placement of temporary anchorage device requiring flap; includes device removal.	Not a covered benefit	None
D7294	Surgical placement of temporary anchorage device without flap; includes device removal.	Not a covered benefit	None
D7295	Harvest of bone for use in autogenous grafting procedures	Not a covered benefit	Tooth identification
ALVEOPLASTY: SURGICAL PREPARATION OF RIDGE FOR DENTURES			
D7310	Alveoplasty in conjunction with extractions – per quadrant	No limitations	Tooth and Quadrant identification

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	No limitations	Tooth identification
D7320	Alveoloplasty, not in conjunction with extractions – per quadrant	No limitations.	Tooth and Quadrant identification
D7321	Alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	No limitations.	Tooth identification
VESTIBULOPLASTY			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	No limitations. Consultant review required when performed in conjunction with other services on the same day.	None
D7350	Vestibuloplasty – ridge extension (incl. soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	No limitations. Consultant review required when performed in conjunction with other services on the same day.	None
SURGICAL EXCISION OF REACTIVE SOFT TISSUE LESIONS			
D7410	Excision of benign lesion, up to 1.25 cm	Not a covered benefit	None
D7411	Excision of benign lesion > 1.25 cm	Not a covered benefit	None
D7412	Excision of benign lesion; complicated	Not a covered benefit	None
D7413	Excision of malignant lesion, up to 1.25 cm	Not a covered benefit	None
D7414	Excision of malignant lesion > 1.25 cm	Not a covered benefit	None
D7415	Excision of malignant lesion, complicated	Not a covered benefit	None
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS			
D7440	Excision of malignant tumor-lesion, diameter up to 1.25 cm	Not a covered benefit	None
D7441	Excision of malignant tumor-lesion, diameter >1.25 cm	Not a covered benefit	None
D7450	Removal of benign odontogenic cyst or tumor lesion, diameter up to 1.25 cm	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7451	Removal of benign odontogenic cyst or tumor, lesion diameter > 1.25 cm	Not a covered benefit	None
D7460	Removal of benign non-odontogenic cyst or tumor, lesion, diameter up to 1.25 cm	Not a covered benefit	None
D7461	Processing and interpretation of exfoliative cytologic smears, including preparation and transmission of written report	Not a covered benefit	None
D7465	Destruction of lesion(s) by physical or chemical methods, by report	Not a covered benefit	None
EXCISION OF BONE TISSUE			
D7471	Removal of exostosis – per site	No limitation.	None
D7472	Removal of torus palatinus	No limitation.	None
D7473	Removal of torus mandibularis	No limitation.	None
D7485	Surgical reduction of osseous tuberosity	No limitation.	None
D7490	Radical resection of maxilla mandible	Not a covered benefit	None
SURGICAL INCISION			
D7510	Incision and drainage of abscess – intraoral soft tissue	No limitation. Not covered in conjunction with completed root canal treatment.	Tooth and Arch identification;
D7511	Incision and drainage of abscess intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Not a covered benefit	None
D7520	Incision and drainage of abscess – extraoral soft tissue	Not a covered benefit	None
D7521	Incision and drainage of abscess extraoral soft tissue complicated (includes drainage of multiple fascial spaces)	Not a covered benefit	None
D7530	Removal of foreign body, mucosa, skin, or subcutaneous alveolar tissue	No limitations.	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7540	Removal of reaction-producing foreign bodies – musculoskeletal system	Not a covered benefit	None
D7550	Partial ostectomy, sequestrectomy for removal of non-vital bone	Not a covered benefit	None
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	No limitations	None
TREATMENT OF FRACTURES – SIMPLE			
D7610	Maxilla – open reduction (teeth immobilized, if present)	Not a covered benefit	None
D7620	Maxilla – closed reduction (teeth immobilized, if present)	Not a covered benefit	None
D7630	Mandible – open reduction (teeth immobilized, if present)	Not a covered benefit	None
D7640	Mandible – closed reduction (teeth immobilized, if present)	Not a covered benefit	None
D7650	Malar and/or zygomatic arch – open reduction	Not a covered benefit	None
D7660	Malar and/or zygomatic arch – closed reduction	Not a covered benefit	None
D7670	Alveolus – closed reduction, may include stabilization of teeth	Not a covered benefit	None
D7671	Alveolus – open reduction, may include stabilization of teeth	Not a covered benefit	None
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Not a covered benefit	None
TREATMENT OF FRACTURES – COMPOUND			
D7710	Maxilla – open reduction, stabilization of teeth	Not a covered benefit	None
D7720	Maxilla – closed reduction	Not a covered benefit	None
D7730	Mandible – open reduction	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7740	Mandible – closed reduction	Not a covered benefit	None
D7750	Malar and/or zygomatic arch – open reduction	Not a covered benefit	None
D7760	Malar and/or zygomatic arch – closed reduction	Not a covered benefit	None
D7770	Alveolus – open reduction stabilization of teeth	Not a covered benefit	None
D7771	Alveolus – closed reduction, stabilization of teeth	Not a covered benefit	None
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Not a covered benefit	None
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS: Procedures that are an integral part of the primary procedure should not be reported separately.			
D7810	Open reduction of dislocation	Not a covered benefit	None
D7820	Closed reduction of dislocation	Not a covered benefit	None
D7830	Manipulation under anesthesia	Not a covered benefit	None
D7840	Condylectomy	Not a covered benefit	None
D7850	Surgical disectomy; with or without implant	Not a covered benefit	None
D7852	Disc repair	Not a covered benefit	None
D7854	Synovectomy	Not a covered benefit	None
D7856	Myotomy	Not a covered benefit	None
D7858	Joint reconstruction	Not a covered benefit	None
D7860	Arthrotomy	Not a covered benefit	None
D7865	Arthroplasty	Not a covered benefit	None
D7870	Arthrocentesis	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7871	Non-arthroscopic lysis and lavage	Not a covered benefit	None
D7872	Arthroscopy – diagnosis	Not a covered benefit	None
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	Not a covered benefit	None
D7874	Arthroscopy – surgical: disc repositioning and stabilization	Not a covered benefit	None
D7875	Arthroscopy – surgical: synovectomy	Not a covered benefit	None
D7876	Arthroscopy – surgical: disectomy	Not a covered benefit	None
D7877	Arthroscopy – surgical: debridement	Not a covered benefit	None
D7880	Occlusal orthotic device, by report	Not a covered benefit	None
D7881	Occlusal orthotic device adjustment	Not a covered benefit	None
D7899	Unspecified TMD therapy, by report	Not a covered benefit	None
REPAIR OF TRAUMATIC WOUNDS			
D7910	Suture of recent small wounds up to 5 cm	Not a covered benefit	None
COMPLICATED SUTURING – Reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure			
D7911	Complicated suture up to 5 cm	Not a covered benefit	None
D7912	Complicated suture > 5 cm	Not a covered benefit	None
OTHER REPAIR PROCEDURES			
D7920	Skin grafts (identify defect covered, location, and type of graft)	Not a covered benefit	None
D7921	Collection and application of autologous blood concentrate product	Not a covered benefit	None
D7940	Osteoplasty – for orthognathic deformities	Not a covered benefit	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7941	Osteotomy – mandibular rami	Not a covered benefit	None
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Not a covered benefit	None
D7944	Osteotomy – segmented or sub-apical, per sextant or quadrant	Not a covered benefit	None
D7945	Osteotomy – body of mandible	Not a covered benefit	None
D7946	LeFort I (maxilla – total)	Not a covered benefit	None
D7947	LeFort I (maxilla – segmented)	Not a covered benefit	None
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Not a covered benefit	None
D7949	LeFort II or LeFort II – with bone graft	Not a covered benefit	None
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, autogenous or nonautogenous, by report	Not a covered benefit	None
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Not a covered benefit	None
D7952	Sinus augmentation via a vertical approach	Not a covered benefit	None
D7953	Bone replacement graft for ridge preservation – per site	Not a covered benefit	None
D7955	Repair of maxillofacial soft and/or hard tissue defect	Not a covered benefit	None
D7960	Frenulectomy – also known as (frenectomy or frenotomy) – separate procedure not incidental to another procedure	No limitations.	Tooth identification; Detailed narrative
D7963	Frenuloplasty	Not a covered benefit	Tooth identification; Detailed narrative
D7970	Excision of hyperplastic tissue – per arch	No limitations.	Arch identification; Operative report

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D7971	Excision of pericoronal gingiva	No limitations.	None
D7972	Surgical reduction of fibrous tuberosity	Not a covered benefit	None
D7980	Sialolithotomy	Not a covered benefit	None
D7981	Excision of salivary gland, by report	Not a covered benefit	None
D7982	Sialodochoplasty	Not a covered benefit	None
D7983	Closure of salivary fistula	Not a covered benefit	None
D7990	Emergency tracheotomy	Not a covered benefit	None
D7991	Coronoidectomy	Not a covered benefit	None
D7995	Synthetic graft, mandible or facial bones, by report	Not a covered benefit	Tooth identification Quadrant identification
D7996	Implant – mandible for augmentation purposes (excluding alveolar ridge), by report	Not a covered benefit	None
D7997	Appliance removal (not by dentist who place appliance), includes removal of archbar	Not a covered benefit	None
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Not a covered benefit	None
D7999	Unspecified oral surgery procedure, by report.	Not a covered benefit	None

Orthodontic Services

Orthodontic Benefit Administration

Limited Orthodontic Treatment

Use these codes for treatment with a limited objective, not involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forgo more comprehensive therapy.

Interceptive Orthodontic Treatment

Use these codes for procedures to lessen the severity or future effects of a malformation and to eliminate its cause (e.g., the redirection of an ectopically erupted tooth, correction of isolated dental cross-bite, or recovery of recent minor space loss where overall space is adequate).

Comprehensive Orthodontic Treatment

Use these codes when there are multiple phases of treatment provided at different stages of dentofacial development. For example, use of an activator is generally stage one of a two-stage treatment; in this situation, placement of fixed appliances will generally be stage two of a two-stage treatment. List both treatment phases as comprehensive treatment modified by the stage of dental development.

How to Submit Claims - Please follow these guidelines when submitting claims for orthodontic treatment:

Limited, Interceptive and Minor Treatment. Submit a claim with the appropriate CDT procedure code, including the total treatment fee and the placement date of the appliance. We will make payment after receipt of initial claim for treatment.

Comprehensive Treatment. One installment equal to 25% of the lifetime maximum; pro-rated payments continue monthly until the treatment has ended or a new treatment plan including complete treatment plan information is submitted. For patients whose comprehensive treatment started after their orthodontic benefits became effective, submit the claim with the appropriate CDT procedure code, including the treatment charge and the date treatment began. Payment will be prorated by comparing the banding date to the effective date of coverage and remaining length of treatment. (Accumulation transfers will be considered if provided by prior carrier.) If comprehensive treatment began before the patient's orthodontic benefits became effective, submit the monthly visits and your monthly fee using the appropriate CDT procedure code. When submitting claims for the services included in orthodontic records, itemize the appropriate CDT procedure code for each service (e.g., radiographs, evaluation, study models) with your usual fee. If you have questions regarding a patient's coverage, effective dates, or benefits, call the Dental Information Center at **1-888-224-5213**.

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
ORTHODONTICS			
D8010	Limited orthodontic treatment of primary dentition	Limited to dependent child through age 18.	None
D8020	Limited orthodontic treatment of transitional dentition	Limited to dependent child through age 18.	None
D8030	Limited orthodontic treatment of adolescent dentition	Limited to dependent child through age 18.	None
D8040	Limited orthodontic treatment of adult dentition	Limited to dependent child through age 18.	None
D8050	Interceptive orthodontic treatment of primary dentition	Limited to dependent child through age 18.	None

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
D8060	Interceptive orthodontic treatment of transitional dentition	Limited to dependent child through age 18.	None
D8070	Comprehensive orthodontic treatment of transitional dentition	Limited to dependent child through age 18.	None
D8080	Comprehensive orthodontic treatment of adolescent dentition	Limited to dependent child through age 18.	None
D8090	Comprehensive orthodontic treatment of adult dentition	Limited to dependent child through age 18.	None
D8210	Removable appliance therapy to control harmful habits	Limited to dependent child through age 18.	None
D8220	Fixed appliance therapy to control harmful habits	Limited to dependent child through age 18.	None
OTHER ORTHODONTIC SERVICES			
D8660	Pre-orthodontic treatment examination to monitor growth and development.	Not a covered benefit	None
D8670	Periodic orthodontic treatment visit	Not a covered benefit	None
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Limited to dependent child through age 18.	None
D8681	Removable orthodontic retainer adjustment	Not a covered benefit.	None
D8690	Orthodontic treatment (alternative billing to contract fee)	Not a covered benefit	None
D8691	Repair of orthodontic appliance	Not a covered benefit	None
D8692	Replacement of lost or broken orthodontic appliance	Not a covered benefit	None
D8693	Re-cement or re-bond fixed retainer.	No limitations.	None
D8694	Repair of fixed retainer, includes reattachment.	Not a covered benefit	None
D8999	Unspecified orthodontic procedure, by report; Used for procedures not adequately described by a code	Not a covered benefit	None

Adjunctive Services

CDT Code	Description of Service	Procedure Guidelines	Submission Requirements: Participating Providers
UNCLASSIFIED TREATMENT			
D9110	Palliative (emergency) treatment of dental pain – minor procedure	Not a covered benefit when reported with other definitive services on same treatment date.	Tooth Quadrant or Arch identification
D9120	Fixed partial denture sectioning	Not a covered benefit	Tooth identification
ANESTHESIA			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Considered part of total fee for non-surgical or surgical services.	None
D9211	Regional block anesthesia	Considered part of total fee for non-surgical or surgical services.	None
D9212	Trigeminal division block anesthesia	Considered part of total fee for non-surgical or surgical services.	None
D9215	Local anesthesia in conjunction with operative or surgical procedures	Considered part of total fee for non-surgical or surgical services.	None
D9219	Evaluation for deep sedation for general anesthesia	Not a covered benefit	None
D9223	Deep sedation/general anesthesia each 15 minute increment	Covered when provided with covered surgical procedure. The number of 15 minute increments need to be reported. Contract limitation of 60 minutes per session.	None
D9230	Administration of nitrous oxide/anxiolysis, analgesia	Not a covered benefit	None
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	Covered when provided with covered surgical procedures. The number of 15 minute increments need to be reported. Contract limitation of 60 minutes per session.	None
D9248	Non-intravenous (conscious) sedation. This includes non-IV minimal and moderate sedation.	Not a covered benefit	None

PROFESSIONAL CONSULTATION			
D9310	Consultation (diagnostic service by dentist or physician other than the practitioner providing treatment)	Not a covered benefit	None
D9311	Consultation with a medical health care professional	Not a covered benefit	None
PROFESSIONAL VISITS			
D9410	House call	Not a covered benefit	None
D9420	Hospital or ambulatory surgical center call	Not a covered benefit	None
D9430	Office visit for observation during regular scheduled hours – no other services performed	Not a covered benefit	None
D9440	Office visit – after regularly scheduled hours	Not a covered benefit	None
D9450	Case presentation, extensive and detailed treatment planning	Not a covered benefit	None
DRUGS			
D9610	Therapeutic drug injection, by report	Not a covered benefit	None
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Not a covered benefit	None
D9630	Other drugs and/or medicaments, by report	Not a covered benefit	None
MISCELLANEOUS SERVICES			
D9910	Application of desensitizing medicament	Not a covered benefit	Tooth identification
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not a covered benefit	Tooth identification
D9920	Behavior management, by report	Not a covered benefit	None
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Not a covered benefit	None
D9932	Cleaning and inspection of removable complete denture, maxillary	Always integral.	None

D9933	Cleaning and inspection of removable complete denture, mandibular	Always integral.	None
D9934	Cleaning and inspection of removable partial denture, maxillary	Always integral.	None
D9935	Cleaning and inspection of removable partial denture, mandibular	Always integral.	None
D9940	Occlusal guard, by report	Not a covered benefit	None
D9941	Fabrication of athletic mouthguard	Not a covered benefit	None
D9942	Repair and/ or relines of occlusal guard	Not a covered benefit	None
D9943	Occlusal guard adjustment	Not a covered benefit	None
D9950	Occlusion analysis - mounted case	Not a covered benefit	None
D9951	Occlusal adjustment - limited	Not a covered benefit	None
D9952	Occlusal adjustment - complete	Not a covered benefit	None
D9970	Enamel microabrasion	Not a covered benefit	None
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	Not a covered benefit	None
D9972	External bleaching – per arch performed in office	Not a covered benefit	None
D9973	External bleaching – per tooth	Not a covered benefit	None
D9974	Internal bleaching – per tooth	Not a covered benefit	None
D9975	External bleaching for home application per arch; includes materials and fabrication of custom trays	Not a covered benefit	None
D9985	Sales tax	Not a covered benefit	None
D9986	Missed appointment	Not a covered benefit	None
D9987	Cancelled appointment	Not a covered benefit	None
D9991	Dental case management – addressing appointment compliance barriers	Not a covered benefit	None

D9992	Dental case management – care coordination	Not a covered benefit	None
D9993	Dental case management – motivational interviewing	Not a covered benefit	None
D9994	Dental case management – patient education to improve oral health literacy	Not a covered benefit	None
D9999	Unspecified adjunctive procedure by report	Not a covered benefit	Tooth Quadrant or Arch identification

Specific Benefit Limitations

Integral Services

The integral services below are considered part of another service. No additional allowance will be paid if they are billed as a separate service.

1. Supragingival scaling integral to a prophylaxis
2. Prophylaxis on the same day as a periodontal maintenance visit (D4910) or periodontal treatment, including surgery
3. Prophylaxis on the same day as a scaling and root planing (D4341, D4342), regardless of the number of quadrants or teeth reported
4. Sealants on the same day and same surface as a resin restoration
5. Periapical X-rays taken on the same day as a panorex (D0330)
6. Periapical X-rays and/or bitewings taken on the same day as a full series (D0210)
7. Adjunctive procedures that are integral to crowns, inlays and onlays
8. Intraoral I&D (D7510) with root canal therapy
9. A diagnostic X-ray taken the same day as the initial root canal therapy is covered.
10. Pulpotomies, in conjunction with root canal therapy by the same dentist within forty-five (45) days prior to root canal therapy completion date, are integral to root canal therapy.
11. Payment is made for the most extensive periodontal surgical procedure that includes any lesser procedures on the same date. If procedures are fragmented, the lesser procedure will be denied as integral.
12. Scaling and root planing on the same date as surgical periodontal procedures
13. Periodontal maintenance when reported with scaling and root planing on the same date regardless of the number of quadrants or teeth reported
14. Periodontal maintenance on the same day and same dentist as surgical periodontal procedures
15. Complete or partial denture adjustments within six months of insertion
16. Recementation of crowns and bridges when provided within twelve (12) months following insertion by the same dentist (unless there is an indication of root canal therapy) and then it is covered once per twelve (12) months thereafter
17. Temporary cementation of crowns or bridges
18. Frenulectomy (D7960) when provided the same date, by the same dentist, and to the same area of the mouth is integral to soft tissue grafts.
19. Apical curettage and small odontogenic cysts are denied as being integral to apicoectomies.
20. Rebasement/relining of full or partial denture within six months of insertion by the same dentist
21. Small cysts are denied as being integral to extractions and surgical procedures in the same area of the mouth by the same dentist
22. Crown lengthening on the same day by the same dentist and same area as osseous surgery. The osseous surgery will be denied as being integral to the crown lengthening.
23. Palliative emergency treatment is denied as being integral to definitive treatment when provided on the same day.
24. Myofunctional therapy involving exercise / physical therapy is integral to orthodontic treatment.
25. Isolation of tooth with rubber dam
26. Local and block anesthesia

Service Limitations

The following services are specifically limited with the following conditions:

1. Sealants (D1351) and preventive resin restorations (1352) are covered for dependent children through age fifteen (15) on permanent first and second molars, and are limited to one per three-year period (a sealant cannot replace a preventive resin restoration).
2. Cephalometric X-rays (D0340) are covered once per lifetime with all others denying as integral service. Cephalometric X-rays are not covered at all unless the member's schedule of benefits specifically indicates coverage for orthodontic services (Service Category D).
3. If the allowance for the combination of multiple periapicals, bitewings or full series of X-rays exceeds the allowance for a full series, they will be combined to a full series.

4. Vertical bitewing X-rays (seven [7] to eight [8] films, D0277) are paid with the same benefit limitations as four bitewing X-rays (D0274).
5. Sedative restorations (D2940) are allowed as palliative treatment in emergency situations, otherwise they deny as not covered.
6. An allowance is made for pins (D2951) per restoration regardless of the number used, and pins without a restoration are not covered.
7. A crown must be necessary on its own merit, not just because it will support a partial.
8. Scaling and root planing for patients under age nineteen (19) requires diagnostic material submission and a Dental Advisor review.
9. Separate restorations may be allowed on same surface for anterior teeth. Separate lines represent separate restorations. Procedures related to a restoration are not paid as separate, including repairs/replacements for twelve (12) months.
10. Multiple posterior restorations are paid as one multi-surface restoration when provided on the same day by the same dentist regardless of being reported as separate restorations.
11. Pins and/or posts reported, in addition to buildup or post and core, are combined to the buildup or post and core.
12. Buildups involving posts must be preceded by root canal therapy.
13. Incomplete endodontic therapy (Code D3332) of an inoperable or fractured tooth is covered by report.
14. Apicoectomies, in absence of root canal therapy, are denied unless the canals are calcified. Apicoectomy is not allowed within thirty (30) days of root canal therapy.
15. The final apexification visit includes root canal therapy. If billed separately, the root canal therapy will be combined to the final visit.
16. Pulpotomies are covered only on deciduous teeth, through age five (5) for teeth D – G and N- O and through age eleven (11) for teeth A-C, H-J, K-M and R-T.
17. Relining and rebasing of full or partial dentures on the same day and the same dentist merges to the rebase procedure. (D5710, D5711, D5720, D5721).
18. Surgical extractions (D7210) denied for lack of coverage remain denied if submitted as simple extractions (D7111, D7140) unless, on an inquiry basis, X-rays substantiate that it is a simple extraction.
19. Vestibuloplasty on the same day as other surgical procedures requires Dental Advisor review.
20. Periodontal maintenance is covered if:
 - a. The patient has periodontal coverage.
 - b. It follows active periodontal treatment.
 - c. A routine prophylaxis has not been allowed on the same day.
 - d. The number of periodontal maintenance and prophylaxis procedures does not exceed four per year.
21. Diagnostic X-rays are not covered if there is no documentation in the patient's records indicating why the radiographs were ordered and/or what was diagnosed by the dentist upon reviewing the prescribed films.
22. Root canal retreatment (D3346, D3347, and D3348) is allowed only if it has been three (3) years following initial root canal therapy.
23. Removable space maintainers (D1510, D1515) and maintainer repairs are limited to one (1) in a three (3) year period.

Excluded Services

The following services are specifically excluded with no coverage provided:

1. A service, procedure or supply that is not Dentally Necessary or is not listed in the Schedule of Benefits
2. A service, procedure or supply that is not prescribed or rendered by or under the general supervision of a dentist
3. Any treatment, service or supply received for any illness or accidental injury arising out of, or in the course of employment or occupation for wage, profit or gain, or for injury or illness for which the member receives any benefits from motor vehicle no-fault law, regardless of any limitations in scope or coverage amount that may apply to his benefits claim under such laws

In the event a claim is paid and subsequently the member files a claim for workers' compensation benefits as to such claim, or the member settles a workers' compensation claim with any workers' compensation carrier, or otherwise receives any amount toward payment of such a claim under the Arkansas Workers' Compensation Law, state or federal workers' compensation, employers' liability or occupational disease law, or motor vehicle no-fault law, the member agrees to reimburse monies to the full extent on such claim.

4. Conditions to which dental treatment is provided by a federal or state government agency (not including medical assistance) or are provided without cost to any member by a political subdivision or governmental authority (not including plans of insurance or other benefit plans provided by the federal or state governments to government employees and employees' dependents)
5. Services of intentional self-inflicted injuries, including drug overdose, where act resulted from not medical condition (physical or mental)
6. Disease contracted or injuries sustained while servicing in the military forces of any nation
7. Any condition for which services, treatment or supplies of any kind are furnished or paid for under Title XVIII (Medicare) or the Social Security Act, as amended
8. Services, procedures or supplies with respect to congenital mouth malformation or skeletal imbalance, including but not limited to:
 - a. Treatment related to disharmony of facial bone
 - b. Treatment related to or required as a result of orthognathic surgery
9. Treatment, services or supplies that are cosmetic in nature or performed on an elective basis (e.g., teeth bleaching, crowns or veneers on teeth without decay or fracture which would otherwise not require a crown.)
10. Restorative or prosthetic treatment necessitated by attrition, abrasion, or erosion.
11. Prescription drugs
12. Local or block anesthesia, when billed separately
13. General anesthesia (D9220, D9221) or IV conscious sedation (D9241, D9242), for a non-covered service, as well as simple extractions, or routine chair-side procedures
14. Any experimental or investigational services or supplies or for any condition or complication arising from or related to the use of such experimental or investigational services or supplies
Arkansas Blue Cross shall have full discretion to determine whether a dental treatment is experimental or investigational. Any dental treatment may be deemed experimental or investigational if:
 - a. Reliable evidence (as defined in the box below) shows that the majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure is that further studies or clinical trials are necessary to determine its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.
 - b. Reliable evidence shows that a majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure neither supports nor denies its use for a particular condition or disease.
 - c. Reliable evidence shows that the majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure should not be used as a first-line therapy for a particular condition or disease.

Reliable Evidence shall mean only:

- The member's dental records or other information from the treating Dentist(s) or from a consultant(s) regarding the member's dental history, treatment or condition;
- The written protocol(s) under which the treatment or procedure is provided to the member;
- Any consent document the member has executed or will be asked to execute, in order to receive the treatment or procedure;
- Published reports and articles in the authoritative dental and scientific literature, signed by or published in the name of a recognized dental expert, regarding the treatment or procedure at issue as applied to the injury, illness or condition at issue; or
- The written protocol(s) used by another facility studying substantially the same dental treatment or procedure

15. The cost to replace a lost, stolen or damaged prosthetic appliance
16. House calls (D9410) and hospital calls (D9420) for dental services
17. Services incurred prior to a member's effective date or after the termination date of coverage with Arkansas Blue Cross
18. Resorbable fillings (D3230, D3240) on endodontic treated deciduous teeth
19. Any dental or medical services performed by a physician for services covered or otherwise provided to the member by a medical-surgical plan
20. Services that the member incurs at no cost

21. Service that are necessitated by lack of patient cooperation or failure to follow a professionally prescribed treatment plan
22. Plaque control programs, oral hygiene or dietary instructions
23. Any procedure deemed by the Dental Advisor to be of questionable efficacy
24. Charges for broken appointments
25. Any dental services or supplies required as the result of any accidental or traumatic injury
26. Any dental services or supplies resulting from an injury or condition caused by another party
27. Dental procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, the restoration of occlusion, or to alter vertical dimensions of occlusion (except when involving full or partial dentures)
28. Non-intravenous conscious sedation (D9248), analgesia, anxiolysis or inhalation of nitrous oxide (D9230)
29. Services by an immediate relative, defined as a spouse, parents, children, brother, sister or legal guardian of the person who received the services
30. Duplicate, interim and temporary procedures, devices and appliances (e.g., when a dentist begins a crown and places a temporary crown, and then submits charges for a permanent crown, coverage for the temporary crown will be denied.)
31. Procedures requiring the presence of a tooth will be denied if history indicates the tooth has been extracted (e.g., a crown is being reported and the tooth is listed as extracted in history).
32. Gold foil restorations (D2410, D2420, D2430)
33. If a course of treatment is performed by more than one (1) dentist, Arkansas Blue Cross will pay only the charges that would have been made by a single dentist for those services.
34. Charges for the completion of any insurance forms
35. Applications of desensitizing medicaments, sub-gingival irrigations, and the localized delivery of chemotherapeutic agents (D4381)
36. Double abutments unless there is demonstrated clinical need.
37. Post removal (not in conjunction with endodontic therapy)
38. Autogenous , allogenic or synthetic grafts placed in extraction sites
39. Periodontal provisional splinting, intra-coronal or extra-coronal
40. Any services to restore tooth structure lost in order to rebuild or maintain occlusal surfaces die to mal-aligned or mal-occluded teeth, lost from wear or for stabilizing the teeth
41. Silicate cements
42. Tissue conditioning (D5850, D5851)
43. Athletic mouth guards (D9941)
44. Precision attachments (D5862, D6950)
45. Gross debridement (D4355)
46. Fiberotomies (D7291)
47. X-ray and intraoral imaging (D0260, D0290, D0310, D0320, D0321, D0322, D0350)
48. Tests/laboratory examination (D0415, D0425, D0472, D0473, D0474, D0480, D0520)
49. Nutritional counseling (D1310)
50. Tobacco counseling (D1320)
51. Replacement of fillings due to mercury sensitivity
52. Prefabricated resin crowns, prefabricated esthetic coated crowns, stainless steel crowns or stainless steel crowns with resin windows for a primary tooth for patients age 14 or older
53. Pulpectomy on a permanent tooth
54. Extraoral I & D
55. Direct (D3110) and indirect (D3120) pulp caps
56. Procedure for isolation of tooth with rubber dam
57. Bleaching of teeth (D9972, D9973, & D9974)
58. Intentional re-implantation (D3470)

59. Dressing change (D4920)
60. Maxillofacial prosthetics
61. Precious metal for partial dentures
62. Partial dentures are not covered for patients under age 14.
63. Specialized procedures (D5862, D6920, D6940, D6950, D6975)
64. Alveoloplasty involving less than 5 teeth
65. Tooth transplantation (D7272) or tooth re-implantation (D7270)
66. Excision/destruction of lesions (D7410, D741, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461)
67. Treatment of simple and compound fractures (D7610 through D7580, D7710 through D7760, D7770, D7771, D7780)
68. Treatment and reduction of dislocation and management of TMJ/TMD (Temporomandibular Joint / Temporomandibular Joint Dysfunction) (D7810 through D7899) including diagnostic X-rays, occlusal appliance, and/or splints
69. Consultations (D9310)
70. Drugs, medicaments, and/or injections (D9610, D9630)
71. Behavior management (D9920)
72. Occlusal analysis (D9950) and occlusal adjustments (D9951, D9952)
73. Pulpotomy on permanent tooth will deny as not covered unless there is an indication of an emergency, in which case it is paid as a palliative treatment. (Not covered within 45 days of RCT)
74. Bridges for patients under age fourteen (14)
75. Replacement of teeth if there is insufficient space
76. Root recovery (D7250) not completely covered by bone, if provided by the same dentist who extracted the tooth
77. Splinted crowns not replacing teeth; abutment crown(s) can be allowed if the tooth is diseased or badly broken down
78. Gross pulpal debridement (D3221)
79. Distal or proximal wedge procedure (D4274)
80. Procedures performed prior to coverage or placed after termination of coverage
81. Palliative emergency treatment (D9110) when definitive treatment is provided by the same dentist on the same day
82. Protective restorations (D2940) Problem focused (D0170)
83. Oral surgery procedures for jaw deformities, resections, etc. (D7920, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7955, D7972, D7980, D7981, D7982, D7983, D7990, D7991, D7995, D7996, and D7997)
84. Apically positioned flap procedure (D4245)
85. Enamel microabrasion (D9970)
86. Odontoplasty (D9971)
87. Sleep apnea appliances
88. Biologic materials to aid in soft and osseous tissues regeneration (D4265)
89. Provisional pontic (D6253)
90. Provisional retainer crown (D6793)
91. Pediatric partial denture-fixed (D6785)
92. Mobilization of erupted or malpositioned tooth to aid eruption (D7282)
93. Cytology sample collection (D7287)
94. A panoramic film or panorex (D0330) is not covered for children under the age of five (5).
95. Fixed partial denture resin crowns, retainer or pontics on permanent teeth
96. Hospital facility fees for dental services
97. Biopsy of oral tissue (D7285, D7286)
98. Sutures of small wounds and complicated sutures (D7910, D7911, D7912)