



DENTAL CLINICAL POLICY AND PROCEDURES

FIXED PROSTHODONTICS

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II. POLICY STATEMENT

Prosthodontics is a specialized branch of dentistry focused on the restoration and replacement of missing or damaged teeth. It involves creating and fitting dental prostheses (artificial teeth) in the form of crowns, bridges, dentures, and dental implants to restore oral function and aesthetics. Fixed prosthodontics is the restoration of missing or damaged teeth using treatments intended to be permanent, that cannot be removed solely by the patient without a dental professional.

Damaged teeth should be repaired using procedures that remove the least amount of tooth structure necessary in order to restore normal function.

A. Direct Fixed Prosthodontics:

Direct fixed prosthodontics involves creating and affixing dental restorations directly in the patient's mouth, bypassing the need for a dental lab. This approach is often used for both permanent and temporary or provisional restorations (fillings), bridges, crowns and veneers.

1. Provisional Restorations:

- a. PEHP may consider provisional restorations or prostheses in conjunction with an eligible service medically necessary for the following indications:
 - 1) To maintain function; or

- 2) To protect reduced natural teeth; or
- 3) To protect teeth during endodontic treatment.
- b. Benefit limits related to provisional crowns per Master Policy:
 - 1) Eligible as a one-time "restorative" benefit per tooth when utilized as an interim restoration of at least six months duration to allow healing or further diagnosis;
 - 2) The amount paid will not be deducted later from a permanent crown;
 - 3) This is not to be used as a temporary crown for a routine prosthetic restoration. Temporary crowns are not a covered benefit and are included as part of the treatment for a permanent crown.
- c. Required documentation on the claim for provisional restoration:
 - 1) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s);
 - 2) **Note:** *Clinical notes and diagnostic radiographs should be made available upon request per Master Policy.*

B. Indirect Fixed Prosthodontics:

Indirect fixed prosthodontics involves dental restorations, including crowns, bridges, inlays, onlays, and veneers, that are fabricated outside the mouth, then cemented onto the prepared teeth. Indirect restorations are fabricated on a replica of the prepared tooth in a dental laboratory or by using digital or analog impressions and models. After the prosthetic is fabricated at the lab it is seated or cemented on the previously prepared tooth in the dental office.

1. Custom-Made/Permanent Crowns:

A crown is a custom designed prosthetic that is intended to fully cover the portion of a natural tooth that lies above the gumline (crown) to restore or rebuild its shape, size, strength, and appearance. It is used to cover and protect damaged, decayed, or weakened natural teeth. Crowns can also be attached to an implant screw (after loss of a natural tooth) to be used during function (chewing esthetics, and speech). Crowns are typically cemented in place on natural teeth and can be cemented or screwed into an implant. Crowns are most commonly made of ceramic or porcelain but can also be made of metal, polymer or a combination of multiple materials.

- a. PEHP may consider single tooth custom-made/permanent crowns medically necessary when the following criteria is met:
 - 1) Tooth cannot be restored with conventional filling materials (e.g., amalgam, composite resin); and
 - 2) For any of the following indications:
 - a) A dentin fracture that cannot be prepared for a direct restoration (e.g., fracture into dentin); or
 - b) Complete cusp fractures (break extends through the entire cusp of a tooth) or fractures in which underlying dentin layer of the tooth is exposed, or the function of the tooth is compromised as a result. **Note:** *Enamel infractions, or "enamel craze lines", are excluded;* or
 - c) Endodontically treated teeth (root canal treated teeth) unless there is only a need to restore the access opening on an anterior tooth; or
 - d) Extensive dental caries or tooth breakdown (decay that compromises > 50% of the crown, or a "cracked tooth" causing pain due to crack extending into dentin or nerve layer of tooth); or
 - e) [Peg laterals](#) (tooth #7 and #10) related to genetic conditions (e.g., Down Syndrome, Ectodermal Dysplasia, Orofacial Digital Syndrome, Rieger Syndrome, or Witkop Syndrome) or developmental disruptions during tooth formation for any of the following indications:
 1. Improved function — defined as restoration of proper incisal edge form to enable effective biting of food and to provide appropriate guidance in occlusion, thereby correcting functional limitations caused by peg lateral morphology; or
 2. Structural reinforcement — defined as strengthening teeth with insufficient enamel or dentin that makes them prone to fractures, ensuring durability and resistance to mechanical forces during normal oral function; or
 3. Support for prosthetic treatment — defined as providing a stable foundation for prosthetic applications, such as using crowns on peg laterals as abutments for fixed bridges or as supportive structures for implant restorations;
 4. **Note:** *Crowning of peg laterals for cosmetic purposes only is a Master Policy exclusion.*

- f) Restoration and protection of teeth exhibiting extensive [tooth surface loss](#) (TSL), which may result from causes such as abrasion (mechanical wear from brushing or external objects), attrition (tooth-to-tooth contact wear from occlusion or grinding), erosion (chemical dissolution from acids in diet or gastric reflux), or abfraction (notches near the gumline caused by excessive biting or chewing forces that weaken enamel), when any of the following are present due to TSL:
 1. Functional issues — defined as difficulty chewing or incising food, where loss of tooth structure impairs normal oral function; or
 2. Hypersensitivity — defined as generalized or localized sensitivity resulting from exposed dentin or pulp due to surface loss; or
 3. Progressive or ongoing TSL — defined as continued loss of tooth structure caused by occlusal forces, indicating active deterioration; or
 4. Pulpal symptoms — defined as clinical signs such as reversible pulpitis or pulp exposure directly attributable to surface loss; or
 5. Tooth fracture risk — defined as increased susceptibility to structural failure or breakage due to weakened tooth integrity;
 6. **Note:** Coverage applies only when the tooth surface loss or defect cannot be adequately restored with other less expensive direct restoration services (e.g., composite resin restorations or fillings). Pre-authorization is required for restoration and protection of teeth when the cause of tooth surface loss (TSL) is abrasion or attrition.
- b. PEHP considers single tooth custom-made/permanent crowns contraindicated and/or cost-inefficient for the following indications (*may not be an all-inclusive list*):
 - 1) For teeth that have an unfavorable, or poor, prognosis, including but not limited to:
 - a) Presence of periapical pathology that has not been evaluated or addressed; or
 - b) Presence of periodontal disease that is uncontrolled or untreated; or
 - c) Presence of root resorption causing a poor [crown-to-root ratio](#) or evidence of internal/external resorption that is unresolved; or
 - d) Presence of widespread, active decay; crowns will be considered once disease control is completed; or
 - e) The crown-to-root ratio (CRR) is inadequate (1:1 or less); or
 - 2) For teeth that can be restored with conventional filling materials when a reasonable amount of natural tooth structure exists to support that restoration type.
- c. Benefit limits related to crowns per Master Policy:
 - 1) Post and core (both cast and prefabricated):
 - a) Eligibility Criteria: Post and core procedures are eligible for separate reimbursement from the crown when the following conditions are met:
 1. There is significant structural loss requiring internal reinforcement; and
 2. The tooth has undergone root canal therapy (RCT);
 - b) Frequency Limitation: Allowable once per permanent tooth, excluding third molars, within a 5-year period. If additional posts are needed on the same tooth, they must be billed together.
 - 2) Core buildup and/or pins:
 - a) Coverage Criteria: Core buildup is covered for vital teeth when more than 50% of the coronal structure is missing and is also permitted for endodontically treated teeth;
 - b) Bundling Restriction: Core buildup and/or pins are not separately reimbursed when submitted in conjunction with a post and core procedure (cast or prefabricated) on the same claim;
 - c) Crown Eligibility Dependency: No benefits are payable for a crown buildup, pins, or post if the associated crown does not meet coverage criteria;
 - d) Frequency Limitation: Allowed once per permanent tooth within a 5-year period;
 - e) Pin Retention: Not eligible for separate reimbursement when submitted with post and core or core buildup procedures;
 - f) Restorative Benefit: May be reimbursed in addition to a crown when the crown itself is eligible for coverage;
 - g) Waiting Period Exception: If the crown is denied solely due to a waiting period, the buildup may still be eligible for payment.
 - 3) Custom prosthodontic restorations are limited to one per tooth within a 5-year period. This limitation applies to crowns, implant crowns, onlays, and labial veneers.

- 4) In the event a stainless steel or resin crown is approved and is later replaced by a permanent crown within two years the amount originally paid for the stainless steel or resin crown will be deducted from the benefit for the permanent prosthesis.
- 5) Provisional crowns:
 - a) One-time per tooth "restorative" benefit;
 - b) Eligible when utilized as an interim restoration of at least six months duration to allow healing;
 - c) This is not to be used as a temporary crown for a routine prosthetic restoration;
 - d) The amount paid will not be deducted later from a permanent crown.
- 6) Re-cementing an existing crown:
 - a) Allowable once in a 3-year period after the initial placement as long as no active decay is present.
- d. Ineligible services related to crowns per Master Policy:
 - 1) Crowns placed on third molars (wisdom teeth), regardless of clinical indication;
 - 2) Crowns with resin or porcelain facings posterior to the second premolar ([Tooth Chart](#));
 - 3) Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals;
 - 4) Post removal in conjunction with endodontic therapy (root canal treatment);
 - 5) Replacement of crowns done for the purpose of altering the vertical dimension of occlusion (VDO);
 - 6) Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- e. Required documentation on the claim for custom-made/permanent crown coverage (*excluding tooth surface loss due to abrasion or attrition or peg laterals*):
 - 1) Previous Restoration Date (*if applicable*): Provide the date of any prior crown placement, repair, or re-cementing/re-bonding; and
 - 2) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s);
 - 3) **Note:** *Clinical notes and diagnostic radiographs should be made available upon request per Master Policy.*
- f. Required documentation for custom-made/permanent crown coverage for cases of tooth surface loss due to abrasion or attrition (*Pre-Authorization Required*):
 - 1) For crown requests related to tooth surface loss due to abrasion or attrition or the restoration of peg laterals, the following must be submitted prior to claim submission as part of the pre-authorization process:
 - a) Completed Pre-Authorization Form: Must be submitted and approved before treatment; and
 - b) Clinical Narrative: Detailed explanation of the condition being treated (e.g., extent of abrasion, attrition, structural compromise, or peg lateral anatomy); and
 - c) Diagnostic Imaging: Pre-treatment bitewing or periapical radiographs showing structural compromise (e.g., loss of dentin, enamel, or supporting tooth structure) or developmental anomaly; and
 - d) Photographic Evidence: Intraoral (close-up images taken inside the mouth to show tooth surfaces) and clinical images (extraoral images of the teeth and smile) supporting the diagnosis and treatment need; and
 - e) Previous Restoration Date (*if applicable*): Provide the date of any prior crown placement, repair, or re-cementing/re-bonding; and
 - f) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) using a [tooth chart](#) and include the applicable procedure code(s).

2. Dental Implants:

Dental implants are a surgical solution to replace missing teeth, acting as artificial tooth roots that fuse with the jawbone through healing to support replacement teeth including crowns, bridges, or dentures. This process, known as osseointegration, allows the implant to become a stable and long-lasting anchor for the new tooth/teeth that mimics the function and appearance of natural teeth.

A fully functioning dental implant consists of two to three separate components, each billed individually using a different CDT code. First, the implant itself is a threaded post made of surgical grade titanium or specialized ceramic. It is surgically placed into the jawbone in a designated and pre-planned area, serving as an artificial

tooth root or anchor. After the implant post has been placed; it is allowed to heal for a minimum of three months before the prosthetic tooth/teeth can be attached.

The crown that will serve as the functioning tooth can be attached to the implant directly, or via a specialized connector called an implant abutment, depending on the type of post placed. Abutments can be custom-made based on the tooth shape and size or prefabricated and modified to fit the replacement crown. The crown is either soldered to the abutment in the lab and placed onto the implant with a specialized screw, or it can be cemented to the abutment in the patient's mouth directly.

Implants can be used to replace individual teeth or used in multiples to support larger and more complex restorations including bridges and full mouth dentures. Fixed dentures are screwed into the implants and can only be removed by a dental professional whereas overdentures or "snappy" dentures engage the implants but are removed by the patient themselves.

- a. PEHP may consider dental implants medically necessary when the following criteria are met:
 - 1) A fully or partially [edentulous arch](#) is present, and one or more natural tooth is missing; and
 - 2) Implant site demonstrates adequate bone quality and quantity, or can be improved to an acceptable state with a bone grafting procedure; and
 - 3) Surrounding dentition is disease-free and does not pose a risk to surgical implant placement; and
 - 4) When tooth loss is due to any of the following:
 - a) Congenital anomaly (e.g., anodontia, ectodermal dysplasia); or
 - b) Failed endodontic treatment, re-treatment, or root fracture; or
 - c) Periodontal disease leading to mobility from extensive loss of supporting structures, but disease is controlled; or
 - d) Teeth deemed non-restorable due to extensive decay, fracture or breakdown that cannot be predictably restored with other traditional dental methods and extraction is indicated; or
 - e) Trauma causing avulsion (whole tooth falls out), or fracture of tooth or surrounding support structures that leads to poor prognosis.
- b. PEHP considers dental implants contraindicated and/or cost-inefficient for the following indications (*may not be an all-inclusive list*):
 - 1) Insufficient jawbone density/volume, where bone grafting is not planned or denied by the member; or
 - 2) Non-essential implant procedures pursued for cosmetic purposes rather than restorative function; or
 - 3) Poor oral hygiene or lack of adequate home care; or
 - 4) Recent radiation to the head, jaw, or neck; or
 - 5) Severe chronic gum disease (periodontitis) and compromised support structures; or
 - 6) Uncontrolled Diabetes Mellitus with a hemoglobin A1C (HbA1c) (average blood glucose levels over past two to three months) of 7.5% or above; or
 - 7) Unresolved decay or periodontal disease; or
 - 8) Use of non-FDA-approved materials, techniques, or devices.
- c. Benefit limits related to dental implants per Master Policy:
 - 1) Accessing and retorquing a loose implant screw is limited to once per implant site within a 12-month period;
 - 2) Bone grafting at the time of implant placement is limited to once per implant site;
 - 3) Bone grafting for repair of a peri-implant defect is limited to once per implant site, excluding corresponding third molars, within a 3-year period, with a maximum of two procedures per implant over the lifetime of the implant;
 - 4) Debridement, with or without osseous contouring, of a peri-implant defect is limited to once per implant site within a 3-year period, with a maximum of two treatments per lifetime of the dental implant;
 - 5) Guided tissue regeneration using either resorbable or non-resorbable barrier membranes is limited to once per implant site, limited to corresponding permanent teeth (excluding third molars). Coverage is restricted to one barrier membrane per site within a 24-month period, with a maximum of three barrier membrane procedures per implant site over the lifetime of the implant;
 - 6) Implant maintenance procedures are limited to once per arch within a 6-month period and include all implants and abutments within the arch;
 - 7) Implants may be considered once per tooth, excluding the third molar (wisdom teeth), during a 5-year period;

- 8) [Missing Tooth Clause](#) (MTC): Services to replace teeth that are missing prior to effective date of Coverage may not be eligible for a specific period of time from the date of continuous Coverage with PEHP. However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a denture, fixed partial denture (bridge), or implant was in place at the time the Coverage became effective;
 - 9) Placement of an interim implant abutment or implant body is limited to once per implant site within a 5-year period;
 - 10) Radiographic/Surgical Implant Index (a guide used to plan or place an implant) is limited to one per implant site in a 5-year period;
 - 11) Re-cementation or re-bonding of an implant/abutment-supported crown is limited to once per implant site within a 3-year period;
 - 12) Re-cementation or re-bonding of an implant/abutment-supported crown or fixed partial denture is limited to once per implant site or prosthesis within a 3-year period;
 - 13) Removal of a broken implant retaining screw is limited to once per implant site within a six 6-month period;
 - 14) Removal of a dental implant body is limited to once per implant site in a 5-year period.
 - 15) Repairs to an implant-supported crown, bridge, or denture are limited to once every 3 years for each prosthesis;
 - 16) Replacement of an implant screw is limited to once per implant site in a 3-year period;
 - 17) Restorative procedures (including abutment placement, crowns, or implant-supported bridges) and surgical procedures (including bone grafting, guided tissue regeneration, implant placement, ridge augmentation, and sinus lifts) performed in conjunction with dental implants are reimbursed at 50% of the Allowed Amount;
 - 18) Scaling and debridement of a single implant in the presence of mucositis or peri-implantitis is limited to once per implant site within a 12-month period with a maximum of three treatments per lifetime of the implant.
- d. Ineligible services related to dental implants per Master Policy:
- 1) Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals;
 - 2) Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses;
 - 3) Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services;
 - 4) Use of specialized implant placement techniques or preparation methods including robotic-assisted placement devices.
- g. Required documentation on the claim for dental implant services coverage:
- 1) Previous Restoration Date (*if applicable*): Provide the date of any prior crown placement, repair, or re-cementing/re-bonding; and
 - 2) Procedure Coding: List the appropriate procedure code(s); and
 - 3) Tooth Replacement Plan: Submit a clinical narrative on the claim, using a [tooth chart](#) to identify the teeth to be replaced, and provide the date(s) of extraction, planned extraction, or tooth loss to establish eligibility. Documentation must also include proof that the tooth was present when coverage began (e.g., prior X-rays or clinical notes). If the tooth was missing before coverage started, benefits may be subject to the plan's [Missing Tooth Clause](#);
 - 4) **Note:** *Clinical notes and diagnostic radiographs should be made available upon request per Master Policy.*

3. Fixed Partial Dentures (FPD):

A fixed partial denture (FPD), often called a bridge, is a laboratory fabricated prosthetic used to replace one or more missing teeth. It is anchored to neighboring teeth or implants ([abutments](#) or [retainers](#)), forming a bridge over the gap. Types of fixed partial dentures: Traditional (supported by 1+ teeth on either side), Maryland (used in the anterior region most commonly), cantilever (unilateral support of a single tooth), and implant supported.

- a. PEHP may consider fixed partial dentures (FPD) medically necessary for the following indications:
 - 1) Replacement of missing permanent teeth in which the [retainer/abutment](#) teeth have a good, or favorable, long-term prognosis; or

- 2) Replacement of one to two missing teeth in a tooth-bound space (space created by one or more missing teeth that has a tooth on each side).
- 3) **Note:** Resin bonded appliances, such as a Maryland Bridge, is recommended for the replacement of one missing tooth when the retainer/abutment teeth have not been damaged or restored.
- b. PEHP considers fixed partial dentures (FPD) contraindicated and/or cost-inefficient for the following indications (*may not be an all-inclusive list*):
 - 1) Severe dental decay that has not been addressed or resolved and/or evidence of consistent poor oral hygiene;
 - 2) Presence of untreated endodontic pathology on the retainer/abutment teeth;
 - 3) Presence of untreated periodontal disease;
 - 4) The crown-to-root ratio (CRR) of retainer/abutment teeth is inadequate (1:1 or less);
 - 5) Teeth intended to be used as the retainer/abutment teeth have insufficient remaining tooth structure to support prosthesis;
 - 6) **Note:** Cantilever fixed partial dentures are contraindicated for the following (*may not be an all-inclusive list*):
 - a) Member has non-functional oral habits (e.g., bruxism [teeth grinding or clenching] nail biting);
 - b) Presence of malocclusion or heavy occlusion in the area to be treated that a cantilever bridge likely cannot withstand long term;
 - c) Presence of pontic width discrepancy (width of a pontic does not match the natural width of the missing tooth space and will cause retainer or support tooth to be compromised);
 - 7) **Note:** Resin Bonded appliances are contraindicated for the following (*may not be an all-inclusive list*):
 - a) Compromised enamel;
 - b) Deep vertical overlap (also known as deep overbite in which insufficient room exists for resin on anterior tooth) or heavy/malocclusion in area;
 - c) Member has non-functional oral habits (e.g., bruxism [teeth grinding or clenching] nail biting);
 - d) Permanent restoration of posterior teeth
- c. PEHP may consider provisional, or temporary, fixed partial dentures medically necessary for the following indications:
 - 1) A permanent fixed partial denture does not have a good, or favorable, long-term prognosis and further treatment has not been established; or
 - 2) Awaiting construction of a definitive fixed prosthetic appliance; or
 - 3) Member has a systemic medical condition that prevents the placement of a definitive fixed prosthetic appliance; or
 - 4) To replace a lost tooth in members with mixed dentition (primary and permanent teeth are present usually between the ages of 6 to 13) to allow maturity of the dentition and jaws before constructing a definitive fixed prosthetic appliance.
- d. Benefit limits related to fixed partial dentures per Master Policy:
 - 1) Fixed partial denture: One fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period;
 - 2) Re-cementing: Allowable once per prosthesis in a 3-year period after the initial placement;
 - 3) Sectioning: Allowable once per prosthesis in a 5-year period;
- e. Ineligible services related to fixed partial dentures per Master Policy:
 - 1) Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals;
 - 2) Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- f. Required documentation on the claim for fixed partial denture (FPD) services coverage:
 - 1) FPD Design Details and Procedure Coding: Provide a description of the proposed prosthesis, including the number of units and materials to be used, and clearly indicate the applicable procedure code(s); and
 - 2) FPD – Tooth Replacement Plan: Submit a clinical narrative on the claim, using a [tooth chart](#) to identify the abutment and pontic teeth to be replaced, and provide the date(s) of extraction, planned extraction, or tooth loss to establish eligibility. Documentation must also include proof that the teeth were present when coverage began (e.g., prior X-rays or clinical notes). If the teeth were missing before coverage started, benefits may be subject to the plan's [Missing Tooth Clause](#); and

- 3) Previous Restoration Date (*if applicable*): Provide the date of any prior FPD placement, repair, or re-cementing/re-bonding; and
- 4) **Note:** *Clinical notes and diagnostic radiographs should be made available upon request per Master Policy.*

4. Inlays:

A dental inlay is a type of dental restoration that fits inside the tooth, specifically the area between the cusps (the raised bumps on the chewing surface). It's used to repair decay or damage in these areas, similar to a filling. They can be made from various materials, including gold, composite resin, or porcelain.

- a. PEHP may consider inlays medically necessary when the following criteria are met:
 - 1) Inlay is the most appropriate and cost-effective way to restore a tooth's function and prevent further damage; and
 - 2) Composite filling is insufficient; and
 - 3) A crown is not indicated.
- b. Benefit limits related to inlays per Master Policy:
 - 1) Allowable once per tooth in a 3-year period regardless of the number of surfaces involved;
 - 2) An inlay is only eligible up to an amount equal to a composite filling. The balance of the treatment cost remains the responsibility of the member.
- c. Ineligible services related to inlays per Master Policy:
 - 1) Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals;
 - 2) Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- d. Required documentation on the claim for inlay coverage:
 - 1) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s);
 - 2) **Note:** *Clinical notes and diagnostic radiographs should be made available upon request.*

5. Onlays:

An onlay is a custom-made dental restoration that fits over the majority of the chewing surface of a tooth, thus covering one or more of the cusps (pointed tips) of a tooth. An onlay is similar to a crown except it usually requires less removal of tooth structure.

- a. PEHP may consider an onlay medically necessary when the following criteria are met:
 - 1) Restoration must replace one or more cusps to be eligible as an onlay; and
 - 2) Tooth cannot be restored with conventional filling materials (e.g., amalgam, composite resin); and
 - 3) For any of the following indications:
 - a) Complete cusp fractures (break extends through the entire cusp of a tooth into dentin) or cracked tooth that requires the tooth to be mostly covered for a good prognosis "cracked tooth syndrome"; or
 - b) Endodontically treated teeth (root canal treated teeth) that have a tight apical seal and the patient is asymptomatic; or
 - c) Restoration and protection of teeth exhibiting extensive tooth surface loss (TSL), which may result from causes such as abrasion (mechanical wear from brushing or external objects), attrition (tooth to tooth contact wear from occlusion or grinding), erosion (chemical dissolution from acids in diet or gastric reflux), or abfraction (gumline notches from excessive biting forces), when any of the following are present due to TSL:
 1. Functional issues — defined as difficulty chewing or incising food, where loss of tooth structure impairs normal oral function; or
 2. Hypersensitivity — defined as generalized or localized sensitivity resulting from exposed dentin or pulp due to surface loss; or
 3. Progressive or ongoing TSL — defined as continued loss of tooth structure caused by occlusal forces, indicating active deterioration; or

4. Pulpal symptoms — defined as clinical signs such as reversible pulpitis or pulp exposure directly attributable to surface loss; or
5. Tooth fracture risk — defined as increased susceptibility to structural failure or breakage due to weakened tooth integrity;
6. **Note:** Coverage applies only when the tooth surface loss or defect cannot be adequately restored with other less expensive direct restoration services (e.g., composite resin restorations or fillings). Pre-authorization is required for restoration and protection of teeth when the cause of tooth surface loss (TSL) is abrasion or attrition; or
- d) To replace existing large defective restorations.
- 4) **Note:** Enamel infractions, or “enamel craze lines” are excluded.
- b. PEHP considers single tooth onlays contraindicated and/or cost-inefficient for the following indications (may not be an all-inclusive list):
 - 1) For teeth that have an unfavorable, or poor, prognosis, including but not limited to:
 - a) Presence of periodontal disease that is uncontrolled or untreated;
 - b) Presence of root resorption;
 - c) Presence of unresolved periapical pathology;
 - d) Presence of widespread, active decay;
 - e) The crown-to-root ratio (CRR) is inadequate (1:1 or less);
 - 2) For teeth that can be restored with conventional fillings or inlays.
- c. Benefit limits related to onlays per Master Policy:
 - 1) Custom prosthodontic restorations are limited to one per tooth within a 5-year period. This limitation applies to crowns, implant crowns, onlays, and labial veneers;
 - 2) An onlay is only eligible up to an amount equal to a full coverage crown;
 - 3) If an inlay or a filling and an onlay are done on the same tooth, the fees will be combined and eligible up to the fee for the onlay;
 - 4) Re-cementation of an onlay is allowable once during a three-year period after initial placement.
- d. Ineligible services related to onlays:
 - 1) Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals.
 - 2) Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- e. Required documentation on the claim for onlay coverage (excluding tooth surface loss due to abrasion or attrition):
 - 1) Previous Restoration Date (if applicable): Provide the date of any prior onlay placement, repair, or re-cementing/re-bonding; and
 - 2) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s);
 - 3) **Note:** Clinical notes and diagnostic radiographs should be made available upon request per Master Policy.
- f. Required documentation for onlay coverage for cases of tooth surface loss due to abrasion or attrition (Pre-Authorization Required):
 - 1) For onlay requests related to tooth surface loss caused by abrasion or attrition, the following must be submitted prior to claim submission as part of the pre-authorization process:
 - a) Completed Pre-Authorization Form: Must be filled out and submitted for review before treatment; and
 - b) Clinical Narrative: Provide a detailed narrative describing the condition being treated (e.g., attrition, abrasion, extent of tooth surface loss, fracture, or structural compromise); and
 - c) Diagnostic Imaging: Pre-treatment bitewing or periapical radiographs showing structural compromise (e.g., loss of dentin, enamel, or supporting tooth structure); and
 - d) Photographic Evidence: Intraoral (close-up images taken inside the mouth to show tooth surfaces) and clinical images (extraoral images of the teeth and smile) supporting the diagnosis and treatment need; and
 - e) Previous Restoration Date (if applicable): Provide the date of any prior crown placement, repair, or re-cementing/re-bonding; and
 - f) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s).

6. Prefabricated Crowns:

A prefabricated crown is a pre-made, full-tooth coverage restoration. These crowns are not custom-made to fit a specific tooth but come in a range of sizes and can be made of ceramic, porcelain, stainless steel, and other resin facings.

- a. PEHP may consider prefabricated crowns medically necessary on primary teeth only for the following indications:
 - 1) A tooth cannot be effectively isolated for composite restorations; or
 - 2) A tooth has a carious lesion (a cavity or area of decay) on more than two surfaces; or
 - 3) A tooth has extensive carious lesions on one or two surfaces; or
 - 4) Children with large or multi-surface cavitated or non-cavitated carious lesions with documentation of any of the following high-risk factors for dental caries:
 - a) Children with special healthcare needs (CSHCN); or
 - b) Developmental defects in tooth enamel (e.g., enamel hypoplasia); or
 - c) Low socioeconomic status; or
 - d) Natal teeth (also known as “mother teeth” are teeth present at birth) have active cavities/tooth decay; or
 - e) Previous restorations with recurrent decay (a cavity around the existing filling); or
 - f) Regular consumption of cariogenic (cavity producing) foods and drinks; or
 - g) Visible tooth decay, or cavities. or
 - h) White spot lesions (WSLs); or
 - i) Xerostomia (also known as dry mouth); or
 - 5) Developmental tooth defects (e.g., amelogenesis imperfecta, dentinogenesis imperfecta, enamel hypoplasia) are present; or
 - 6) Following pulpectomy or pulpotomy; or
 - 7) Members with impaired oral hygiene where there is a high risk for failure of intra-coronal restorations (e.g., amalgam fillings, composite resin fillings, inlays); or
 - 8) More than one interdental, or interproximal, lesion (lesions that occur in the spaces between teeth, often involving contact points between adjacent teeth) is present; or
 - 9) Restoration and protection of teeth exhibiting extensive tooth surface loss (TSL), which may result from causes such as abrasion (mechanical wear from brushing or external objects), attrition (tooth to tooth contact wear from occlusion or grinding), erosion (chemical dissolution from acids in diet or gastric reflux), or abfraction (gumline notches from excessive biting forces), when any of the following are present due to TSL:
 - a) Functional issues — defined as difficulty chewing or incising food, where loss of tooth structure impairs normal oral function; or
 - b) Hypersensitivity — defined as generalized or localized sensitivity resulting from exposed dentin or pulp due to surface loss; or
 - c) Progressive or ongoing TSL — defined as continued loss of tooth structure caused by occlusal forces, indicating active deterioration; or
 - d) Pulpal symptoms — defined as clinical signs such as reversible pulpitis or pulp exposure directly attributable to surface loss; or
 - e) Tooth fracture risk — defined as increased susceptibility to structural failure or breakage due to weakened tooth integrity;
 - f) **Note:** Coverage applies only when the tooth surface loss or defect cannot be adequately restored with other less expensive direct restoration services (e.g., composite resin restorations or fillings). Pre-authorization is required for restoration and protection of teeth when the cause of tooth surface loss (TSL) is abrasion or attrition; or
 - 10) Restoration of a primary tooth that is to be used as an abutment for a space maintainer.
- b. PEHP considers prefabricated crowns contraindicated and/or cost-inefficient for the following indications (may not be an all-inclusive list):
 - 1) A primary tooth that is nearing exfoliation (shedding) with significant (more than half) root resorption (breakdown);
 - 2) As preventative or prophylaxis dental care;
 - 3) A tooth with insufficient coronal structure to allow for a restoration or to retain a restoration;

- 4) Exclusively for aesthetic, or cosmetic, purposes;
- 5) Inadequate space to properly fit a crown due to migration or tipping of adjacent teeth.
- a. Benefit limits related to prefabricated crowns per Master Policy:
 - 1) Prefabricated ceramic, porcelain, or resin window stainless steel crown, or stainless-steel crown:
 - a) Allowable once per tooth during any twenty-four-month period;
 - b) Eligible as a basic benefit;
 - c) In the event a permanent crown replaces the resin crown (within 2 years) the amount originally paid for the stainless-steel crown will be deducted from the benefit for the permanent prosthesis;
 - d) The Maximum Benefit on a primary tooth will be the cost for a stainless-steel crown, including prefabricated ceramic, porcelain, or resin window stainless steel crowns.
 - 2) Recementing: Allowable once per tooth in a 12-month period as a basic benefit after initial placement;
- b. Ineligible services related to crowns per Master Policy:
 - 1) Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals;
 - 2) Crowns with facings posterior to the second premolar ([Tooth Chart](#));
 - 3) Post removal in conjunction with endodontic therapy (root canal treatment);
 - 4) Prefabricated ceramic or porcelain crown and stainless-steel crown with resin window on posterior teeth;
 - 5) Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- c. Required documentation on the claim for prefabricated crown coverage (*excluding tooth surface loss due to abrasion or attrition*):
 - 1) Previous Restoration Date (if applicable): Provide the date of any prior prefabricated crown placement, repair, or re-cementing/re-bonding; and
 - 2) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s);
 - 3) **Note:** *Clinical notes and diagnostic radiographs should be made available upon request per Master Policy.*
- d. Required documentation for prefabricated crown coverage for cases of tooth surface loss due to abrasion or attrition (*Pre-Authorization Required*):
 - 1) For prefabricated crown requests related to tooth surface loss caused by abrasion or attrition, the following must be submitted prior to claim submission as part of the pre-authorization process:
 - a) Completed Pre-Authorization Form: Must be filled out and submitted for review before treatment; and
 - b) Clinical Narrative: Provide a detailed narrative describing the condition being treated (e.g., attrition, abrasion, extent of tooth surface loss, fracture, or structural compromise); and
 - c) Diagnostic Imaging: Pre-treatment bitewing or periapical radiographs showing structural compromise (e.g., loss of dentin, enamel, or supporting tooth structure); and
 - d) Photographic Evidence: Intraoral (close-up images taken inside the mouth to show tooth surfaces) and clinical images (extraoral images of the teeth and smile) supporting the diagnosis and treatment need; and
 - e) Previous Restoration Date (*if applicable*): Provide the date of any prior crown placement, repair, or re-cementing/re-bonding; and
 - f) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s).

7. Restorative Labial Veneers:

Restorative labial veneers are thin, custom-made coverings bonded to the front surface of teeth, but unlike veneers used solely for cosmetic enhancement, they are specifically applied to rebuild and protect teeth that have suffered structural loss from erosion, abrasion, attrition, or minor fractures; by replacing missing enamel and shielding exposed dentin, they restore both function and appearance, offering a less invasive alternative to crowns or onlays while preserving more natural tooth structure, though their durability may be lower in cases of severe damage.

- a. PEHP may consider restorative labial veneers (tooth #6 through #11) medically necessary for the following covered indications related to [tooth surface loss](#) (TSL), which may result from causes such as abrasion (mechanical wear from brushing or external objects), attrition (tooth-to-tooth contact wear from occlusion or grinding), erosion (chemical dissolution from acids in diet or gastric reflux), or abfraction (gumline notches from excessive biting forces):
 - 1) Enamel-only fractures — breaks confined to the outermost protective layer of the tooth (enamel) without extension into the underlying dentin or pulp, in cases where such fractures are too extensive or irregular to be adequately repaired with a direct restoration (e.g., composite resin placed directly into the tooth in a single appointment); or
 - 2) Enamel defects — structural or developmental abnormalities of the outer protective tooth surface, in cases where such defects are too extensive or irregular to be adequately repaired with a direct restoration (e.g., composite resin placed directly into the tooth in a single appointment), including:
 - a) Enamel hypocalcification: poorly mineralized enamel that appears chalky, opaque, and prone to wear;
 - b) Enamel hypoplasia: thin or missing enamel caused by incomplete formation during development, often presenting as pits or grooves;
 - c) Severe decalcification: loss of calcium from enamel due to prolonged plaque exposure or other factors, producing weakened, chalky white-spot lesions; or
 - 3) Functional issues — defined as difficulty chewing or incising food, where loss of tooth structure impairs normal oral function; or
 - 4) Hypersensitivity — defined as generalized or localized sensitivity resulting from exposed dentin or pulp due to surface loss; or
 - 5) Progressive or ongoing TSL — defined as continued loss of tooth structure caused by occlusal forces, indicating active deterioration; or
 - 6) Pulpal symptoms — defined as clinical signs such as reversible pulpitis or pulp exposure directly attributable to surface loss; or
 - 7) Tooth fracture risk — defined as increased susceptibility to structural failure or breakage due to weakened tooth integrity;
 - 8) **Note:** Coverage applies only when the tooth surface loss or defect cannot be adequately restored with other less expensive direct restoration services (e.g., composite resin restorations or fillings). Pre-authorization is required for all restorative labial veneer services.
- b. Benefit limits related to restorative labial veneers per Master Policy:
 - 1) Custom prosthodontic restorations are limited to one per tooth within a 5-year period. This limitation applies to crowns, implant crowns, onlays, and labial veneers.
- c. Ineligible services related to restorative labial veneers per Master Policy:
 - 1) Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals;
 - 2) Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- d. Required documentation for restorative labial veneers (*Pre-Authorization Required*):
 - 1) For restorative labial veneer requests, the following must be submitted prior to claim submission as part of the pre-authorization process:
 - a) Completed Pre-Authorization Form: Must be filled out and submitted for review before treatment; and
 - b) Clinical Documentation: Provide records describing the condition being treated (e.g., abrasion, attrition, cracks, or malposition); and
 - c) Photographic Evidence: Intraoral (close-up images taken inside the mouth to show tooth surfaces) and clinical images (extraoral images of the teeth and smile) supporting the diagnosis and treatment need; and
 - d) Previous Restoration Date (*if applicable*): Provide the date of any prior labial veneer placement, repair, or re-cementing/re-bonding; and
 - e) Procedure Details: Specify the type of veneer material and whether the procedure is direct or indirect; and
 - f) Radiographic Evidence: Include pre-treatment bitewing or periapical X-rays confirming no pathology and supporting treatment necessity; and

- g) Tooth Identification and Procedure Coding: Clearly indicate the specific tooth number(s) requiring restoration using a [tooth chart](#) and the applicable procedure code(s).
- C. PEHP considers the following dental services inclusive to the primary procedure and not payable separately (*may not be an all-inclusive list*):
1. Amalgam Fillings: Includes all steps involved in placing the restoration: tooth preparation, adhesives (such as amalgam bonding agents), liners, and base materials;
 2. Connector bars: A structural component attached to a fixed partial denture retainer or coping. It helps stabilize and secure a removable overdenture by linking it to the underlying support;
 3. Crown Removal (Same-Day): The removal of an existing crown performed on the same day as placing a new crown or repairing the current one is considered part of the crown procedure.;
 4. Pins with Core Buildup: When pins are used to support a core buildup for a crown, they are included in the buildup service and not billed separately;
 5. Porcelain Margins: The use of porcelain at the edge of a crown or restoration is considered part of the crown fabrication and not a distinct charge;
 6. Stress Breakers: A mechanical feature in a prosthesis (either tooth-supported or tissue-supported) designed to reduce excessive force on abutment teeth and surrounding tissues. It is included in the prosthesis design.
- D. PEHP does not cover the following dental appliances or dental services (*may not be an all-inclusive list*):
1. Athletic mouthguards or habit appliances;
 2. Bleaching;
 3. Cosmetic veneers;
 4. Crowning of peg laterals for cosmetic purposes only and/or peg laterals are not related to genetic conditions (e.g., Down Syndrome, Ectodermal Dysplasia, Orofacial Digital Syndrome, Rieger Syndrome, or Witkop Syndrome) or developmental disruptions during tooth formation;
 5. Modification of removable prosthesis following implant surgery;
 6. Personal characterization or other cosmetic procedures;
 7. Post removal in conjunction with endodontic therapy;
 8. Precision or semi-precision attachments (interlocking devices—where one component is fixed to an abutment and the other integrated into a removable prosthesis) used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures;
 9. Special techniques or materials/devices to aid in specific portion of dental treatment.

III. BENEFIT LIMITS:

- A. Basic Dental Services, including Prosthodontics and Restorations: Maximum of up to \$500, \$1000, \$1500, or \$2000 per member per policy year depending on the dental plan and/or employer group.
- B. Dental Accident: Maximum of up to \$500 per member per policy year.

IV. PEHP DENTAL MASTER POLICY EXCLUSIONS and LIMITATIONS:

A. DENTAL ACCIDENT BENEFIT:

- PEHP will allow up to \$500 in addition to the yearly benefit for Accidental injuries to sound, natural teeth (teeth that are whole or properly restored) occurring while a covered member of PEHP, including their replacement. Charges are payable towards Copayments or at the Allowed Amount for eligible services if the yearly maximum is met. Total supplemental benefits for any one Accident may not exceed \$500 per individual.
- The PEHP dental plan is always primary over the PEHP medical plan. Members who meet the criteria will receive benefits under their PEHP dental plan first. Once the maximum dental benefit has been reached the remaining claim amount will be processed under the PEHP medical plan (if the member is enrolled in one). Members who have dental coverage with another carrier, will be required to submit a letter showing their dental maximum was met before allowing under the PEHP medical plan.
- To be eligible for the Dental Accident benefit, the Accident must have occurred while a member of PEHP and while Dental Accident benefits are in place. Coverage must also be continuous and in effect at time of service. Coverage will be excluded unless treatment is started within 6 months of the Accident or the Member can show the dental services were reasonably delayed past 6 months (e.g. jaw wired shut, etc.).

- The six-month Waiting Period may be waived for Prosthodontics and Implants as a result of an Accidental injury.
- This coverage is only available if you do not have PEHP medical coverage.

B. GENERAL EXCLUSIONS:

- Charges for the following circumstances are excluded as benefits under PEHP:
 - Administration of enteral minimal or moderate sedation, non-intravenous parenteral moderate sedation, and nitrous oxide are not covered, and local anesthesia, regional block, and trigeminal division block anesthesia are considered inclusive to the procedure and not separately reimbursed.
 - Any services or supplies not specifically identified as a covered service.
 - Appliance or restorations necessary to increase vertical dimension of teeth or restore or equilibrate the occlusion; occlusal analysis or adjustment.
 - Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.
 - Crowns with facings posterior to the second bicuspid.
 - Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals.
 - General anesthesia in a dental office is not a covered service under the dental plan, except when medically necessary for eligible complex oral surgeries (e.g., removal of large cysts or tumors, multiple-site implant placement, extensive bone grafting such as ridge augmentation or sinus lift procedures, or impacted third molar removal), for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), or when local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contraindicated. When provided in a dental office, coverage applies only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed in anesthesia delivery, the office must be equipped with advanced monitoring devices and emergency management capabilities, and member selection must be appropriate based on medical history and risk assessment. General anesthesia is not covered for routine procedures such as root canal therapy or simple extractions, nor solely for the management of dental phobia or anxiety. General anesthesia administered through an advanced airway is not covered. Services provided in a healthcare facility outside the dental office under the medical benefit requires preauthorization.
 - Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.
 - Occlusal guards not for severe sleep-related bruxism and partial arch occlusal guards.
 - Pediatric fixed partial dentures.
 - PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.
 - Photobiomodulation therapy.
 - Prefabricated ceramic or porcelain crown and stainless-steel crown with resin window on posterior teeth.
 - Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures.
 - Prosthodontic appliance repair — including crowns, fixed partial dentures (bridges), inlays, labial veneers, and onlays —when necessitated by restorative material failure.
 - Replacement of fillings for possible toxicity or reasons other than decay or fracture.
 - Replacement of teeth missing prior to effective date of Coverage for a period of five years from effective date of continuous Coverage with PEHP when the exclusion is applicable to the Employer Plan. Exception: Benefits may be eligible if a prior prosthesis is in place on the effective date of Coverage (subject to six-month Waiting Period if applicable to Plan).
 - Replacement of crowns for the purpose of altering the vertical dimension of occlusion (VDO).
 - Replacement restorations performed for cosmetic reasons, patient preference, or due to minor wear without decay.
 - Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
 - Surgical splints.
 - Unbundling or fragmentation of codes.

C. IMPLANT BENEFITS:

- Covered services are payable according to the Allowed Amount, up to the maximum benefit per plan year, including Basic and Prosthodontic benefits.

- *Accessing and retorquing a loose implant screw is allowed once per implant site within a twelve (12)-month period.*
- *Bone grafting at the time of implant placement is allowed once per implant site, excluding corresponding third molars.*
- *Bone grafting for repair of a peri-implant defect is allowed once per implant site, excluding corresponding third molars, within a three (3)-year period, with a maximum of two procedures per implant over the lifetime of the implant.*
- *Debridement, with or without osseous contouring, of a peri-implant defect is allowed once per implant site within a three (3)-year period, with a maximum of two treatments per lifetime of the dental implant.*
- *Guided tissue regeneration using either resorbable or non-resorbable barrier membranes is allowed once per implant site, limited to corresponding permanent teeth (excluding third molars). Coverage is limited to one barrier membrane per site within a twenty-four (24)-month period, with a maximum of three barrier membrane procedures per implant site over the lifetime of the implant.*
- *Implant maintenance procedures are allowed once per arch within a six (6)-month period and include all implants and abutments within the arch.*
- *Implants may be considered once per tooth, excluding the third molar (wisdom teeth), within a five (5)-year period.*
- *Placement of an interim implant abutment or implant body is allowed once per implant site within a five (5)-year period.*
- *Prosthetic benefits include procedures for the construction of complete or partial dentures, crowns, fixed partial dentures (bridges), implants, inlays/onlays, labial veneers (pre-authorization required), and overdentures, when used to treat severe decay, extraction, fracture, or tooth surface loss (pre-authorization required if due to abrasion or attrition). Allowed Services for crowns, labial veneers, and onlays are limited to when teeth cannot be restored with conventional filling materials.*
- *Prosthetic appliances, including crowns, implants, onlays, fixed partial dentures (bridges), and complete or partial dentures (immediate, overdenture, or permanent), whether tooth-supported or implant-supported, are allowed once per tooth or once per arch within a five (5)-year period, as applicable.*
- *Radiographic/surgical implant index (diagnostic or planning tool) and surgical guides used to plan or place an implant are allowed once per implant site within a five (5)-year period.*
- *Re-cementation or re-bonding of an implant/abutment-supported crown or fixed partial denture is allowed once per implant site or prosthesis within a three (3)-year period.*
- *Removal of a broken implant retaining screw is allowed once per implant site within a six (6)-month period.*
- *Removal of a dental implant body is allowed once per implant site within a five (5)-year period.*
- *Repairs to an implant-supported crown, bridge, or denture are allowed once per prosthesis within three (3)-year period.*
- *Replacement of an implant screw is allowed once per implant site within a three (3)-year period.*
- *Replacement of extracted teeth with complete or partial dentures, dental implant, or fixed partial dentures (bridges) is allowed once within a five (5)-year period.*
- *Restorative procedures (including abutment placement, crowns, or implant-supported bridges) and surgical procedures (including bone grafting, guided tissue regeneration, implant placement, ridge augmentation, and sinus lifts) performed in conjunction with dental implants are reimbursed at 50% of the Allowed Amount.*
- *Scaling and debridement of a single implant in the presence of mucositis or peri-implantitis is allowed once per implant site within a twelve (12)-month period with a maximum of three treatments per lifetime of the implant.*
- *Services must be completed in order for payment to be made. Procedures involving the preparation, supplying, or installation of a prosthetic crown, dental implant, fixed partial denture (bridge), onlay, or any other service requiring more than one session are considered for payment only after final insertion or completion.*
- *The following procedures are considered part of the overall restoration process and are not payable separately: acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.*
- *Treatment in progress at the time of eligibility or prior to benefit inception will not be eligible for benefit payments.*
- *Unless waived, there is a six-month Waiting Period for Implant benefits. If applicable, no benefits will be payable for services performed before the six-month Waiting Period has been met, even if Pre-authorized during that period.*

D. Missing Tooth Exclusion:

- *The following limitations may not apply to your plan if you have prior continuous dental coverage for at least six months prior to being enrolled on the Employer Plan. Please refer to your Applicable Benefits Summary for details on the length of the waiting period for the Missing Tooth Exclusion. Services to replace teeth that are missing prior to effective date of Coverage may not be eligible for a specific period of time from the date of continuous Coverage with PEHP. However, the plan may review the abutment teeth for eligibility of Prosthodontic benefits. The Missing Tooth Exclusion does not apply if a denture, fixed partial denture (bridge), or implant was in place at the time the Coverage became effective.*

E. PROSTHODONTIC BENEFITS:

- *Covered services are payable according to the allowed amount, up to the maximum benefit per plan year, including Basic and Implant benefits:*
 - *Denture adjustments performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, up to two adjustments per arch are allowed per policy year.*
 - *Denture base repairs (repair of the acrylic portion of the denture that holds the teeth) performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, repair of denture bases are allowed once per arch within a twelve (12)-month period.*
 - *Denture rebasing (replacement of the entire acrylic base material of the denture without changing the teeth) performed within six (6) months of appliance delivery is included in the original denture fee and is not payable separately. After six (6) months, rebasing is allowed once per arch within a three (3)-year period.*
 - *Denture relines performed within six (6) months of appliance delivery are considered part of the original denture fee and are not reimbursed separately. One laboratory (indirect) reline is allowed once every three years, and one chairside (direct) reline is allowed once every eighteen (18) months. Tissue conditioning (also known as soft reline) is allowed as a prosthodontic benefit and is limited to once per lifetime of the denture, as it is intended solely for healing purposes.*
 - *Fixed partial denture sectioning is allowed once per prosthesis in a five (5)-year period.*
 - *Full-arch removable implant/abutment-supported fixed partial dentures are eligible for implant maintenance procedures once per arch within a six (6)-month period.*
 - *If personalized restorations or specialized techniques are chosen during denture construction instead of standard procedures, PEHP will reimburse only the fee for the minimum standard restoration.*
 - *If Prosthodontic benefits are paid and a tooth or teeth are subsequently extracted requiring another form of prosthetic within a five (5)-year period, the amount previously paid will be deducted to determine if further Prosthodontic benefits are payable.*
 - *Inlays, regardless of the number of tooth surfaces involved, are allowed once per permanent tooth within a three (3)-year period following initial placement. Reimbursement for an inlay is limited to the Allowed Amount equal to that of a composite filling.*
 - *Interim complete or partial dentures are limited to one per arch within a five (5)-year period. If a permanent complete or partial denture is initiated within twelve (12) months, reimbursement for the interim denture will be applied toward the allowance for the permanent denture, as the interim denture is considered inclusive to the permanent prosthetic appliance.*
 - *In the event that a stainless steel crown or resin crown is approved and placed, and such crown is subsequently replaced with a permanent crown on the same tooth within twenty-four (24) months, the benefit payable for the permanent crown shall be reduced by the amount previously paid for the stainless steel or resin crown.*
 - *Labial veneers are allowable when pre-authorized once within a five (5)-year period and are limited to teeth numbered #6 through #11. Procedures performed solely for cosmetic reasons are not allowed, regardless of frequency or tooth location.*
 - *Partial denture metal base repair performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, repair of partial denture metal based is allowed once every twenty-four (24) months per arch.*
 - *Peg lateral crowns are allowed only for genetic conditions or developmental disruptions during tooth formation. Preauthorization required.*
 - *Prosthodontic appliances, including crowns, implants, onlays, fixed partial dentures (bridges), and complete or partial dentures (immediate, overdenture, or permanent), whether tooth-supported or implant-supported, are allowed once per tooth or once per arch within a five (5)-year period, as applicable.*
 - *Prosthodontic benefits include procedures for the construction of complete or partial dentures, crowns, fixed partial dentures (bridges), implants, inlays/onlays, labial veneers (pre-authorization required), and*

overdentures, when used to treat severe decay, extraction, fracture, or tooth surface loss (pre-authorization required if due to abrasion or attrition). Allowed Services for crowns, labial veneers, and onlays are limited to when teeth cannot be restored with conventional filling materials.

- Re-cementing or re-bonding of a fixed partial denture is allowed once per prosthesis within a three (3)-year period.
- Repair or replacement of broken retentive/clasping materials on removable partial dentures performed within six (6) months of appliance delivery are included in the original denture fee and are not payable separately. After six (6) months, repair or replacement of partial denture clasping materials is allowed once every twenty-four (24) months per tooth.
- Replacement of an existing denture is payable only when the appliance is nonfunctional (e.g., ill-fitting base, impaired occlusion, poor retention or stability, or worn/broken teeth). This benefit is limited to once per arch within a five (5)-year period.
- Replacement of extracted teeth with complete or partial dentures, dental implant, or fixed partial dentures (bridges) is allowed once within a five (5)-year period.
- Restorative dental services related to an overdenture are not covered, except for root canal therapy and core buildup.
- Soft liners for complete or partial removal dentures are allowed once per arch within a three (3)-year period.
- The benefit for an immediate or permanent removable partial denture is a global fee and includes the teeth and two clasps. If, at a later date, additional teeth are extracted, an additional benefit is allowable for adding teeth to an existing partial. Replacement teeth are allowed only once in an eighteen (18)-month period.

F. PROSTHODONTIC LIMITATIONS:

- Services in progress at the time of eligibility or prior to benefit inception will not be eligible for benefit payments.
- Services must be completed in order for payment to be made. Procedures involving the preparation, supplying, or installation of a prosthetic crown, dental implant, fixed partial denture (bridge), onlay, or any other service requiring more than one session are considered for payment only after final insertion or completion.
- The following procedures are considered part of the overall restoration process and are not payable separately: acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- Unless waived, there is a six-month Waiting Period for Prosthodontic benefits. All benefit Pre-authorizations for prosthetics during the first six months of Coverage are subject to the six-month Waiting Period. No benefits will be payable for services performed before the six-month Waiting Period has been met, even if Pre-authorized during that period.

G. RESTORATIVE:

- Amalgam, composite and resin restorations for treatment of decay. Crowns are provided as a Prosthodontic benefit when teeth cannot be predictably restored with the above materials.

H. RESTORATIVE BENEFITS:

- A crown, or core, buildup is allowable as a restorative benefit when greater than fifty percent (50%) of the coronal portion of the tooth is compromised or missing, or when completed in conjunction with root canal therapy. Coverage is limited to one per permanent tooth, excluding third molars, within a five (5)-year period.
- A post is allowed only following root canal therapy on the permanent tooth, excluding the third molars. A replacement post is limited to once in five (5)-year period when placed in conjunction with a crown.
- A gold foil restoration is only eligible up to an amount equal to a composite filling and allowed once per surface within an eighteen (18)-month period, regardless of the number of restorations placed on the surface.
- A sedative filling is eligible and may be payable in addition a permanent filling on the same tooth.
- Both cast post and core or prefabricated post is eligible once per permanent tooth in five (5)-years and must be done in conjunction with a crown.
- Fillings on adjacent surfaces will be coded as combined surfaces. Fillings on opposite sides of a tooth may be coded separately.
- Hydroxyapatite regeneration medicament, used to remineralize early enamel lesions, is allowed once per tooth within a three (3)-year period, excluding third molars.
- Indirectly fabricated or prefabricated post and core, when provided in conjunction with a crown, is allowed once per permanent tooth, excluding third molars, within a five (5)-year period, and is only eligible following root canal therapy. Each additional post placed on the same tooth is not eligible for separate reimbursement.

- *One prefabricated stainless steel crown is allowed once per tooth within a twenty-four (24)-month period. If a stainless steel or resin crown is placed and later replaced by a permanent crown within two years, the benefit paid for the initial crown will be deducted from the reimbursement for the permanent prosthesis.*
- *One restoration per surface for treatment of decay or fracture will be allowed during any eighteen (18)-month period, regardless of the number of restorations placed on the surface.*
- *Pin retention is allowed once per permanent tooth, excluding third molars. Pin retention is not eligible for separate reimbursement when billed in conjunction with cast post and core, prefabricated post and core, or core buildup procedures.*
- *Post removal is allowed once per tooth within a five (5)-year period.*
- *Provisional crowns placed on a retained natural permanent tooth, or an implant site are eligible as a one-time restorative benefit when utilized as an interim restoration for a minimum of six months to allow healing or further diagnosis. Provisional crowns are not to be used as temporary crowns for routine prosthetic restorations and are excluded from coverage if billed separately.*
- *Re-cementing of a custom crown, inlay, onlay, labial veneer, or other partial coverage restoration is allowed once per tooth within a three (3)-year period after the initial placement. Re-cementing of prefabricated crowns is allowed once per tooth within a twelve (12)-month period after the initial placement.*
- *Re-cementation or re-bonding of an indirectly fabricated post and core is allowed once within a (12)-month period following the initial placement.*
- *The Maximum Benefit on a primary tooth will be the cost for a stainless-steel crown, including prefabricated ceramic, porcelain, or resin window stainless steel crowns.*
- *Restoration/protection of teeth with tooth surface loss is allowed due to attrition or abrasion using custom/prefabricated crowns or onlays. Preauthorization required.*
- *The restorative benefit is limited to the reimbursement amount for a standard filling, regardless of the technique or materials used. If a more advanced method is chosen—such as air abrasion, high-end bonding agents, laser-assisted cavity preparation, or layered composite placement—any cost beyond the standard allowance will be the members responsibility.*

V. RELATED DENTAL POLICIES

- A. Bone Replacement Grafts
- B. Guided Tissue Regeneration
- C. Removable Prosthodontics
- D. Periodontal Services

VI. APPENDIX

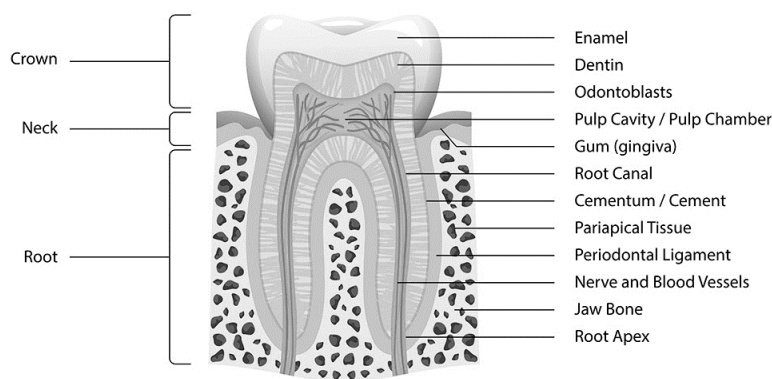
A. Dental Definitions:

1. **Abutment:** A tooth or implant that provides support for a fixed bridge or implant-supported crown. Abutments are crucial in fixed restorations because they hold the artificial teeth (pontics) in place and distribute the forces of chewing. They can be either natural teeth or implants. When abutments are natural teeth supporting a 3-unit tooth bridge they can also be referred to as “retainer” teeth.
2. **Bridge:** A fixed or non-removable dental prosthetic used to replace one or more missing teeth by connecting an artificial tooth (pontic) to adjacent teeth or dental implants. It essentially "bridges" the gap created by the missing tooth(s).
3. **Cantilever Fixed Dental Prosthesis:** A fixed prosthetic in which the pontic is supported unilaterally by 1+ abutments (can be a natural tooth, or an implant).
4. **Crown-To-Root Ratio (CRR):** Refers to the ratio of the crown length (the part of the tooth above the bone) to the root length (the part of the tooth below the bone). An unfavorable ratio, often defined as a 1:1 or less, can indicate a weak foundation for tooth support and can lead to a poor prognosis for the tooth.
5. **Edentulous Arch:** Refers to a jaw, either the upper (maxillary) or lower (mandibular), that is completely or partially devoid of teeth. This means there are no natural teeth or tooth roots present in that arch, though it may include dental implants. Edentulism, the condition of having lost all or most of one's natural teeth, can affect either the maxilla, the mandible, or both.
6. **Missing Tooth Clause (MTC):** A provision in a dental insurance policy that excludes coverage for the replacement of teeth that were missing prior to the policy's effective date. Under this clause, the insurer is not

responsible for any expenses related to the prosthetic replacement (such as bridges, dentures, or implants) of a tooth that was already absent when the individual enrolled in the plan.

7. **Peg Laterals:** Also known as peg-shaped lateral incisors, are a dental condition where the upper lateral incisors (the teeth next to the two front teeth) are smaller and more tapered than usual, resembling a peg or cone shape. This condition can affect one or both sides of the mouth and is a form of microdontia, where teeth are smaller than normal. Peg laterals can be linked to developmental anomalies, genetic disorders like ectodermal dysplasia or congenital syphilis, or environmental factors during tooth development, such as jaw fractures or missing teeth.
8. **Pontic:** An artificial tooth on a dental prosthesis that replaces a missing natural tooth, restores its function, and usually fills the space previously occupied by the clinical crown. There is no supporting tooth or root below it. It may rest against but is not meant to be supported by the soft tissue.
9. **Resin-Bonded Bridge:** A fixed or non-removable dental prosthesis used to replace one or more missing teeth in the anterior or front region. It consists of an artificial tooth (pontic) that is attached to the adjacent natural teeth using a dental resin cement or resin bar. The adjacent teeth are not modified or changed in order to complete this procedure.
10. **Retainer:** Any type of device used for the stabilization or retention of prosthesis.
11. **Retainer Crown:** A type of dental bridge where a full coverage dental crown is used to support the bridge and protect the healthy teeth on either side of the gap.
12. **Stainless Steel Crown with Resin Window:** Also called open-face stainless steel crown, is a dental restoration that combines the durability of a prefabricated stainless-steel crown with an improved, more natural-looking appearance due to a tooth-colored resin placed on the front (facial) surface. This technique aims to provide the strength of a full metal crown while enhancing esthetics by covering the visible metal with a resin material.
13. **Tooth Surface Loss (TSL):** Refers to the progressive wearing away or damage of the hard tissues of the tooth (enamel, dentin, cementum), which can be caused by a variety of factors like abfraction, abrasion, attrition, and erosion. It's a common dental issue that can lead to sensitivity, pain, and changes in tooth appearance. TSL can be either physiological (normal wear and tear) or pathological (excessive or rapid wear).
 - a. **Dental Abfraction:** The wedge-shaped or V-shaped loss of tooth structure, specifically at the cemento-enamel junction (CEJ) (where the tooth meets the gum line), that is not caused by decay or cavities. This damage occurs due to flexural forces acting on the tooth, often from bruxism (teeth grinding), malocclusion (misalignment of teeth), or excessive biting forces
 - b. **Dental Abrasion:** The wearing away of tooth enamel due to friction from foreign objects or improper brushing techniques. It's characterized by V-shaped notches or grooves near the gum line and can lead to sensitivity and increased risk of cavities.
 - c. **Dental Attrition:** The gradual wearing down of tooth enamel and dentin due to tooth-to-tooth contact during chewing, grinding, or clenching.
 - d. **Dental Erosion:** The chemical wearing away of tooth enamel, the hard outer layer, by acids. This process is not caused by bacteria (like in cavities) but by acids from dietary sources, stomach acid (due to conditions like GERD or eating disorders), or environmental factors. Erosion can lead to sensitivity, discoloration, and eventual loss of tooth structure.

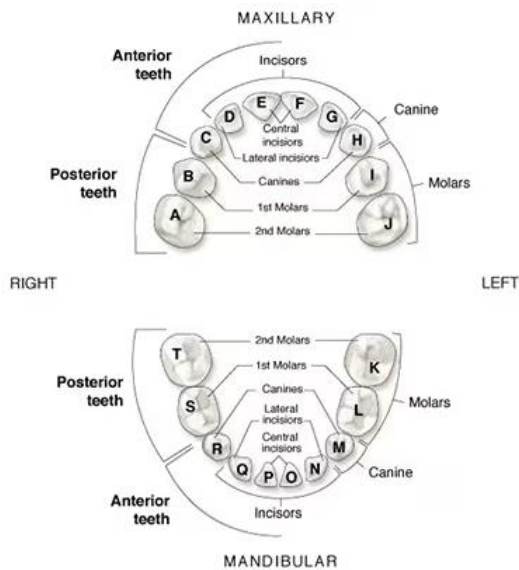
B. Tooth Anatomy:



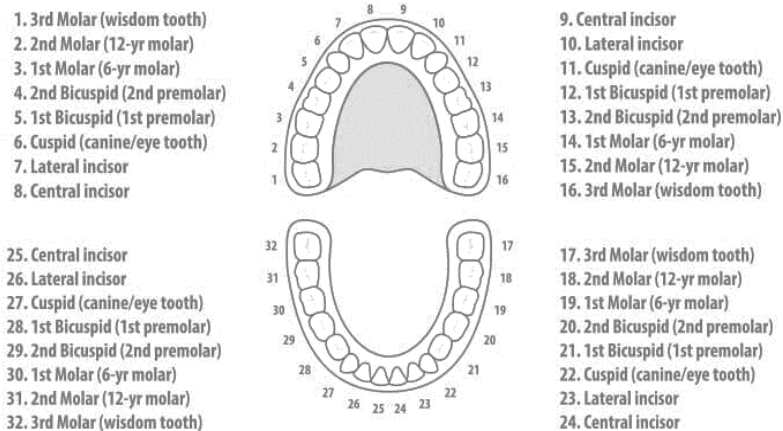
C. Tooth Chart (Universal Tooth Designation System):

The Universal Tooth Designation System, also known as the Universal Numbering System, is a widely used method for identifying individual teeth in the human mouth. In this system, permanent teeth are numbered 1 through 32, while primary (baby) teeth are assigned letters A through T.

1. Primary Teeth Chart:

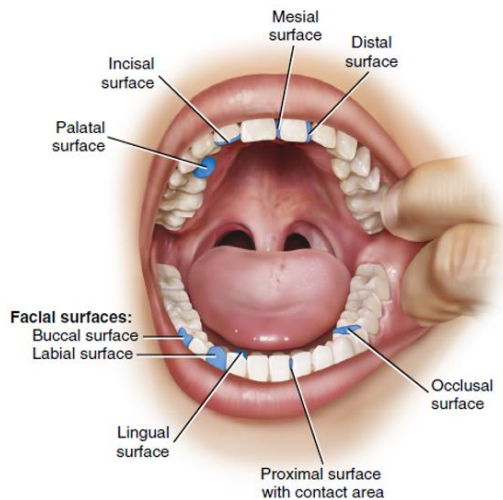


2. Permanent Teeth Chart:



D. **Tooth Surfaces:** Each tooth is like a dice and has 6 sides. One side of the tooth is the root support, the other 5 sides have specific names for reference.

- Facial, Labial or Buccal Surfaces:** Indicates the side of the tooth that faces outward or toward the lips or cheeks. On the front teeth (#6-11, #22-27) it is referred to as facial or labial surface. On posterior teeth that lay against the cheeks, the surface is referred to buccal.
- Palatal or Lingual Surfaces:** The surface of the tooth that faces the tongue (lingual) or palate (roof of mouth); interchangeable but lingual is more commonly used. Palatal surface is exclusive to top teeth.
- Incisal or Occlusal Surfaces:** Indicates the chewing surface of the tooth. On the front or anterior teeth (#6-11, #22-27) it is the incisal edge that shears or tears through food. On the posterior or back teeth, it is the occlusal or grinding surface of the tooth.
- Proximal or Interproximal Surfaces:**
 - Mesial:** The surface of the tooth that faces toward the center of the arch, usually touches the adjacent tooth if present.
 - Distal:** The surface of the tooth that faces toward the back of the arch, usually touches the adjacent tooth if present.



VI. APPLICABLE CODES

- A. All claims submitted for processing may be subject to review under McKesson Health Solutions' Clear Claim Connection tool and the Correct Coding Initiative (CCI) guidelines, as established by the Centers for Medicare & Medicaid Services (CMS) and other applicable regulatory authorities. Coding edits may be applied to ensure adherence to national standards, including bundling and unbundling policies as well as code combination restrictions. As a result, claim processing and reimbursement may be adjusted accordingly. All benefit determinations are contingent upon coverage eligibility at the time of service.
- B. The following list(s) of procedure codes is provided for reference purposes only and may not be all-inclusive, as Current Dental Terminology (CDT) code updates by the American Dental Association (ADA) may occur more frequently than policy updates. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. The inclusion of a code within this policy does not imply that the associated service is covered or excluded under any specific health plan. Coverage is determined based on the terms of the member's employer group benefit plan and applicable federal and state laws and regulations. Inclusion of a code does not guarantee claim payment or reimbursement. Other policies or clinical guidelines may also apply.

Crowns (Custom-Made/Permanent and Prefabricated) Dental Implants Fixed Partial Dentures Inlays		Onlays Provisional Direct Restoration Restorative Labial Veneers
Crowns (Custom-Made/Permanent and Prefabricated):		
CDT codes COVERED if selection criteria are met (may not be an all-inclusive list):		
D2710	Crown - resin-based composite (indirect)	
D2712	Crown - ¾ resin-based composite (indirect) does not include facial veneers	
D2720	Crown - resin with high noble metal	
D2721	Crown - resin with predominantly base metal	
D2722	Crown - resin with noble metal	
D2740	Crown - porcelain/ceramic	
D2750	Crown - porcelain fused to high noble metal	
D2751	Crown - porcelain fused to predominantly base metal	
D2752	Crown - porcelain fused to noble metal	
D2753	Crown - porcelain fused to titanium and titanium alloys	
D2780	Crown - ¾ cast high noble metal	
D2781	Crown - ¾ cast predominantly base metal	
D2782	Crown - ¾ cast noble metal	
D2783	Crown - ¾ porcelain/ceramic (not veneers)	

D2790	Crown - full cast high noble metal
D2791	Crown -full cast high noble metal
D2792	Crown -full cast noble metal
D2794	Crown -titanium
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression [provisional crown]
D2920	Re-cement or re-bond crown
D2928	Prefabricated porcelain/ceramic crown - permanent tooth
D2929	Prefabricated porcelain/ceramic crown- primary tooth
D2930	Prefabricated stainless steel crown - primary tooth
D2931	Prefabricated stainless steel crown - permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2934	Prefabricated esthetic coated stainless-steel crown -primary tooth
Dental Implants:	
CDT codes COVERED if selection criteria are met (may not be an all-inclusive list):	
D4265	Biologic materials to aid in soft and osseous tissue regeneration
D6010	Surgical placement of implant body: endosteal implant
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013	Surgical placement of mini-implant
D6040	Surgical placement: eposteal implant
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure
D6050	Surgical placement: transosteal implant
D6051	Placement of interim implant abutment
D6056	Prefabricated abutment - includes modification and placement
D6057	Custom fabricated abutment - includes placement
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported crown - porcelain fused to high noble alloys
D6067	Implant supported crown - high noble alloys
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys
D6077	Implant supported retainer for metal FPD - high noble alloys

D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure
D6082	Implant supported crown - porcelain fused to predominantly base alloys
D6083	Implant supported crown - porcelain fused to noble alloys
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys
D6085	Provisional implant crown
D6086	Implant supported crown - noble alloys
D6087	Implant supported crown - predominantly base alloys
D6088	Implant supported crown - titanium and titanium alloys
D6089	Accessing and retorquing a loose implant screw - per screw
D6090	Repair implant/abutment supported prosthesis
D6092	Re-cement or re-bone implant/abutment supported crown
D6093	Re-cement or re-bone implant/abutment supported fixed partial denture
D6094	Abutment supported crown - titanium and titanium alloys
D6096	Remove broken implant retaining screw
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys
D6098	Implant supported retainer - porcelain fused to predominantly base alloys
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys
D6100	Implant removal, by report
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
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 flap entry and closure
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure <i>*Coverage is subject to the criteria outlined in the "Bone Replacement Grafts" Dental Policy.</i>
D6104	Bone graft at time of implant placement <i>*Coverage is subject to the criteria outlined in the "Bone Replacement Grafts" Dental Policy.</i>
D6105	Removal of implant body not requiring bone removal For flap elevation
D6106	Guided tissue regeneration - resorbable barrier, per implant <i>*Coverage is subject to the criteria outlined in the "Guided Tissue Regeneration" Dental Policy.</i>
D6107	Guided tissue regeneration - non-resorbable barrier, per implant <i>*Coverage is subject to the criteria outlined in the "Guided Tissue Regeneration" Dental Policy.</i>
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys
D6121	Implant supported retainer for metal FPD - predominantly base alloys
D6122	Implant supported retainer for metal FPD - noble alloys
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys

D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments
D6190	Radiographic/surgical implant index, by report
D6193	Replacement of an implant screw
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys
D6197	Replacement of restorative material used to close an access opening of a screw - retained implant supported prosthesis, per implant
Fixed Partial Dentures:	
CDT codes COVERED if selection criteria are met (<i>may not be an all-inclusive list</i>):	
D6205	Pontic - indirect resin-based composite
D6210	Pontic - cast high noble metal
D6211	Pontic - cast predominantly base metal
D6212	Pontic - cast noble metal
D6214	Pontic - titanium
D6240	Pontic - porcelain fused to high noble metal
D6241	Pontic - porcelain fused to predominantly base metal
D6242	Pontic - porcelain fused to noble metal
D6243	Pontic - porcelain fused to titanium and titanium alloys
D6245	Pontic - porcelain/ceramic
D6250	Pontic - resin with high noble metal
D6251	Pontic - resin with predominantly base metal
D6252	Pontic - resin with noble metal
D6253	Provisional pontic - further treatment or completion of diagnosis necessary
D6545	Retainer - cast metal for resin-bonded fixed prosthesis
D6548	Retainer - porcelain/ceramic for resin-bonded fixed prosthesis
D6549	Resin retainer - for resin-bonded fixed prosthesis
D6600	Retainer inlay - porcelain/ceramic, two surfaces
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces
D6602	Retainer inlay - cast high noble metal, two surfaces
D6603	Retainer inlay - cast high noble metal, three or more surfaces
D6604	Retainer inlay - cast predominantly base metal, two surfaces
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces
D6606	Retainer Inlay - cast noble metal, two (2) surfaces
D6607	Retainer Inlay - cast noble metal, three (3) or more surfaces
D6608	Retainer Onlay -porcelain ceramic, two (2) surfaces
D6609	Retainer Onlay -porcelain ceramic, three (3) or more surfaces
D6610	Retainer Onlay - cast high noble metal, two (2) surfaces
D6611	Retainer Onlay - cast high noble, three (3) or more surfaces
D6612	Retainer Onlay - cast predominately base metal, two (2) surfaces
D6613	Retainer Onlay - cast predominately base metal, three (3) or more surfaces
D6614	Retainer Onlay - cast noble metal, two (2) surfaces
D6615	Retainer Onlay - cast noble metal, three (3) or more surfaces
D6624	Retainer Inlay -titanium
D6634	Retainer Onlay -titanium
D6710	Retainer Crown -indirect resin- based composite
D6720	Retainer Crown -resin with high noble metal

D6721	Retainer Crown - resin with predominantly base metal
D6722	Retainer Crown - resin with noble metal
D6740	Retainer Crown - porcelain/ceramic
D6750	Retainer Crown - porcelain fused to high noble metal
D6751	Retainer Crown - porcelain fused to predominantly base metal
D6752	Retainer Crown - porcelain fused to noble metal
D6753	Retainer Crown - porcelain fused to titanium and titanium alloys
D6780	Retainer Crown - $\frac{3}{4}$ cast high noble metal
D6781	Retainer Crown - $\frac{3}{4}$ cast predominately base metal
D6782	Retainer Crown - $\frac{3}{4}$ cast noble metal
D6783	Retainer Crown - $\frac{3}{4}$ porcelain/ceramic
D6784	Retainer Crown - $\frac{3}{4}$ titanium and titanium alloys
D6790	Retainer Crown - full cast high noble metal
D6791	Retainer Crown - full cast predominantly base metal
D6792	Retainer Crown - full cast noble metal
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression
D6794	Retainer Crown - titanium
D6782	Retainer Crown - $\frac{3}{4}$ cast noble metal
D6783	Retainer Crown - $\frac{3}{4}$ porcelain/ceramic
D6784	Retainer Crown - $\frac{3}{4}$ titanium and titanium alloys
D6790	Retainer Crown - full cast high noble metal
D6791	Retainer Crown - full cast predominantly base metal
D6792	Retainer Crown - full cast noble metal
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression
D6794	Retainer Crown - titanium
D6930	Re-cement or re-bond fixed partial denture
D9120	Fixed partial denture (FPD) sectioning
Inlays:	
CDT codes COVERED if selection criteria are met (<i>may not be an all-inclusive list</i>):	
D2510	Inlay - metallic - one surface
D2520	Inlay - metallic - two surfaces
D2530	Inlay - metallic - three or more surfaces
D2610	Inlay - porcelain/ceramic - one surface
D2620	Inlay - porcelain/ceramic - two surfaces
D2630	Inlay - porcelain/ceramic - three or more surfaces
D2650	Inlay - resin-based composite - one surface
D2651	Inlay - resin-based composite - two surfaces
D2652	Inlay - resin-based composite - three or more surfaces
Onlays:	
CDT codes COVERED if selection criteria are met (<i>may not be an all-inclusive list</i>):	
D2542	Onlay - metallic-two surfaces
D2543	Onlay - metallic-three surfaces
D2544	Onlay - metallic-four or more surfaces
D2642	Onlay - porcelain/ceramic - two surfaces
D2643	Onlay - porcelain/ceramic - three surfaces
D2644	Onlay - porcelain/ceramic - four or more surfaces
D2662	Onlay - resin-based composite - two surfaces

D2663	Onlay - resin-based composite - three surfaces
D2664	Onlay - resin-based composite - four or more surfaces
Provisional Direct Restoration:	
CDT codes COVERED if selection criteria are met (<i>may not be an all-inclusive list</i>):	
D2940	Placement of interim direct restoration (formerly known as protective restoration)
Restorative Labial Veneers:	
CDT codes COVERED if selection criteria are met (<i>may not be an all-inclusive list</i>):	
D2960	Labial veneer (resin laminate) - direct
D2961	Labial veneer (resin laminate) - indirect
D2962	Labial veneer (porcelain laminate) - indirect
CDT codes NOT COVERED for ANY indication or considered INCLUSIVE to the primary procedure (<i>may not be an all-inclusive list</i>):	
D2910	Recement inlay, onlay, or partial coverage restoration
D2956	Removal of an indirect restoration on a natural tooth
D2971	Additional procedures to prepare tooth for a restoration
D2980	Crown repair necessitated by restorative material failure
D2981	Inlay repair necessitated by restorative material failure
D2982	Onlay repair necessitated by restorative material failure
D2983	Veneer repair necessitated by restorative material failure
D2999	Unspecified restorative procedure, by report
D5862	Precision attachment, by report
D6011	Surgical access to an implant body (second stage implant surgery)
D6055	Connecting bar - implant supported or abutment supported
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6191	Semi-precision abutment - placement
D6192	Semi-precision attachment - placement
D6196	Removal of an indirect restoration on an implant retained abutment
D6198	Remove interim implant component. Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.
D6199	Unspecified implant procedure, by report
D6920	Connector bar
D6940	Stress breaker
D6950	Precision attachment
D6980	Fixed partial denture repair necessitated by restorative material failure
D6985	Pediatric partial denture, fixed
D6999	Unspecified fixed prosthodontic procedure, by report