



## 2026 CDT Code Guide

# PEHP Dental Guidelines and Procedures *for Claim and Pre-Authorization Submissions*

**Note:**

*This guide follows the most current edition of the American Dental Association's Current Dental Terminology (CDT) codes. Only coding that aligns with CDT verbal descriptors is accepted. However, the inclusion of a code does not guarantee coverage. Member benefits are determined by PEHP's administrative and clinical policies, the terms of each subscriber's certificate, and may also be dependent upon employer group benefits. These guidelines are intended as a general reference for claim and pre-authorization submissions. Because coverage and eligibility vary by plan, providers should verify both before delivering services.*

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<b>Adjunctive General Services: D9110 to D9999</b>								
<p><i>Adjunctive General Services in dentistry are supportive procedures provided alongside primary dental treatments to enhance their effectiveness, ensure patient comfort, or facilitate successful outcomes. These services are not standalone treatments but are essential for managing pain, controlling infection, providing sedation, or addressing other needs that help complete the main dental procedure. Examples include anesthesia, consultations, palliative care, and post-operative visits.</i></p>								
<p><b>• Adjunctive General Services – Related Benefits and Limitations Under PEHP Master Policy:</b></p> <ul style="list-style-type: none"> <li>○ A specialist examination is eligible for coverage during an initial visit when treatment is required from a recognized dental specialist (e.g., oral surgeon, endodontist, periodontist, pediatric dentist, or prosthodontist). Coverage for specialist examinations is limited to one per policy year and may be reimbursed in addition to a periodic examination performed by a different general dentist. However, if both examinations are conducted by the same provider, only the specialist exam is eligible for reimbursement. A consultation is allowed when provided by a dental specialist who is not the practitioner delivering the treatment. If a period of three (3) years or more has elapsed since a general dentist last saw the patient, the dentist may bill for a comprehensive oral evaluation, treating the visit as an initial examination. This provision does not apply to dental specialists.</li> <li>○ Comprehensive oral evaluation is eligible as an initial extensive examination that includes recording of extra-oral and intra-oral hard and soft tissues, along with interpretation of diagnostic procedures. Coverage is allowed once within a three (3)-year period when performed by a general dentist, and once per policy year when performed by a specialist.</li> <li>○ Comprehensive periodontal evaluation is allowed once per policy year.</li> <li>○ Custom oral appliances for the management of obstructive sleep apnea are covered at fifty percent (50%) of the allowable fee and are limited to one appliance within a five (5)-year period. Adjustments and repairs performed within six (6) months of appliance delivery are considered part of the original appliance fee and are not reimbursed separately. After six (6) months, one adjustment and one repair are allowed once per life of the appliance.</li> <li>○ Emergency exams are allowed only when performed to address sudden and severe dental symptoms—such as pain, swelling, or trauma—on an unplanned, urgent basis. They may not be billed as part of a routine or scheduled visit. An emergency exam may be reported with either a palliative treatment code or a specific treatment code, but not both.</li> <li>○ Emergency palliative treatment (short-term care to relieve dental pain) is allowed only when no other service is performed at the visit, except for an x-ray. If definitive treatment is provided during the emergency visit and fully resolves the condition so the patient does not need to return for additional care, then that service will be considered the definitive treatment, and payment will be made only for that procedure.</li> <li>○ Fixed partial denture sectioning is allowed once per prosthesis within a five (5)-year period.</li> <li>○ General anesthesia in a dental office is allowed when medically necessary for complex oral surgeries such as removal of large cysts or tumors, dental implant placement in multiple sites (e.g., full-arch or multiple quadrant implant surgeries), extensive bone grafting (e.g., ridge augmentation or sinus lift procedures for implant site development), or impacted third molar removal, as well as for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), and in cases where local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contra indicated. General anesthesia in a dental office may be indicated under these circumstances but only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed, 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 allowed for routine procedures such as root canal therapy or simple extractions, nor solely for the management of dental phobia or anxiety. Coverage for general anesthesia administered in a healthcare facility outside the dental office under the medical benefit requires preauthorization.</li> <li>○ Intravenous (IV) sedation is allowable with eligible procedures such as apicoectomy, dental implants, oral surgery, osseous surgery, and severe periodontal cases. It is not allowed for routine procedures including root canal therapy or simple extractions, nor is it eligible solely for managing dental phobia or anxiety.</li> <li>○ Limited oral (problem focused) evaluations are allowed twice per policy year.</li> <li>○ Occlusal guards (hard or soft) for severe sleep-related bruxism, with documented evidence of worn dentition, are allowed once per arch within a seven (7)-year period. Adjustments and repairs performed within six (6) months of appliance delivery are considered part of the original appliance fee and are not reimbursed separately. After six (6) months, one adjustment and one repair are allowed once per life of the appliance. Partial-arch occlusal guards are not covered. Cleaning and inspection of the occlusal guard are considered part of the original appliance purchase and are eligible for separate reimbursement.</li> <li>○ Office visits outside a dentist's regular hours—such as evenings, weekends, or holidays—may be allowed instead of an emergency exam, as long as they match the dentist's documented off-hours. The emergency exam may be reported with either a palliative treatment code or a specific treatment code, but not both.</li> <li>○ Periodic oral evaluations are allowed twice per policy year. A problem-focused, detailed, or extensive oral evaluation may be reported in place of a periodic oral evaluation; however, reimbursement will be limited to the periodic oral evaluation rate. Re-evaluations are considered part of the primary procedure and are not separately reimbursable.</li> </ul>								

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			<ul style="list-style-type: none"> <li>○ The benefit for dental services in a hospital Emergency room, including physicians' charges, is limited to the eligible fee for an Emergency exam in a dental office.</li> </ul>					
			<ul style="list-style-type: none"> <li>• <b>Adjunctive General Services – Related Exclusions Under PEHP Master Policy (not an all-inclusive list):</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Administration of vaccines.</li> <li>○ Antibody testing for a public health related pathogen, including coronavirus.</li> <li>○ Any orthodontic, surgical, or therapeutic procedure—including myofunctional therapy—performed to diagnose, correct, or treat temporomandibular joint syndrome or temporomandibular disorder (TMJ/TMD).</li> <li>○ Athletic guards.</li> <li>○ Behavioral management.</li> <li>○ Charges for remote dental evaluation and management, including prescriptive services provided by the Internet, Telephone or Catalog without personal evaluation by a licensed Dentist or Provider.</li> <li>○ Custom oral appliances not for the management of obstructive sleep apnea.</li> <li>○ Expenses in connection with appointment scheduled and not kept.</li> <li>○ Expenses in connection with telephone consultations.</li> <li>○ 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.</li> <li>○ Home fluoride treatments, including professionally recommended or prescribed fluoride products intended for use outside the dental office to help prevent tooth decay. These may include fluoride gels, rinses, foams, or toothpaste with higher concentrations of fluoride than over-the-counter options.</li> <li>○ Hospital visits by a physician or Dentist.</li> <li>○ Hypnosis and relative analgesia, including techniques used to manage anxiety, discomfort, or pain during dental procedures through non-pharmacological or minimal sedation methods (e.g., nitrous oxide).</li> <li>○ Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.</li> <li>○ Medical CPT or HCPCS codes billed by a General Dentist, except for custom molded oral sleep apnea devices</li> <li>○ Occlusal guards not for severe sleep-related bruxism and partial arch occlusal guards.</li> <li>○ Office calls for observation.</li> <li>○ PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>○ Photobiomodulation therapy.</li> <li>○ Plaque control programs, oral hygiene instruction, or nutritional counseling.</li> <li>○ Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>○ Unbundling or fragmentation of codes.</li> </ul> </li> <li>• <b>Coverage Guidelines for Custom Sleep Appliances:</b> <ul style="list-style-type: none"> <li>○ Benefit Limitation: Covered as a purchase-only item at 50%, with coverage limited to one appliance every five years.</li> <li>○ Diagnosis Requirement: Claims must include ICD-10 diagnosis code G47.33 (Obstructive sleep apnea [adult] [pediatric]); submissions with any other diagnosis will be denied as not medically necessary.</li> </ul> </li> </ul>					

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<ul style="list-style-type: none"> <li>Repairs and Adjustments: Included with CDT code D9947 during the first six months following appliance delivery. After that period, one adjustment and one repair are allowed for the life of the appliance. Claim must clearly document the diagnosis code G47.33 and indicate the delivery date of the appliance or the most recent adjustment/repair date.</li> <li> <b>Coverage Guidelines for Occlusal and Athletic Mouth Guards:</b> <ul style="list-style-type: none"> <li>Adjustment and Repairs: These services are included with CDT codes D9942, D9944, D9945, or D9946 for the first six months following appliance delivery. After that period, if the guard was paid for by PEHP, one adjustment and one repair are allowed for the lifetime of the appliance.</li> <li>Athletic Mouth Guards: Not covered under dental or medical benefits.</li> <li>Claim Submission Requirements: <ul style="list-style-type: none"> <li>Claims for occlusal guards to treat severe sleep-related bruxism (custom-fitted dental appliances worn over the teeth to protect against damage from grinding or clenching during sleep) must include a detailed narrative documenting clinical signs and symptoms (e.g., headaches, jaw pain or muscle tenderness, sleep disturbances due to grinding, tooth wear or fractures) that support the diagnosis. The narrative must also incorporate a summary of radiographic findings from bitewing, full mouth series, or panoramic images demonstrating tooth wear. Submission of x-rays is optional; however, the findings must be clearly described in the narrative. In addition, the narrative must include recommendations for a custom-fitted occlusal guard and the delivery date of the appliance, along with any adjustments or repairs performed.</li> <li>Diagnosis / Treatment Requirement: Coverage is only allowed for cases with a documented diagnosis of severe sleep bruxism, defined as persistent nighttime teeth grinding and clenching that results in significant dental damage (e.g., fractures, enamel wear, sensitivity) and physical complications such as temporomandibular joint (TMJ) disorders and myofascial pain.</li> </ul> </li> <li>Frequency Limitation: Occlusal guard coverage is limited to one per arch in a 7-year period.</li> </ul> </li> <li> <b>General Anesthesia: Clinical Use and Coverage Guidelines:</b> <ul style="list-style-type: none"> <li>All use of general anesthesia must follow clinical guidelines, include a pre-anesthesia evaluation, and be provided in a licensed setting by appropriately trained personnel.</li> <li><b>Claim Submission Requirements:</b> A detailed narrative must be provided, explaining the medical necessity of general anesthesia. The claim should also include relevant ICD-10 diagnosis codes (if applicable), a description of the procedure, anesthesia provider information, anesthesia start and stop times, and facility location details. The number of anesthesia units reimbursed depends on the time stated in the claim or report; if absent, the claim will be suspended until supporting documentation is received.</li> <li>General anesthesia in a dental office is covered when medically necessary for complex oral surgeries such as removal of large cysts or tumors, dental implant placement in multiple sites (e.g., full-arch or multiple quadrant implant surgeries), extensive bone grafting (e.g., ridge augmentation or sinus lift procedures for implant site development), or impacted third molar removal, as well as for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), and in cases where local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contraindicated. General anesthesia in a dental office may be indicated under these circumstances but only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed, 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. Coverage for general anesthesia administered in a healthcare facility outside the dental office under the medical benefit requires preauthorization.</li> </ul> </li> <li> <b>Intravenous Moderate Sedation: Clinical Use and Coverage Criteria:</b> <ul style="list-style-type: none"> <li>Claim Submission Requirements: A detailed narrative must be provided, explaining the medical necessity of intravenous moderate sedation. The claim should also include relevant ICD-10 diagnosis codes (if applicable), a description of the procedure, anesthesia provider information, anesthesia start and stop times, and facility location details. The number of anesthesia units reimbursed depends on the time stated in the claim or report; if absent, the claim will be suspended until supporting documentation is received.</li> <li>Intravenous (IV) sedation in a dental office is allowable with eligible procedures such as apicoectomy, dental implants, oral surgery, osseous surgery, and severe periodontal cases. It is not covered for routine procedures including root canal therapy or simple extractions, nor is it eligible solely for managing dental phobia or anxiety. It is not reimbursable for root canal therapy, simple extractions, or for the management of dental phobia or anxiety.</li> </ul> </li> </ul>								
D9110	Palliative treatment of dental pain - per visit. Treatment that relieves pain but is not curative; services provided do	Allowable as medically necessary	D9110 is intended solely for pain relief and should not be billed in conjunction with definitive procedures such as extractions, fillings, or root canals, nor with preventative services like		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including summary of</li> </ul>			

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	not have distinct procedure codes		prophylaxis (D1110), sealants (D1510), or fluoride application (D1206 or D1208); it is only appropriate when no other definitive treatment is performed during the visit.		radiographic findings when applicable <ul style="list-style-type: none"> <li>• Arch, quadrant, or Tooth, identification as applicable</li> </ul>			
D9120	Fixed partial denture (FPD) sectioning	Once per prosthesis in a 5-year period	<b>Procedure Explained:</b> Process of cutting a fixed partial denture (bridge) to remove or modify part of the restoration without disturbing the entire prosthesis.		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including summary of radiographic findings when applicable</li> <li>• Identification of the tooth or teeth associated with the sectioned portion of the FPD</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	Not covered	<b>Procedure Explained:</b> Photobiomodulation (PBM) therapy is a non-invasive light-based treatment that uses red or near-infrared light to reduce pain, inflammation, and promote healing in oral tissues.					
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof	Not covered						
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	Not covered						
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not covered; reimbursement is bundled into the procedure.						
D9211	Regional block anesthesia	Not covered; reimbursement is bundled into the procedure.						
D9212	Trigeminal division block anesthesia	Not covered; reimbursement is bundled into the procedure.						

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D9215	Local anesthesia in conjunction with operative or surgical procedures	Not covered; reimbursement is bundled into the procedure.						
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Not covered; reimbursement is bundled into the procedure.						
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	Covered when medically necessary in conjunction with an eligible oral surgical procedure	<a href="#">General Anesthesia: Clinical Use and Coverage Guidelines</a>		Detailed narrative in the Remarks/Narrative section of the ADA claim form explaining medical necessity for general anesthesia, description of procedure, anesthesia provider information, and anesthesia start and stop times.			
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof	Covered when medically necessary in conjunction with an eligible oral surgical procedure	<a href="#">General Anesthesia: Clinical Use and Coverage Guidelines</a>		Number of additional 15-minute units.			
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	Not covered	<b>Advanced Airway Explained:</b> Specialized devices like endotracheal tubes or laryngeal masks used to maintain a secure airway during deep sedation or general anesthesia.					
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	Not covered						
D9230	Administration of nitrous oxide	Not covered	<a href="#">Adjunctive General Services Exclusions Under PEHP Master Policy</a>					
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof	Covered when medically necessary in conjunction with an eligible oral	<a href="#">Intravenous Moderate Sedation: Coverage Criteria</a>		Detailed narrative in the Remarks/Narrative section of the ADA claim form explaining medical necessity for intravenous moderate			

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		surgical procedure			sedation, description of procedure, anesthesia provider information, and anesthesia start and stop times.			
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof	Covered when medically necessary in conjunction with an eligible oral surgical procedure	<a href="#">Intravenous Moderate Sedation: Coverage Criteria</a>		Number of additional 15- minute time units.			
D9244	In-office administration of minimal sedation - single drug-enteral	Not covered	<b>Single Drug Enteral Route Explained:</b> A single sedative medication (e.g., diazepam or midazolam) is given through the digestive tract, usually taken as a pill or liquid.					
D9245	Administration of moderate sedation - enteral	Not covered						
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	Not covered	<b>Non-Intravenous Parenteral Route Explained:</b> Medication is administered by injection into muscle or tissue—such as intramuscular or subcutaneous routes—rather than through a vein.					
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	Not covered						
D9310	Consultation - diagnostic service by dentist or physician other than the practitioner providing treatment	1 per policy year	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A diagnostic consultation performed by a dentist or physician other than the one who originally referred the patient, typically involving a formal evaluation and written report shared with the referring provider and is intended for cases requiring</li> </ul>		Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable			



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			specialized insight—not for routine exams or informal second opinions. • Covered only as a diagnostic service when performed by a dentist other than the treating provider; not eligible if submitted with procedures other than radiographs.					
D9311	Consultation with a medical health care professional	Not covered						
D9410	House/extended care facility call	Not covered						
D9420	Hospital or ambulatory surgical center call	Not covered						
D9430	Office visit for observation during regular scheduled hours - no other services performed	Not covered						
D9440	Office visit - after regularly scheduled hours	Allowable as medically necessary	Covered in place of an emergency exam when the visit occurs outside regular office hours (e.g., nights, weekends, holidays); may be billed with either palliative treatment code or a specific treatment code, excluding definitive procedures and preventive services, but not both.		Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable			
D9450	Case presentation, subsequent to detailed and extensive treatment planning	Not covered						
D9610	Therapeutic parenteral drug, single administration	Not covered	<b>Procedure Explained:</b> One-time injection of medication—such as antibiotics, anti-inflammatories, or sedatives—delivered via intravenous, intramuscular, or subcutaneous route to treat or manage a dental or medical condition.					
D9612	Therapeutic parenteral drugs, two (2) or more administrations, different medications	Not covered						

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D9613	Infiltration of sustained release therapeutic drug - per quadrant	Not covered						
D9630	Other drugs and/or medicaments, by report	Not covered						
D9910	Application of desensitizing medicament	Not covered						
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not covered						
D9912	Pre-visit patient screening Capture and documentation of a patient's health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice.	Not covered						
D9913	Administration of neuromodulators	Not covered						
D9914	Administration of dermal fillers	Not covered						
D9920	Behavior management, by report	Not covered						
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Not covered; payment is bundled into the related procedure						
D9932	Cleaning and inspection of removable complete denture maxillary	Not covered; payment is bundled into the related procedure						
D9933	Cleaning and inspection of removable complete denture, mandibular	Not separately reimbursable; the cost is considered						

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		part of the payment for a related service or procedure.						
D9934	Cleaning and inspection of removable partial denture, maxillary	Not separately reimbursable; the cost is considered part of the payment for a related service or procedure.						
D9935	Cleaning and inspection of removable partial denture, mandibular	Not separately reimbursable; the cost is considered part of the payment for a related service or procedure.						
D9936	Cleaning and inspection of occlusal guard - per appliance	Not covered; considered inclusive to the original occlusal guard purchase.						
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Not covered						
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Not covered						
D9941	Fabrication of athletic mouthguard	Not covered						

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D9942	Repair and/ or reline of occlusal guard	Once per the life of the appliance	<ul style="list-style-type: none"> <li>• <a href="#">Coverage Guidelines for Occlusal and Athletic Mouth Guards</a></li> <li>• Repair and/or reline of an occlusal guard is eligible only beginning six months after the device has been delivered, and only if the original device was paid for by PEHP.</li> </ul>		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or the most recent repair date.</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form confirming the diagnosis of severe sleep bruxism.</li> </ul>			
D9943	Occlusal guard adjustment	Once per the life of the appliance	<ul style="list-style-type: none"> <li>• <a href="#">Coverage Guidelines for Occlusal and Athletic Mouth Guards</a></li> <li>• Adjustment of an occlusal guard is eligible only beginning six months after the device has been delivered, and only if the original device was paid for by PEHP.</li> </ul>		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or the most recent adjustment date.</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form confirming the diagnosis of severe sleep bruxism.</li> </ul>			
D9944	Occlusal guard - hard, full arch	1 per arch in a 7-year period (D9944 or D9945)	<a href="#">Coverage Guidelines for Occlusal and Athletic Mouth Guards</a>		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form must confirm the diagnosis of severe sleep-related bruxism and provide a summary of radiographic findings (bitewing, full mouth series, or panoramic) that demonstrate tooth wear. Submission of x-rays is optional; however, the findings must be clearly described in the narrative.</li> </ul>			
D9945	Occlusal guard - soft full arch	1 per arch in a 7-year period (D9944 or D9945)	<a href="#">Coverage Guidelines for Occlusal and Athletic Mouth Guards</a>		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section</li> </ul>			

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					of the ADA claim form must confirm the diagnosis of severe sleep-related bruxism and provide a summary of radiographic findings (bitewing, full mouth series, or panoramic) that demonstrate tooth wear. Submission of x-rays is optional; however, the findings must be clearly described in the narrative.			
D9946	Occlusal guard - hard appliance, partial arch	Not covered						
D9947	Custom sleep apnea appliance fabrication and placement	1 in a 5-year period	<a href="#">Coverage Guidelines for Custom Sleep Appliances</a>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity</li> <li>ICD-10 code G47.33 (obstructive sleep apnea)</li> </ul>			
D9948	Adjustment of custom sleep apnea appliance	Once per the life of the appliance	<ul style="list-style-type: none"> <li><a href="#">Coverage Guidelines for Custom Sleep Appliances</a></li> <li>Adjustment of a custom sleep apnea appliance is eligible only beginning six months after the device has been delivered.</li> </ul>		<ul style="list-style-type: none"> <li>Delivery date of the appliance or the most recent adjustment date.</li> <li>ICD-10 code G47.33 (obstructive sleep apnea)</li> </ul>			
D9949	Repair of custom sleep apnea appliance	Once per the life of the appliance	<ul style="list-style-type: none"> <li><a href="#">Coverage Guidelines for Custom Sleep Appliances</a></li> <li>Repair of a custom sleep apnea appliance is eligible only beginning six months after the device has been delivered.</li> </ul>		<ul style="list-style-type: none"> <li>Delivery date of the appliance or the most recent repair date.</li> <li>ICD-10 code G47.33 (obstructive sleep apnea)</li> </ul>			
D9950	Occlusion analysis - mounted case	Not covered						
D9951	Occlusal adjustment - limited	Not covered						
D9952	Occlusal adjustment - complete	Not covered						

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D9953	Reline custom sleep apnea appliance (indirect)	Not covered						
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Not covered						
D9955	Oral appliance therapy (OAT) titration visit	Not covered						
D9956	Administration of home sleep apnea test	Not covered						
D9957	Screening for sleep related breathing disorders	Not covered						
D9959	Unspecified sleep apnea services procedure, by report	Not covered						
D9961	Duplicate/copy patient's records	Not covered						
D9970	Enamel microabrasion	Not covered	<b>Procedure Explained:</b> A minimally invasive approach for correcting superficial enamel defects and discolorations, most effective when conventional whitening fails to address white spot lesions, intrinsic staining, or mild textural irregularities.					
D9971	Odontoplasty – per tooth	Not covered	<b>Procedure Explained:</b> A dental procedure involving the selective reshaping of enamel to smooth minor imperfections, eliminate enamel protrusions, and enhance both function and aesthetics.					
D9972	External bleaching - arch - performed in office	Not covered						
D9973	External bleaching - per tooth	Not covered						
D9974	Internal bleaching - per tooth	Not covered						
D9975	External bleaching for home application, per arch; includes	Not covered						

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	materials and fabrication of custom trays							
D9985	Sales tax	Not covered						
D9986	Missed appointment	Not covered						
D9987	Cancelled appointment	Not covered						
D9990	Certified translation or sign-language services - per visit	Not covered						
D9991	Dental case management - addressing appointment compliance barriers	Not covered						
D9992	Dental case management - care coordination	Not covered						
D9993	Dental case management - motivational interviewing	Not covered						
D9994	Dental case management - patient education to improve oral health literacy	Not covered						
D9995	Teledentistry - synchronous; real-time encounter	Not covered						
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Not covered						
D9997	Dental case management - patients with special health care needs	Not covered						
D9999	Unspecified adjunctive procedure by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.					

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<b>Crown (Custom and Pre-Fabricated) Restoration Services: D2710 to D2799, D2928 to D2956, and D2980</b>								
<p><i>Crowns are prosthetic restorations designed to fully cover the portion of a natural tooth above the gumline, restoring its shape, size, strength, and appearance. They are used to protect damaged, decayed, or weakened teeth and can also be attached to dental implants to restore function, esthetics, and speech. Crowns are typically cemented onto natural teeth or secured to implants using cement or screws. While most crowns are custom-made and fabricated from materials such as ceramic, porcelain, metal, polymer, or combinations thereof, prefabricated crowns are pre-made, full-coverage restorations available in standard sizes. These are not custom-fitted but are selected to best match the tooth and may be made of ceramic, porcelain, stainless steel, or resin facings.</i></p>								
<p>• <b>Crown (Custom and Pre-Fabricated) Restoration Services – Related Benefits and Limitations Under PEHP Master Policy:</b></p> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> <li>○ A sedative filling is eligible and may be payable in addition to a permanent filling on the same tooth.</li> <li>○ 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.</li> <li>○ Core buildup is allowed once per permanent tooth, excluding third molars, within a five (5)-year period.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ Peg lateral crowns are allowed only for genetic conditions or developmental disruptions during tooth formation. Preauthorization required.</li> <li>○ 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.</li> <li>○ Post removal is allowed once per tooth within a five (5)-year period.</li> <li>○ 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.</li> <li>○ 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). Covered Services for crowns, labial veneers, and onlays are limited to when teeth cannot be restored with conventional filling materials.</li> <li>○ 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 (6) 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.</li> <li>○ Re-cementation of custom-fabricated crowns, inlays, onlays, and veneers is payable as a Restorative benefit and allowed once per tooth within a three (3)-year period following the initial placement. Re-cementation of fixed partial dentures (FPDs) is payable as a Restorative benefit and allowed once per prosthesis within a three (3)-year period following the initial placement. Re-cementation of prefabricated crowns is allowed once per tooth within a twelve (12)-month period following the initial placement.</li> <li>○ Re-cementation or re-bonding of an indirectly fabricated post and core is allowed once within a (12)-month period following the initial placement.</li> <li>○ Restoration/protection of teeth with tooth surface loss is allowed due to attrition or abrasion using custom or prefabricated crowns or onlays. Preauthorization required.</li> <li>○ Restorative dental services related to an overdenture are not covered, except for root canal therapy and core buildup.</li> <li>○ 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.</li> </ul>								



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	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>							
	<ul style="list-style-type: none"> <li><b>Crown (Custom and Pre-Fabricated) Restoration Services – Related Exclusions Under PEHP Master Policy (may not be an all-inclusive list):</b> <ul style="list-style-type: none"> <li>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.</li> <li>Appliance or restorations necessary to increase vertical dimension of teeth or restore or equilibrate the occlusion; occlusal analysis or adjustment.</li> <li>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>Crowns with facings posterior to the second bicuspid.</li> <li>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>Prefabricated ceramic or porcelain crown and stainless-steel crown with resin window on posterior teeth.</li> <li>Prosthodontic appliance repair — including crowns, fixed partial dentures (bridges), inlays, labial veneers, and onlays —when necessitated by restorative material failure.</li> <li>Replacement of crowns for the purpose of altering the vertical dimension of occlusion (VDO).</li> <li>Replacement restorations performed for cosmetic reasons, patient preference, or due to minor wear without decay.</li> <li>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.</li> </ul> </li> <li><b>Pre-Authorization Requirement for Crowning Due to Tooth Surface Loss (TSL):</b> <ul style="list-style-type: none"> <li>Custom and Pre-Fabricated Crowns (D2710–D2794, D2928–D2934): Pre-authorization is required for restoration or protection of teeth with tooth surface loss (TSL) due to abrasion or attrition.</li> <li><b>Medical Necessity Criteria:</b> <ul style="list-style-type: none"> <li>PEHP may consider a single-tooth, custom-made or permanent crown medically necessary for teeth exhibiting extensive tooth surface loss (TSL) when related to abrasion, attrition, or occlusal forces, and at least one of the following conditions is present: <ul style="list-style-type: none"> <li>Functional issues — defined as difficulty chewing or incising food, where loss of tooth structure impairs normal oral function; or</li> <li>Hypersensitivity — defined as generalized or localized sensitivity resulting from exposed dentin or pulp due to surface loss; or</li> <li>Progressive or ongoing TSL — defined as continued loss of tooth structure caused by occlusal forces, indicating active deterioration; or</li> <li>Pulpal symptoms — defined as clinical signs such as reversible pulpitis or pulp exposure directly attributable to surface loss; or</li> <li>Tooth fracture risk — defined as increased susceptibility to structural failure or breakage due to weakened tooth integrity;</li> <li><b>Note:</b> 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.</li> </ul> </li> </ul> </li> <li><b>Required Documentation:</b> <ul style="list-style-type: none"> <li>To support a pre-authorization request, submit the following: <ul style="list-style-type: none"> <li>Clinical Narrative: A detailed explanation of the medical necessity for the crown or onlay, specifically addressing the cause and extent of tooth surface loss.</li> <li>Completed pre-authorization form. <a href="#">Single-Tooth Prosthodontic Restoration</a></li> <li>Diagnostic Imaging: Pre-treatment bitewing or periapical radiographs showing the affected tooth and surrounding structures.</li> <li>Photographic Evidence: Intraoral and clinical images that support the diagnosis and treatment need.</li> <li>Previous Restoration Date (if applicable): Include the date of any prior crown placement, repair, or re-cementing/re-bonding.</li> <li>Tooth Identification: Clearly indicate the specific tooth number requiring restoration.</li> </ul> </li> </ul> </li> <li><b>Pre-Authorization Requirement for Crowning Peg Laterals (#7 and #10):</b> <ul style="list-style-type: none"> <li>Custom Crowns (D2710–D2794): Pre-authorization is required for crowning of peg lateral incisors (teeth #7 and #10).</li> </ul> </li> </ul> </li></ul>							

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<ul style="list-style-type: none"> <li>○ <b>Medical Necessity Criteria:</b> <ul style="list-style-type: none"> <li>▪ PEHP may consider a single-tooth, custom-made or permanent crown for peg laterals medically necessary when the condition is linked to genetic factors or developmental disruptions during tooth formation, and at least one of the following applies: <ul style="list-style-type: none"> <li>➢ Functional Improvement: Restores proper incisal edge for biting and occlusal guidance.</li> <li>➢ Prosthetic Support: Serves as an anchor for bridges or implant abutments.</li> <li>➢ Structural Reinforcement: Addresses enamel or dentin deficiencies that increase fracture risk.</li> </ul> </li> <li>▪ <b>Note:</b> Crowns placed solely for cosmetic reasons are excluded under the Master Policy.</li> </ul> </li> <li>○ <b>Required Documentation:</b> <ul style="list-style-type: none"> <li>▪ To support a pre-authorization request, submit the following: <ul style="list-style-type: none"> <li>➢ Clinical Narrative: A detailed explanation of the medical necessity, including any genetic or developmental factors contributing to the peg lateral condition.</li> <li>➢ Completed pre-authorization form.</li> <li>➢ Photographic Evidence: Intraoral and clinical images that demonstrate the diagnosis and need for treatment.</li> <li>➢ Previous Restoration Date (if applicable): Include the date of any prior crown placement if requesting a replacement.</li> <li>➢ Radiographic Evidence: Pre-treatment bitewing or periapical X-rays showing the affected teeth.</li> <li>➢ Tooth Identification: Clearly indicate the specific teeth being treated (#7 and #10).</li> </ul> </li> </ul> </li> </ul>								
D2710	Crown - resin-based composite (indirect)	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>• Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>• Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>• Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>• Crowning of peg laterals</li> <li>• Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li>• <a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>• Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2712	Crown - ¾ resin-based composite (indirect) does not include facial veneers	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>• Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>• Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>• Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>• Crowning of peg laterals</li> <li>• Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li>• <a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>• Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2720	Crown - resin with high noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>• Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year</li> </ul>	<ul style="list-style-type: none"> <li>• Crowning of peg laterals</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowns Due to Tooth</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>

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			<p>period. Applies to crowns, implant crowns, onlays, and labial veneers.</p> <ul style="list-style-type: none"> <li>• Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>• Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>• Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<p><a href="#">Surface Loss (TSL) Pre-Authorization</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>• Tooth identification</li> </ul>			
D2721	Crown -resin with predominantly base metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>• Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>• Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>• Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>• Crowning of peg laterals</li> <li>• Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li>• <a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>• Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2722	Crown - resin with noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>• Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>• Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>• Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>• Crowning of peg laterals</li> <li>• Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li>• <a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>• Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2740	Crown - porcelain/ceramic	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>• Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>• Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> </ul>	<ul style="list-style-type: none"> <li>• Crowning of peg laterals</li> <li>• Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li>• <a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>• Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>

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			<ul style="list-style-type: none"> <li>Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>					
D2750	Crown -porcelain fused to high noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2751	Crown -porcelain fused to predominantly base metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in a 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2752	Crown -porcelain fused to noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in a 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2753	Crown -porcelain fused to titanium and titanium alloys	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in a 5-year</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>

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			period. Applies to crowns, implant crowns, onlays, and labial veneers. <ul style="list-style-type: none"> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<a href="#">Surface Loss (TSL) Pre-Authorization</a> <ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>			
D2780	Crown -¾ cast high noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in a 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Eligible on permanent teeth only, excluding teeth #1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32.</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2781	Crown -¾ cast predominantly base metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2782	Crown -¾ cast noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>

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D2783	Crown - ¾ porcelain/ceramic (not veneers)	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2790	Crown - full cast high noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2791	Crown - full cast predominantly base metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2792	Crown - full cast noble metal	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>



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			<ul style="list-style-type: none"> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).</li> </ul>	(TSL) from abrasion or attrition	<a href="#">Laterals (Teeth #7 and #10) Pre-Authorization</a> <ul style="list-style-type: none"> <li>Tooth identification</li> </ul>			
D2794	Crown -titanium	1 per tooth in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.</li> <li>Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition.</li> <li>Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).</li> </ul>	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li><a href="#">Required Documentation for Crowning of Peg Laterals (Teeth #7 and #10) Pre-Authorization</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression <i>[provisional crown]</i>	Once per tooth	Eligible as a one-time per tooth “restorative” benefit when used as an interim restoration of at least 6 months duration to allow healing; amount will not be deducted later from a permanent crown.	<ul style="list-style-type: none"> <li>Crowning of peg laterals</li> <li>Restorations protecting teeth with surface loss (TSL) from abrasion or attrition</li> </ul>	<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for an interim crown, expected timeline for final crown placement, and summary of radiographic findings when applicable</li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2920	Re-cement or re-bond crown	Once per tooth in a 3-year period for custom crowns, and once per tooth in a 12-month period for prefabricated crowns, following the initial placement		Pre-authorization is required for initial restorations due to attrition or abrasion, and for labial veneers.	Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2928	Prefabricated porcelain/ceramic	Prefabricated crowns are	<ul style="list-style-type: none"> <li>Coverage is permitted only after root canal therapy on the tooth or with</li> </ul>	Restorations protecting teeth	<ul style="list-style-type: none"> <li><a href="#">Required Documentation for Crowns Due to Tooth</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	crown - permanent tooth	limited to one per tooth in a 24-month period	prior approval for an eligible condition. • Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).	with surface loss (TSL) from abrasion or attrition	<a href="#">Surface Loss (TSL) Pre-Authorization</a> • Tooth identification			
D2929	Prefabricated porcelain/ceramic crown- primary tooth	Prefabricated crowns are limited to one per tooth in a 24-month period	Coverage is permitted only after pulpotomy or pulpectomy on the tooth or with prior approval for an eligible condition.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2930	Prefabricated stainless steel crown -primary tooth	Prefabricated crowns are limited to one per tooth in a 24-month period	Coverage is permitted only after pulpotomy or pulpectomy on the tooth or with prior approval for an eligible condition.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2931	Prefabricated stainless steel crown - permanent tooth	Prefabricated crowns are limited to one per tooth in a 24-month period	• Coverage is permitted only after root canal therapy on the tooth or with prior approval for an eligible condition. • Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2932	Prefabricated resin crown	Prefabricated crowns are limited to one per tooth in a 24-month period	• Coverage is permitted only following root canal therapy on permanent teeth, pulpotomy or pulpectomy on a primary tooth, or with prior approval for an eligible condition. • Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2933	Prefabricated stainless steel crown with resin window	Prefabricated crowns are limited to one per tooth in a 24-month period	• Coverage is permitted only following root canal therapy on permanent teeth, pulpotomy or pulpectomy on a primary tooth, or with prior approval for an eligible condition. • Eligible on permanent teeth only, excluding third molars (#1, 16, 17, and 32).	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>



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D2934	Prefabricated esthetic coated stainless-steel crown -primary tooth	Prefabricated crowns are limited to one per tooth in a 24-month period	Coverage is permitted only after pulpotomy or pulpectomy on the tooth or with prior approval for an eligible condition.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	<ul style="list-style-type: none"> <li>• <a href="#">Required Documentation for Crowns Due to Tooth Surface Loss (TSL) Pre-Authorization</a></li> <li>• Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2956	Removal of an indirect restoration on a natural tooth	Not covered				<a href="#">Fixed Prosthodontics</a>		
D2980	Crown repair necessitated by restorative material failure	Not covered				<a href="#">Fixed Prosthodontics</a>		

#### Dental Implant Restoration Services: D6010 to D6199

*Dental implants are a surgical solution for replacing missing teeth, functioning as artificial tooth roots that fuse with the jawbone through a process called osseointegration, creating a stable and long-lasting foundation for replacement teeth such as crowns, bridges, or dentures. A complete dental implant typically consists of two to three components: the implant post (a titanium or ceramic screw placed into the jawbone), an abutment (a connector that may be custom or prefabricated), and the crown (the visible, functional tooth), which may be attached via screw or cement. After surgical placement, the implant requires a healing period of at least three months before the prosthetic tooth or teeth are added. Implants can replace single teeth or support more complex restorations like bridges and full-arch dentures—either fixed (removable only by a dentist) or removable overdentures that snap onto the implants for patient convenience.*

#### • Dental Implant Restoration Services – Related Benefits and Limitations Under PEHP Master Policy:

- 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.
- 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.
- 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.
- 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.

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<ul style="list-style-type: none"> <li>Repairs to an implant-supported crown, bridge, or denture are allowed once per prosthesis within three (3)-year period.</li> <li>Replacement of an implant screw is allowed once per implant site within a three (3)-year period.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Treatment in progress at the time of eligibility or prior to benefit inception will not be eligible for benefit payments.</li> <li>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.</li> </ul> <p>• <b>Dental Implant Restoration Services – Related Exclusions Under PEHP Master Policy (may not be an all-inclusive list):</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Appliance or restorations necessary to increase vertical dimension of teeth or restore or equilibrate the occlusion; occlusal analysis or adjustment.</li> <li>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals.</li> <li>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.</li> <li>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures.</li> <li>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).</li> <li>Replacement restorations performed for cosmetic reasons, patient preference, or due to minor wear without decay.</li> <li>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.</li> <li>Unbundling or fragmentation of codes.</li> </ul> <p>• <b>Dental Implant Related Restoration Services – Documentation Requirements:</b></p> <ul style="list-style-type: none"> <li>Narratives must be included in the Remarks/Narrative section of the ADA claim form for implant-related CDT codes. The narrative should document medical necessity, the date of tooth loss or extraction, and summary of radiographic findings when applicable. A single comprehensive narrative may apply to all related implant component codes submitted together.</li> </ul> <p>• <b>Missing Tooth Exclusion:</b></p>								

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<p>○ 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 bridge, denture, fixed partial denture (bridge), or implant was in place at the time the Coverage became effective.</p>								
D6010	Surgical placement of implant body: endosteal implant	1 per implant site in a 5-year period	<b>Procedure Explained:</b> The surgical placement of an endosteal implant body into the jawbone to support a future prosthetic restoration and encompasses local anesthesia (including regional block and trigeminal division block), suturing if necessary, and routine postoperative care.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6011	Surgical access to an implant body (second stage implant surgery)	Not covered; no separate reimbursement is provided, as the cost is included in the overall dental implant procedure.	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Second-stage implant surgery involves uncovering the implant by removing overlying tissue to allow placement of the final prosthetic fixture.</li> <li>Considered inclusive with D6010.</li> </ul>			<a href="#">Fixed Prosthodontics</a>		
D6012	Surgical placement of interim implant body for transitional prosthesis; endosteal implant	1 per implant site in a 5-year period	<b>Procedure Explained:</b> The surgical placement of an interim endosteal implant body to support a transitional prosthesis, intended for temporary use during healing or preparation for a permanent restoration, and includes local anesthesia (including regional block and trigeminal division block), suturing if necessary, and routine postoperative care.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6013	Surgical placement of mini-implant	1 per implant site in a 5-year period	CDT code D6013 covers all stages of implant placement—such as surgical insertion, healing, and integration—specifically for the purpose of stabilizing a removable denture and is not intended for individual tooth replacement.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6040	Surgical placement: eposteal implant	1 per implant site in a 5-year period	<b>Procedure Explained:</b> Surgical placement of an eposteal implant, which is positioned on top of		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			the jawbone beneath the gum tissue and is typically used in cases of severe bone loss where traditional endosteal implants are not viable.		tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>			
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	Once per implant site in a 12-month period with a maximum of 3 per lifetime of the implant	<b>Procedure Explained:</b> Non-surgical cleaning of a single dental implant affected by peri-implantitis, involving scaling and debridement to reduce inflammation, bleeding on probing, and deep pocketing, including cleaning of the implant surfaces without surgical flap entry or closure.		• Implant site (corresponding permanent tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6050	Surgical placement: transosteal implant	1 per implant site in a 5-year period	<b>Procedure Explained:</b> Surgical placement of a transosteal implant, which is inserted through the jawbone and anchored from below, typically used in cases of severe mandibular bone loss where conventional implant techniques are not viable, and includes surgical access, implant placement, wound closure, and routine postoperative care.		• Implant site (corresponding permanent tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6051	Placement of interim implant abutment	1 per implant site in a 5-year period	<b>Procedure Explained:</b> Includes both the placement and removal of an interim abutment used to support a transitional prosthesis during the healing phase of implant treatment and includes local anesthesia (including regional block and trigeminal division block), suturing if necessary, and routine postoperative care.		• Implant site (corresponding permanent tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6055	Connecting bar - implant supported or abutment supported	Not covered; no separate reimbursement is provided, as the cost is included in the overall dental	Connector bars are not separately covered, as they are considered part of the overall implant procedure.			<a href="#">Fixed Prosthodontics</a>		

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		implant procedure.						
D6056	Prefabricated abutment - includes modification and placement	1 per implant site in a 5-year period			<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6057	Custom fabricated abutment - includes placement	1 per implant site in a 5-year period			<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6058	Abutment supported porcelain/ceramic crown	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6061	Abutment supported porcelain fused to metal crown (noble metal)	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6062	Abutment supported cast metal crown (high noble metal)	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6063	Abutment supported cast metal crown predominantly base metal)	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6064	Abutment supported cast metal crown (noble metal)	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6065	Implant supported porcelain/ceramic crown	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6066	Implant supported crown - porcelain fused to high noble alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6067	Implant supported crown - high noble alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6068	Abutment supported retainer for porcelain/ceramic FPD	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6071	Abutment supported retainer for porcelain	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or		<ul style="list-style-type: none"> <li>Implant site (corresponding permanent</li> </ul>	<a href="#">Fixed Prosthodontics</a>		



CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	fused to metal FPD (noble metal)		implant-supported) per arch in a 5-year period per Master Policy.		tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>			
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		• Implant site (corresponding permanent tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		• Implant site (corresponding permanent tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		• Implant site (corresponding permanent tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6075	Implant supported retainer for ceramic FPD	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		• Implant site (corresponding permanent tooth number) identification • <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		



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					<ul style="list-style-type: none"> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>			
D6077	Implant supported retainer for metal FPD - high noble alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	Once in a 6-month period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Implant maintenance is the removal and reinsertion of prostheses, along with thorough cleaning of both the prosthetic components and the underlying abutments to maintain oral health and implant longevity.</li> <li>Coverage applies to all teeth in an arch and not on a per-tooth basis.</li> </ul>			<a href="#">Fixed Prosthodontics</a>		
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.	Once per implant site in a 12-month period with a maximum of 3 per lifetime of the implant	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Non-surgical scaling and debridement of a single dental implant affected by mucositis, targeting inflammation, bleeding on probing, and increased pocket depths by cleaning the implant surfaces without flap entry or closure.</li> <li>Not covered when performed in conjunction with the following procedures: D1110 (adult prophylaxis), D4346 (scaling in the presence of generalized moderate or severe gingival inflammation), or D4910 (periodontal maintenance), as these services are considered mutually exclusive and may not be billed together during the same appointment.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6082	Implant supported crown - porcelain fused to predominantly base alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6083	Implant supported crown - porcelain fused to noble alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6085	Provisional implant crown	Once per implant	Eligible as a one-time per tooth “restorative” benefit when used as an interim restoration of at least 6 months duration to allow healing; amount will not be deducted later from a permanent crown.		<ul style="list-style-type: none"> <li>• Detailed narrative Remarks/Narrative section of the ADA claim form, including the medical necessity for a provisional implant crown and the expected timeline for final crown placement.</li> <li>• Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6086	Implant supported crown - noble alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6087	Implant supported crown - predominantly base alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6088	Implant supported crown - titanium and titanium alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6089	Accessing and retorquing a loose implant screw - per screw	Once per implant site in a 12-month period			Implant site (corresponding permanent tooth number) identification	<a href="#">Fixed Prosthodontics</a>		
D6090	Repair implant/abutment supported prosthesis	Once per prosthesis in a 3-year period			<ul style="list-style-type: none"> <li>Detailed narrative Remarks/Narrative section of the ADA claim form, including the medical necessity and nature of the repair</li> <li>Range of tooth numbers or implant sites that the prosthesis spans</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	Not covered	Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures are excluded from coverage per Master Policy.			<a href="#">Fixed Prosthodontics</a>		
D6092	Re-cement or re-bond implant/abutment supported crown	Once per implant site in a 3-year period			<ul style="list-style-type: none"> <li>Date of implant or date of most recent re-cementing</li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Once per prosthesis in a 3-year period			<ul style="list-style-type: none"> <li>Date of implant or date of most recent re-cementing</li> <li>Range of tooth numbers or implant sites that the prosthesis spans</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6094	Abutment supported crown - titanium and titanium alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6096	Remove broken implant retaining screw	Once per tooth in a 6-month period			Implant site (corresponding permanent tooth number) identification	<a href="#">Fixed Prosthodontics</a>		
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	1 per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6100	Surgical removal of a dental implant body	Once per implant site in a 5-year period			<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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					tooth number) identification			
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Once per implant site in a 3-year period with a maximum of 2 per lifetime of the implant (D6101 or D6102)			<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
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	Once per implant site in a 3-year period with a maximum of 2 per lifetime of the implant (D6101 or D6102)	<b>Procedure Explained:</b> Debridement and osseous contouring of a peri-implant defect involves surgically accessing the site via flap entry, cleaning exposed implant surfaces, removing inflamed tissue, reshaping surrounding bone, and closing the flap to restore peri-implant health.		<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	Once per implant site in a 3-year period with a maximum of 2 per lifetime of the implant	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Surgically placing graft material around a compromised implant site to regenerate lost bone, restore structural support, and promote long-term implant stability.</li> <li>• Coverage for CDT D6103 and D6104 applies exclusively to implant sites with corresponding permanent teeth (#2–15 and #18–31); third molars (#1, #16, #17, #32) are excluded.</li> </ul>		<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Bone Replacement Grafts</a>  <a href="#">Fixed Prosthodontics</a>		
D6104	Bone graft at time of implant placement	Once per implant site at the time of implant placement	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Bone graft material is placed around an implant during its surgical insertion to enhance bone volume and support.</li> <li>• Coverage for CDT D6103 and D6104 applies exclusively to implant sites with corresponding permanent teeth (#2–15 and #18–31); third molars (#1, #16, #17, #32) are excluded.</li> </ul>		<ul style="list-style-type: none"> <li>• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>• Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Bone Replacement Grafts</a>  <a href="#">Fixed Prosthodontics</a>		

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D6105	Removal of implant body not requiring bone removal for flap elevation	Once per implant in a 5-year period			<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6106	Guided tissue regeneration - resorbable barrier, per implant	Once per implant site in a 24-month period with a maximum of 3 per lifetime of the implant (D6106 or D6107)	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A dissolvable membrane placed around a dental implant to encourage bone and tissue regeneration while preventing unwanted soft tissue growth, typically performed at one implant site.</li> <li>Coverage applies exclusively to implant sites with corresponding permanent teeth (#2–15 and #18–31); third molars (#1, #16, #17, #32) are excluded.</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>  <a href="#">Guided Tissue Regeneration</a>		
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	Once per implant site in a 24-month period with a maximum of 3 per lifetime of the implant (D6106 or D6107)	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A surgical procedure where a durable membrane is placed around a dental implant to promote bone and tissue regeneration, requiring later removal since the barrier does not dissolve naturally.</li> <li>Coverage for applies exclusively to implant sites with corresponding permanent teeth (#2–15 and #18–31); third molars (#1, #16, #17, #32) are excluded.</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Implant site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>  <a href="#">Guided Tissue Regeneration</a>		
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services –</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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			immediate, overdenture, permanent, and implant-supported types.		<a href="#">Documentation Requirements</a>			
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services –</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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			immediate, overdenture, permanent, and implant-supported types.		<a href="#">Documentation Requirements</a>			
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	1 per arch in a 5-year period	Benefit, per Master Policy, limited to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6121	Implant supported retainer for metal FPD - predominantly base alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6122	Implant supported retainer for metal FPD - noble alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	Once per arch in a 6-month period	<ul style="list-style-type: none"> <li>Not covered when performed in conjunction with the following procedures: D1110 (adult prophylaxis), D4346 (scaling in the presence of generalized moderate or severe gingival inflammation), or D4910 (periodontal maintenance), as these services are considered mutually exclusive and may not be</li> </ul>		Arch identification	<a href="#">Fixed Prosthodontics</a>		



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			billed together during the same appointment. • D6180 covers implant maintenance for a full arch fixed hybrid prosthesis and is not billed per tooth, as it includes care for all implants and abutments within that arch.					
D6190	Radiographic/surgical implant index, by report	One per implant site in a 5-year period	<b>Procedure Explained:</b> The fabrication and use of a radiographic or surgical implant index, including custom surgical guides—such as those created with 3D printing—for precise implant positioning and treatment planning. This code is reported separately from implant placement and is billed as a single procedure, even when multiple teeth or implants are involved. For dental claims, D6190 should be used to report the guide itself.		<a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a>	<a href="#">Fixed Prosthodontics</a>		
D6191	Semi-precision abutment - placement	Not covered	Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures are excluded from coverage per Master Policy.			<a href="#">Fixed Prosthodontics</a>		
D6192	Semi-precision attachment - placement	Not covered	Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures are excluded from coverage per Master Policy.			<a href="#">Fixed Prosthodontics</a>		
D6193	Replacement of an implant screw	Once per implant site in a 3-year period			Implant site (corresponding permanent tooth number) identification	<a href="#">Fixed Prosthodontics</a>		
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		• <a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D6195	Abutment supported retainer - porcelain	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or		• <a href="#">Dental Implant Related Restoration Services –</a>	<a href="#">Fixed Prosthodontics</a>		

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	fused to titanium and titanium alloys		implant-supported) per arch in a 5-year period per Master Policy.		<a href="#">Documentation Requirements</a> • Tooth identification			
D6196	Removal of an indirect restoration on an implant retained abutment	Not separately reimbursable; considered inclusive to the overall implant procedure				<a href="#">Fixed Prosthodontics</a>		
D6197	Replacement of restorative material used to close an access opening of a screw - retained implant supported prosthesis, per implant	Once per implant site in a 6-month period			<ul style="list-style-type: none"> <li>Implant site (corresponding permanent tooth number) identification</li> <li><a href="#">Dental Implant Related Restoration Services – Documentation Requirements</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>		
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.	Not covered				<a href="#">Fixed Prosthodontics</a>		
D6199	Unspecified implant procedure, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.			<a href="#">Fixed Prosthodontics</a>		

#### Diagnostic Services: D0120 to D0999

*Diagnostic services in dentistry encompass the essential procedures used to examine, identify, and evaluate oral health conditions before treatment begins. They include comprehensive, periodic, limited, and emergency examinations, as well as oral cancer screenings, radiographic imaging such as bitewing, periapical, panoramic, and cone beam CT scans, and diagnostic records like photographs, impressions, and study models. Together, these services establish baseline records, enable early detection of problems like cavities, gum disease, or oral cancer, and provide the information needed to design effective treatment plans.*

#### • Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy:

- A re-evaluation is considered part of the primary procedure and is not reimbursed separately.
- A specialist examination is eligible for coverage during an initial visit when treatment is required from a recognized dental specialist (e.g., oral surgeon, endodontist, periodontist, pediatric dentist, or prosthodontist). Coverage for specialist examinations is limited to one per policy year and may be reimbursed in addition to a periodic examination performed by a different general dentist. However, if both examinations are conducted by the same provider, only the specialist exam is eligible for reimbursement. A consultation is allowed when provided by a dental specialist

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	<p><i>who is not the practitioner delivering the treatment. If a period of three (3) years or more has elapsed since a general dentist last saw the patient, the dentist may bill for a comprehensive oral evaluation, treating the visit as an initial examination. This provision does not apply to dental specialists.</i></p> <ul style="list-style-type: none"><li>○ <i>Complete mouth X-rays (14 periapical films plus posterior bitewings) and panoramic (Panorex) X-rays are each covered once every three years, but only one of these two imaging types is allowed during any three-year period. Complete mouth X-rays are only available to members aged 13 and older.</i></li><li>○ <i>Comprehensive oral evaluation is eligible as an initial extensive examination that includes recording of extra-oral and intra-oral hard and soft tissues, along with interpretation of diagnostic procedures. Coverage is allowed once within a three (3)-year period when performed by a general dentist, and once per policy year when performed by a specialist.</i></li><li>○ <i>Comprehensive periodontal evaluation is allowed once per policy year.</i></li><li>○ <i>Emergency exams are allowed only when performed to address sudden and severe dental symptoms—such as pain, swelling, or trauma—on an unplanned, urgent basis. They may not be billed as part of a routine or scheduled visit. An emergency exam may be reported with either a palliative treatment code or a specific treatment code, but not both.</i></li><li>○ <i>Emergency palliative treatment (short-term care to relieve dental pain) is allowed only when no other service is performed at the visit, except for an x-ray. If definitive treatment is provided during the emergency visit and fully resolves the condition so the patient does not need to return for additional care, then that service will be considered the definitive treatment, and payment will be made only for that procedure.</i></li><li>○ <i>Histopathological examinations (microscopic analysis of biopsied abnormal tissue to detect disease) are limited to a maximum of two examinations per policy year.</i></li><li>○ <i>Intraoral occlusal radiographs are allowed up to two times per policy year.</i></li><li>○ <i>Limited oral (problem focused) evaluations are allowed twice per policy year.</i></li><li>○ <i>Multiple periapical X-rays in a single visit are limited to the number allowed for a complete mouth series, but this does not count toward the three (3)-year frequency limit for complete mouth X-rays.</i></li><li>○ <i>Office visits outside a dentist’s regular hours—such as evenings, weekends, or holidays—may be allowed instead of an emergency exam, as long as they match the dentist’s documented off-hours. The visit may be reported with either a palliative treatment code or a specific treatment code, excluding definitive procedures and preventive services, but not both.</i></li><li>○ <i>One limited cone beam computed tomography (CBCT) scan is allowed per policy year, and one comprehensive CBCT scan is allowed once every three years.</i></li><li>○ <i>Oral and facial photographic images obtained either extraorally (outside the mouth, such as facial or jaw images) or intraorally (inside the mouth), for specific diagnostic purposes are allowed once within a three (3)-year period.</i></li><li>○ <i>Oral pathology laboratory services—diagnostic analyses of oral tissue or cellular samples to detect disease—are allowed when medically necessary; however, services related to genetic testing are not covered.</i></li><li>○ <i>Periodic oral evaluations are allowed twice per policy year. A problem-focused, detailed, or extensive oral evaluation may be reported in place of a periodic oral evaluation; however, reimbursement will be limited to the periodic oral evaluation rate. Re-evaluations are considered part of the primary procedure and are not separately reimbursable.</i></li><li>○ <i>Testing for a cracked tooth is allowed up to two times per policy year. Coverage is reported per diagnostic session, not per individual tooth.</i></li><li>○ <i>Two periapical and two bitewing X-rays, or four bitewing X-rays, are allowed within a six (6)-month period.</i></li></ul> <p>• <b>Diagnostic Services – Related Exclusions Under PEHP Master Policy (not an all-inclusive list):</b></p> <ul style="list-style-type: none"><li>○ <i>Antibody testing for a public health related pathogen, including coronavirus.</i></li><li>○ <i>Any orthodontic, surgical, or therapeutic procedure—including myofunctional therapy—performed to diagnose, correct, or treat temporomandibular joint syndrome or temporomandibular disorder (TMJ/TMD).</i></li><li>○ <i>Bacteriologic studies, including the collection and analysis of oral samples to identify bacterial presence.</i></li><li>○ <i>Caries susceptibility tests</i></li><li>○ <i>Charges for special equipment, machines, or devices in the Dentist’s office used to enhance Diagnostic or therapeutic services in a Dentist’s practice.</i></li><li>○ <i>Diagnostic videos.</i></li><li>○ <i>Genetic testing services, including the collection and preparation of specimens for analysis.</i></li><li>○ <i>Intraoral tomosynthesis radiographic imaging.</i></li><li>○ <i>Maxillofacial magnetic resonance imaging (MRI) or ultrasound</i></li><li>○ <i>Pulp vitality testing.</i></li><li>○ <i>Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</i></li><li>○ <i>Recording or charting of jaw movements and chewing functions (gnathological recordings).</i></li></ul>							

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<ul style="list-style-type: none"> <li>Saliva testing, including the collection, preparation, and analysis of oral fluid specimens at both the point-of-care and in the laboratory.</li> <li>Study molds or diagnostic casts, except in conjunction with eligible Orthodontic treatment.</li> <li>Unbundling or fragmentation of codes.</li> </ul> <ul style="list-style-type: none"> <li><b>Radiographic Imaging – Clinical Indications and Coverage Restrictions:</b> <ul style="list-style-type: none"> <li><b>Clinical Imaging Appropriateness and Documentation Standards:</b> <ul style="list-style-type: none"> <li><b>Cone Beam Computed Tomography (CBCT) Coverage Criteria:</b> <ul style="list-style-type: none"> <li>CBCT is considered medically necessary and clinically appropriate as an adjunctive advanced imaging modality when conventional radiographic techniques are insufficient to provide the anatomical detail required for accurate diagnosis, treatment planning, or surgical intervention. CBCT is indicated for complex clinical conditions such as cleft palate or craniofacial anomalies, dental implant planning, endodontic complications (e.g., root fractures, resorption), impacted teeth (e.g., third molars, supernumerary teeth), jaw pathology (e.g., cysts, tumors), orthognathic surgery planning, periodontal bone loss assessment, sinus evaluation, and trauma-related injuries (e.g., fractures, displacements), where enhanced visualization of dental, maxillofacial, or craniofacial structures is essential to ensure safe and effective care.</li> </ul> </li> <li><b>Diagnostic Imaging Use Standards:</b> <ul style="list-style-type: none"> <li>Radiographic and other diagnostic images must be obtained only when clinically warranted, based on a thorough assessment of the patient's symptoms, medical and dental history, and findings from the clinical examination. Imaging should serve a specific diagnostic or therapeutic purpose—such as identifying pathology, evaluating trauma, monitoring disease progression, assessing treatment outcomes, or supporting procedural planning. The use of routine or repetitive imaging without a clear clinical indication is discouraged and may not align with best practices or coverage guidelines. All diagnostic images must be of high quality to ensure clinical usefulness, clearly labeled with appropriate patient identifiers, and accurately dated. These standards are essential for maintaining the integrity of the patient's permanent clinical record and supporting continuity of care.</li> </ul> </li> </ul> </li> <li><b>Radiographs During Root Canal Therapy:</b> <ul style="list-style-type: none"> <li>Radiographs taken during root canal therapy—typically periapical X-rays—are essential for diagnosis, treatment planning, and verification. They are considered part of the comprehensive procedure and cannot be billed separately unless medically necessary for unrelated diagnostic purposes.</li> </ul> </li> </ul> </li> </ul> <ul style="list-style-type: none"> <li><b>Evaluation Related Coding Guidelines:</b> <ul style="list-style-type: none"> <li>Evaluations such as D0120, D0140, D0150, D0160, and D0180 should not be billed on the same date of service as full mouth debridement (D4355), as the presence of heavy plaque and calculus prevents a thorough and accurate assessment; instead, D4355 should be performed first to enable proper evaluation at a subsequent visit after healing.</li> <li>If a code is submitted that does not align with the member's age, it will be corrected to the appropriate CDT code.</li> <li>The benefit for dental services in a hospital Emergency room, including physicians' charges, is limited to the eligible fee for an Emergency exam in a dental office.</li> </ul> </li> </ul>								
D0120	Periodic oral evaluation	2 per policy year	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A routine dental check-up for established patients that includes reviewing medical and dental history, examining teeth and gums, screening for oral cancer, assessing bite and jaw function, and evaluating existing restorations to monitor changes in oral health since the last visit.</li> <li>Any additional diagnostic procedures should be reported separately.</li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> <li><a href="#">Evaluation Related Coding Guidelines</a></li> </ul>					

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D0140	Limited oral evaluation: problem-focused	2 per policy year	<ul style="list-style-type: none"> <li>This procedure is eligible when performed to relieve pain on an episodic basis but is not covered as part of routine or regularly scheduled appointments.</li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> <li><a href="#">Evaluation Related Coding Guidelines</a></li> </ul>					
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	2 per policy year for children under age 3	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A dental visit focused on visually assessing the child's oral health, identifying risk factors, and providing guidance to the caregiver on hygiene, nutrition, and developmental concerns to support early preventive care.</li> <li>Can be used instead of D0120 up to 2 times per policy year for children under age 3.</li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> <li><a href="#">Evaluation Related Coding Guidelines</a></li> </ul>					
D0150	Comprehensive oral evaluation, new or established patient	1 in a 3-year period for general dentists and 1 per policy year for specialists	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A detailed assessment and documentation of the patient's extraoral and intraoral hard and soft tissues, oral cancer screening, dental and medical history review, and general health evaluation. It also encompasses the examination and recording of dental caries, missing or unerupted teeth, restorations, prostheses, occlusal relationships, periodontal conditions (including screening and/or charting), and any tissue anomalies. Interpretation of diagnostic data may be required.</li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					

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			<ul style="list-style-type: none"> <li><a href="#">Evaluation Related Coding Guidelines</a></li> </ul>					
D0160	Detailed, extensive oral evaluation: problem-focused, by report	D0160 may substitute for a routine 6-month exam (D0120) when clinically necessary, with coverage limited to 2 per policy year	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A comprehensive dental assessment used to diagnose complex conditions, involving advanced diagnostic and cognitive processes guided by findings from a comprehensive oral exam, integration of additional diagnostic tools, and a formal written report to develop a treatment plan for a clearly described and documented condition such as dentofacial anomalies, complex perio-prosthetic cases, unexplained facial pain, sleep-related breathing issues, or issues requiring multi-disciplinary consultation.</li> <li>D0160 may substitute for a routine 6-month exam when clinically justified and is reimbursed at the D0120 rate. Coverage allows two evaluations per policy year, regardless of code. D0160 and D0120 should not be billed on the same date.</li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> <li><a href="#">Evaluation Related Coding Guidelines</a></li> </ul>					
D0170	Re-evaluation: limited, problem focused (established patient, not post-operative visit)	Not covered; payment is bundled into the related procedure						
D0171	Re-evaluation – post-operative office visit	Not covered						
D0180	Comprehensive periodontal evaluation - new or established patient	One per policy year	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A comprehensive periodontal evaluation for new or established patients, including full periodontal charting, assessment of gingival and bone health, probing depths, and evaluation of occlusion and dentition. It also includes a thorough review and documentation of the patient's dental</li> </ul>					

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			<p>and medical history, general health status, and risk factors such as smoking or diabetes. Indicated for patients exhibiting signs or symptoms of periodontal disease or those at increased risk, the exam may incorporate additional diagnostic tools to support treatment planning and may also include the evaluation of dental caries, missing or unerupted teeth, restorations, and occlusal relationships.</p> <ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> <li>• <a href="#">Evaluation Related Coding Guidelines</a></li> </ul>					
D0190	Screening of a patient	Not covered						
D0191	Assessment of a patient	Not covered						
D0210	Intraoral – complete series of radiographic images	One panoramic X-ray or full mouth series in a 3-year period	<ul style="list-style-type: none"> <li>• Benefit, per Master Policy, is limited to a single panoramic radiograph (D0330 or D0701) or full mouth series (D0210 or D0709) once in a 3-year period; both procedures are not covered within the same timeframe.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0220	Intraoral periapical – first radiographic image	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0230	Intraoral periapical – each additional radiographic image	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy.</li> </ul>					

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			<ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0240	Intraoral occlusal radiographic image	2 per policy year (D0240 or D0706)	<ul style="list-style-type: none"> <li>• Not eligible for coverage as a substitute for a complete intraoral radiographic series in pediatric members.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	Not covered						
D0251	Extra-oral posterior dental radiographic image	Not covered						
D0270	Bitewing – single radiographic image	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0272	Bitewings – two (2) radiographic images	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0273	Bitewings – three (3) radiographic images	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy.</li> </ul>					



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			<ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0274	Bitewings – four (4) radiographic images	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0277	Vertical bitewings – seven (7) to eight (8) radiographic images	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0310	Sialography	Not covered	<b>Procedure Explained:</b> A diagnostic imaging procedure used to evaluate the salivary glands and ducts by injecting contrast dye and taking X-ray images.					
D0320	Temporomandibular joint arthrogram, including injection	Not covered						
D0321	Other temporomandibular joint radiographic images, by report	Not covered						
D0322	Tomographic survey	Not covered						
D0330	Panoramic radiographic image	One panoramic X-ray or full mouth series in a 3-year period	<ul style="list-style-type: none"> <li>• Benefit, per Master Policy, is limited to a single panoramic radiograph (D0330 or D0701) or full mouth series (D0210 or D0709) once in a 3-year period; both procedures are not covered within the same timeframe.</li> </ul>					

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			<ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> <li>• If a panoramic x-ray is medically required for wisdom tooth extraction and at least one year has passed since the last one, it may be reimbursed as a one-time exception. After that, the standard three-year frequency limit will apply</li> </ul>					
D0340	Cephalometric radiographic image	Included in the fee for comprehensive orthodontic treatment	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> The acquisition, measurement, and analysis of a two-dimensional cephalometric radiographic image, typically used in orthodontic and surgical treatment planning to evaluate craniofacial structures, assess skeletal relationships, and monitor growth or anatomical changes over time.</li> <li>• D0340 is considered inclusive to comprehensive orthodontic treatment and is payable only when submitted as part of the orthodontic records. It is not separately covered as a routine benefit.</li> </ul>			<a href="#">Orthodontia Care</a>		
D0350	2D oral/facial photographic image obtained intraorally or extraorally	1 in a 3-year period for specific diagnostic purposes (D0350 or D0703)	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> The capture of two-dimensional photographic images taken either inside the mouth (intraoral) or outside the mouth (extraoral) to support diagnosis, treatment planning, progress documentation, or insurance claims. These non-radiographic images are typically used to document soft tissue conditions, track treatment outcomes, or supplement clinical records.</li> <li>• D0350 is billed per imaging session rather than per photo.</li> </ul>					

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			<ul style="list-style-type: none"> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	1 limited cone beam CT per policy year	<ul style="list-style-type: none"> <li>• Benefit limited to a single limited cone beam CT procedure (D0364 or D0380) per policy year, per Master Policy.</li> <li>• <a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	1 comprehensive cone beam CT in a 3-year period	<ul style="list-style-type: none"> <li>• Benefit limited to a single comprehensive cone beam CT (D0365, D0366, D0367, D0381, D0382, or D0383) within a 3-year period per Master policy.</li> <li>• <a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	1 comprehensive cone beam CT in a 3-year period	<ul style="list-style-type: none"> <li>• Benefit limited to a single comprehensive cone beam CT (D0365, D0366, D0367, D0381, D0382, or D0383) within a 3-year period per Master policy.</li> <li>• <a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	1 comprehensive cone beam CT in a 3-year period	<ul style="list-style-type: none"> <li>• Benefit limited to a single comprehensive cone beam CT (D0365, D0366, D0367, D0381, D0382, or D0383) within a 3-year period per Master policy.</li> <li>• <a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					

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D0368	Cone beam CT capture and interpretation for TMJ series including two (2) or more exposures	Not covered						
D0369	Maxillofacial MRI capture and interpretation	Not covered						
D0370	Maxillofacial ultrasound capture and interpretation	Not covered						
D0371	Sialo endoscopy capture and interpretation	Not covered	<b>Procedure Explained:</b> A minimally invasive diagnostic procedure used to visualize and assess the salivary ductal system. This technique involves inserting a small endoscope into the salivary ducts to identify obstructions, stones, strictures, or inflammation					
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images.	Not covered	<b>Procedure Explained:</b> An advanced dental imaging technique that produces layered, high-resolution images of the teeth and surrounding structures by combining multiple angled X-ray exposures.					
D0373	Intraoral tomosynthesis – bitewing radiographic image	Not covered						
D0374	Intraoral tomosynthesis – periapical radiographic image	Not covered						
D0380	Cone beam CT image capture with limited field of view – less than one (1) whole jaw	1 limited cone beam CT per policy year	<ul style="list-style-type: none"> <li>Benefit limited to a single limited cone beam CT procedure (D0364 or D0380) per policy year, per Master Policy.</li> <li><a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					

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D0381	Cone beam CT image capture and interpretation with field of view of one (1) full dental arch – mandible	1 comprehensive cone beam CT in a 3-year period	<ul style="list-style-type: none"> <li>Benefit limited to a single comprehensive cone beam CT (D0365, D0366, D0367, D0381, D0382, or D0383) within a 3-year period per Master policy.</li> <li><a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0382	Cone beam CT image capture and interpretation with field of view of one (1) full dental arch – maxilla, with or without cranium	1 comprehensive cone beam CT in a 3-year period	<ul style="list-style-type: none"> <li>Benefit limited to a single comprehensive cone beam CT (D0365, D0366, D0367, D0381, D0382, or D0383) within a 3-year period per Master policy.</li> <li><a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	1 comprehensive cone beam CT in a 3-year period	<ul style="list-style-type: none"> <li>Benefit limited to a single comprehensive cone beam CT (D0365, D0366, D0367, D0381, D0382, or D0383) within a 3-year period per Master policy.</li> <li><a href="#">Cone Beam Computed Tomography (CBCT) Coverage Criteria</a></li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Not covered						
D0385	Maxillofacial MRI image capture	Not covered						
D0386	Maxillofacial ultrasound image capture	Not covered						
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture	Not covered	<b>Procedure Explained:</b> An advanced dental imaging technique that produces layered, high-resolution images of the teeth and surrounding					

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			structures by combining multiple angled X-ray exposures.					
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Not covered						
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Not covered						
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Not covered						
D0393	Virtual treatment simulation using 3D image volume or surface scan. Virtual simulation of treatment including, but not limited to, dental implant placement, prosthetic reconstruction, orthognathic surgery and orthodontic tooth movement	Not covered; payment is bundled into the related procedure	<b>Procedure Explained:</b> A dentist or specialist utilizes a 3D image dataset—typically from a cone beam CT (CBCT) scan—to simulate a proposed treatment plan.					
D0394	Digital subtraction of two (2) or more images or image volumes of the same modality	Not covered	<b>Procedure Explained:</b> Digitally comparing two or more radiographic or 3D image volumes of the same type to highlight subtle anatomical changes over time, with CDT D0394 specifically describing the image subtraction technique used for advanced diagnostic evaluation.					
D0395	Fusion of two or more 3D image volumes of one or more modalities	Not covered	<b>Procedure Explained:</b> Merging two or more 3D image volumes from the same or different imaging sources to create a unified view of oral structures, with CDT D0395					

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			specifically describing this image fusion technique used to enhance diagnostic accuracy and treatment planning.					
D0396	3D printing of a 3D dental surface scan	Not covered; payment is bundled into the related procedure	<b>Procedure Explained:</b> The 3D printing of a physical dental model derived from a 3D surface scan. This procedure involves converting a digitally captured intraoral or extraoral scan into a tangible model used for diagnostic evaluation, treatment planning, or fabrication of dental appliances. The code applies specifically to the production of the printed model itself and does not include the scanning process.					
D0411	HbA1c in-office point of service testing	Not covered						
D0412	Blood glucose level test-in-office using a glucose meter	Not covered						
D0414	Laboratory processing of micro specimen to include culture and sensitivity studies, preparation, transmission of written report	Not covered						
D0415	Collection of microorganisms for culture and sensitivity	Not covered						
D0416	Viral Culture	Not covered						
D0417	Collection and preparation of saliva sample for laboratory analysis	Not covered						
D0418	Analysis of saliva sample - laboratory	Not covered						
D0419	Assessment of salivary flow by measurement	Not covered						
D0422	Collection and preparation of	Not covered						

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	genetic sample material for laboratory analysis and report							
D0423	Genetic test for susceptibility to diseases - specimen analysis	Not covered						
D0425	Caries susceptibility tests	Not covered						
D0426	Collection, preparation, and analysis of saliva sample-point-of-care	Not covered						
D0431	Adjunctive pre- diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not covered						
D0460	Pulp vitality tests	Not covered						
D0461	Testing for cracked tooth	Twice per policy year	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A diagnostic procedure used to evaluate suspected cracked teeth through targeted testing. This includes the use of clinical aids such as pressure sensitivity testing, transillumination, and staining to identify cracks and differentiate them from other conditions. The procedure may involve examining multiple teeth and comparing them to their contralateral counterparts.</li> <li>• D0461 is reported per diagnostic session—not per tooth.</li> </ul>					
D0470	Diagnostic casts	Included in the fee for comprehensive orthodontic treatment	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> The creation of diagnostic casts—three-dimensional models of a patient's teeth and oral structures made from impressions—for the purpose of clinical evaluation and treatment planning. These study</li> </ul>			<a href="#">Orthodontia Care</a>		



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			models provide a detailed visual and tactile reference to assess anatomical relationships, bite alignment, occlusion, spacing, and tooth positioning, and are commonly used in orthodontic, prosthodontic, and surgical cases. <ul style="list-style-type: none"> <li>Unless orthodontic treatment qualifies as a covered benefit, initial diagnostic records—including orthodontic radiographs (such as D0340), study models (D0470), and photographs—are considered part of the comprehensive treatment and will not be eligible for separate reimbursement.</li> </ul>					
D0472	Accession of tissue, gross examination, preparation, and transmission of written report	Allowable as medically necessary (D0472, D0473, or D0474)	<b>Procedure Explanation:</b> Collecting tissue—often from a biopsy or surgical site—for non-microscopic analysis, followed by visual inspection, specimen processing, and the creation of a written report based on gross examination.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0473	Accession of tissue, gross and microscopic examination, preparation, and transmission of written report	Allowable as medically necessary (D0472, D0473, or D0474)			<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report	Allowable as medically necessary (D0472, D0473, or D0474)			<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0475	Decalcification procedure	Not covered	<b>Procedure Explained:</b>					

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			Removing calcium from hard tissues like teeth or bone using chemical solutions, enabling the specimen to be softened, sectioned, and examined microscopically for diagnostic purposes; this procedure is commonly used in pathology labs to analyze extracted teeth, jawbone biopsies, or calcified lesions, allowing for histological evaluation and aiding in the diagnosis of conditions such as pulpal calcifications, osteomyelitis, jaw tumors, and bone remodeling disorders.					
D0476	Special stains for microorganisms	Not covered						
D0477	Special stains, not for microorganisms	Allowable as medically necessary			<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0478	Immunohistochemical stains	Allowable as medically necessary	<b>Procedure Explained:</b> A diagnostic technique in dental pathology that uses targeted antibodies to identify specific proteins or antigens in tissue samples. Typically performed after a biopsy, it helps distinguish between benign and malignant lesions, assess abnormal tissue characteristics, and guide accurate diagnosis and treatment decisions.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0479	Tissue in-situ hybridization, including Interpretation	Not covered	<b>Procedure Explained:</b> A molecular diagnostic procedure used to detect specific DNA or RNA sequences in oral tissue samples, commonly aiding in the diagnosis of oral cancers, viral infections such as HPV, and genetic or hereditary disorders.					

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D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Allowable as medically necessary	<b>Procedure Explained:</b> Collecting shed cells from mucosal surfaces, preparing and staining the sample, examining it microscopically to detect abnormalities such as infections or precancerous changes, and documenting the findings in a written report for diagnostic purposes.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0481	Electron microscopy	Allowable as medically necessary	<b>Procedure Explained:</b> An advanced imaging technique that uses high-resolution electron beams to examine tissue samples at the cellular and molecular level, typically performed when conventional histology is insufficient, helping diagnose rare or complex oral conditions such as unusual lesions, cellular abnormalities, or infectious agents.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0482	Direct immunofluorescence	Allowable as medically necessary	<b>Procedure Explained:</b> A diagnostic test that identifies immune deposits in oral tissue biopsies, commonly used to detect autoimmune conditions like pemphigus vulgaris or oral lichen planus.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0483	Indirect immunofluorescence	Allowable as medically necessary	<b>Procedure Explained:</b> A laboratory procedure that detects circulating autoantibodies in blood samples, helping diagnose mucosal diseases such as mucous membrane pemphigoid or pemphigus vulgaris.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0484	Consultation on slides prepared elsewhere	Not covered						
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not covered						

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D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report	Allowable as medically necessary			<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>ICD-10 code</li> </ul>			
D0502	Other oral pathology procedures, by report	Not covered						
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	Not covered; payment is bundled into the related procedure						
D0601	Caries risk assessment and documentation, with a finding of low risk	Not covered; payment is bundled into the related procedure						
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Not covered; payment is bundled into the related procedure						
D0604	Antigen testing for a public health related pathogen including coronavirus	Not covered						
D0605	Antibody testing for a public health related pathogen including coronavirus	Not covered						
D0701	Panoramic radiographic Image – image capture only	One panoramic X-ray or full mouth series in a 3-year period	<ul style="list-style-type: none"> <li>Benefit, per Master Policy, is limited to a single panoramic radiograph (D0330 or D0701) or full mouth series (D0210 or D0709) once in a 3-year period; both procedures are not covered within the same timeframe.</li> <li><a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					

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D0702	2-D cephalometric radiographic image – image capture only	Included in the fee for comprehensive orthodontic treatment	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> The acquisition, measurement, and analysis of a two-dimensional cephalometric radiographic image, typically used in orthodontic and surgical treatment planning to evaluate craniofacial structures, assess skeletal relationships, and monitor growth or anatomical changes over time.</li> <li>• D0702 is considered inclusive to comprehensive orthodontic treatment and is payable only when submitted as part of the orthodontic records. It is not separately covered as a routine benefit.</li> </ul>			<a href="#">Orthodontia Care</a>		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	1 in a 3-year period for specific diagnostic purposes (D0350 or D0703)	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> The capture of two-dimensional photographic images taken either inside the mouth (intraoral) or outside the mouth (extraoral) to support diagnosis, treatment planning, progress documentation, or insurance claims. These non-radiographic images are typically used to document soft tissue conditions, track treatment outcomes, or supplement clinical records.</li> <li>• D0703 is billed per imaging session rather than per photo.</li> <li>• <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a></li> </ul>					
D0705	Extra-oral posterior dental radiographic image – image capture only	Not covered						
D0706	Intraoral – occlusal radiographic image – image capture only	2 per policy year (D0240 or D0706)						
D0707	Intraoral – periapical	Up to 2 periapical and 2 bitewing	<ul style="list-style-type: none"> <li>• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing</li> </ul>					

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	radiographic image – image capture only	radiographs, or up to 4 bitewings radiographs in a 6-month period	(D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy. • <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a>					
D0708	Intraoral – bitewing radiographic image – image capture only	Up to 2 periapical and 2 bitewing radiographs, or up to 4 bitewings radiographs in a 6-month period	• Benefit limited to 2 periapical (D0220, D0230, or D0707) and 2 bitewing (D0270, D0272, D0273, D0274, or D0708) radiographs, or up to 4 bitewing radiographs in a 6-month period per Master Policy. • <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a>					
D0709	Intraoral – complete series of radiographic images – image capture only	One panoramic X-ray or full mouth series in a 3-year period	• Benefit, per Master Policy, is limited to a single panoramic radiograph (D0330 or D0701) or full mouth series (D0210 or D0709) once in a 3-year period; both procedures are not covered within the same timeframe. • <a href="#">Diagnostic Services – Related Benefits and Limitations Under PEHP Master Policy</a>					
D0801	3D intraoral surface scan – direct	Not covered; payment is bundled into the related procedure						
D0802	3D dental surface scan – indirect	Not covered; payment is bundled into the related procedure						
D0803	3D facial surface scan – direct	Not covered; payment is bundled into the related procedure						
D0804	3D facial surface scan – indirect	Not covered; payment is bundled into the related procedure						

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D0999	Unspecified diagnostic procedure, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.					
<b>Endodontic Services: D3110 to D3999</b>								
<i>Endodontics is a dental specialty focused on diagnosing and treating conditions affecting the tooth's inner structures, particularly the pulp and root canals. It includes procedures such as root canal therapy, pulpotomy, pulpectomy, and extirpation of infected pulp tissue, all aimed at preserving the natural tooth.</i>								
<p>• <b>Endodontic Services – Related Benefits and Limitations Under PEHP Master Policy:</b></p> <ul style="list-style-type: none"> <li>○ Apicoectomy is allowed once per permanent tooth, excluding third molars, within a three (3)-year period.</li> <li>○ A post is a Covered Service only following root canal therapy on the permanent tooth, excluding the third molars. A replacement post is limited to once in five-year period when placed in conjunction with a crown.</li> <li>○ A pulp cap, whether direct or indirect, shall be permitted once per tooth within any eighteen (18)-month period. Reimbursement for any pulp cap procedure, together with its associated restoration (e.g., composite filling or crown), shall be deducted from root canal therapy, buildup, or crown procedures when performed on the same tooth within the same eighteen (18)-month period. Additional payment for a cement base shall not be permitted separately, as a cement base is a protective layer placed under a restoration to insulate the pulp.</li> <li>○ Benefits may be available for certain root canal complications, such as blocked canals, incomplete treatment, teeth that cannot be treated or are fractured, or repairs needed if a canal wall is perforated.</li> <li>○ Biologic materials to aid in soft and osseous tissue regeneration is allowed once per permanent tooth, excluding third molars, when performed in conjunction with periradicular surgery.</li> <li>○ Bone grafting performed in conjunction with periradicular surgery is allowed once per permanent tooth, excluding third molars, within a three (3)-year period.</li> <li>○ Decoronation (removal of the crown portion of a tooth) or submergence (intentional lowering of a tooth below the gum line) of an erupted tooth is allowed once per third molars.</li> <li>○ Final restorations are considered separate procedures following endodontic treatment and are allowed separately.</li> <li>○ Guided tissue regeneration using a resorbable barrier is allowed once per permanent tooth, excluding third molars, when performed in conjunction with periradicular surgery.</li> <li>○ Hemi-section, including removal of any root but excluding root canal therapy, is allowed once per permanent posterior tooth, excluding third molars.</li> <li>○ Incomplete endodontic therapy is allowed twice per permanent tooth.</li> <li>○ Partial pulpotomy (removal of a portion of the dental pulp to encourage continued root development) for apexogenesis (a procedure to allow the root tip of an immature permanent tooth to continue forming) is allowed once per permanent tooth.</li> <li>○ Pulpal debridement and pulpal therapy of primary teeth is allowed once per tooth.</li> <li>○ Pulpal debridement of permanent teeth is reimbursed only when performed by a provider other than the one who completes the root canal therapy (RCT). It may be billed once per tooth, and the Pulpal debridement of permanent teeth is allowed once per tooth and reimbursed only when performed by a provider other than the one completing root canal therapy (RCT). The RCT must be completed in twelve (12) months of the debridement. When both procedures are performed by the same provider, pulpal debridement is considered part of the RCT and is not reimbursed separately.</li> <li>○ Pulp caps, direct or indirect, are allowed to once per tooth in any eighteen (18)-month period. When performed on the same tooth within the same period, reimbursement for a pulp cap and its associated restoration (e.g., composite filling or crown) shall be deducted from root canal therapy, buildup, or crown procedures. No additional payment shall be made for a cement base, which is considered part of the restoration.</li> <li>○ Root canal therapy (RCT) of permanent teeth is allowed once per tooth, excluding third molars. Retreatment of a previously treated tooth is permitted once per tooth, also excluding third molars, and may begin no sooner than twelve (12) months after completion of the initial RCT. Retreatment required within twelve (12) months of the original procedure is considered inclusive of the initial treatment and is not reimbursed separately.</li> <li>○ Surgical exposure of a root surface without apicoectomy or repair of root resorption is allowed once per permanent tooth, excluding third molars. However, it is not eligible for separate reimbursement when performed by the same dentist on the same date as an apicoectomy.</li> <li>○ Surgical repair of root resorption is allowed once per permanent tooth, excluding third molars. However, it is not eligible for separate reimbursement when performed by the same dentist on the same date as an apicoectomy.</li> </ul>								

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<ul style="list-style-type: none"> <li>Therapeutic pulpotomy of permanent teeth is allowed once per tooth. If RCT is subsequently performed on the same tooth by the same provider, reimbursement for the pulpotomy will be deducted from the RCT fee. The pulpotomy may be reimbursed separately only when performed by a different provider than the one completing the RCT.</li> <li>Treatment of root canal obstruction and internal root repair of perforation defects are allowed once per permanent tooth, excluding third molars.</li> </ul> <p>• <b>Endodontic Services – Related Exclusions Under PEHP Master Policy (may not be an all-inclusive list):</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>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.</li> <li>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>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.</li> <li>The N2 or Sargenti root canal procedure, which uses paraformaldehyde-based paste to fill root canals.</li> <li>Unbundling or fragmentation of codes.</li> </ul>								
D3110	Pulp cap direct (excluding final restoration)	Once per tooth in an 18-month period (D3110 or D3120)	<p>• <b>Procedure Explained:</b> A dental procedure in which a protective medicament is placed over exposed or nearly exposed pulp tissue to preserve its vitality and prevent the need for root canal therapy.</p> <ul style="list-style-type: none"> <li>Additional payment for a cement base shall not be permitted separately, as it is a protective layer placed under a restoration to insulate the pulp.</li> <li>Any pulp cap procedure (direct or indirect), along with its associated restoration (e.g., composite filling or crown), will have its reimbursement deducted from root canal therapy, buildup, or crown procedures if completed on the same tooth within an 18-month period.</li> </ul>		Tooth identification			



CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D3120	Pulp cap indirect (excluding final restoration)	Once per tooth in an 18-month period (D3110 or D3120)	<ul style="list-style-type: none"> <li>• Additional payment for a cement base shall not be permitted separately, as it is a protective layer placed under a restoration to insulate the pulp.</li> <li>• Any pulp cap procedure (direct or indirect), along with its associated restoration (e.g., composite filling or crown), will have its reimbursement deducted from root canal therapy, buildup, or crown procedures if completed on the same tooth within an 18-month period.</li> </ul>		Tooth identification			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to dentinoceamental junction and application of medicament	Once per permanent tooth	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Removing the coronal portion of the pulp and applying a medicament to preserve the vitality of the remaining pulp tissue, excluding the final restoration.</li> <li>• If root canal therapy (RCT) is later performed on the same tooth by the same provider, reimbursement for the therapeutic pulpotomy will be deducted from the RCT fee. The pulpotomy may be reimbursed separately only when performed by a different provider than the one completing the RCT.</li> </ul>		Tooth identification			
D3221	Pulpal debridement, primary and permanent teeth	Once per primary or permanent tooth	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> An emergency dental procedure performed on primary or permanent teeth to remove inflamed or infected pulp tissue, relieve acute pain, and stabilize the tooth until definitive endodontic treatment can be completed.</li> <li>• Pulpal debridement of primary teeth is limited to once per lifetime of the tooth.</li> <li>• Pulpal debridement of permanent teeth shall be reimbursed only when performed by a provider other than the one completing the root canal</li> </ul>		Tooth identification			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			therapy (RCT). It may be billed once per tooth, and the RCT must be completed within twelve (12) months of the debridement. When performed by the same provider, pulpal debridement is considered inclusive to RCT and shall not be reimbursed as a separate procedure.					
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Once per permanent tooth	<b>Procedure Explained:</b> A procedure that removes a portion of inflamed pulp to preserve vitality and promote continued root development and natural apex closure.		Tooth identification			
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	Once per primary tooth	<ul style="list-style-type: none"> <li> <b>Procedure Explained:</b>                A dental procedure that removes inflamed or infected pulp tissue from inside a tooth to relieve pain, eliminate infection, and preserve the tooth's structure and function.             </li> <li>Applies exclusively to anterior primary teeth (teeth #C, #D, #E, #F, #G, #H, #N, #O, #P, #Q, #R, and #S) and does not include coverage for the final restoration.</li> </ul>		Tooth identification			
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration)	Once per primary tooth	Applies exclusively to posterior primary teeth (teeth #A, #B, #I, #J, #K, #L, #M, and #T) and does not include coverage for the final restoration.		Tooth identification			
D3310	Endodontic Therapy anterior tooth (excluding final restoration)	Once per permanent tooth	<ul style="list-style-type: none"> <li> <b>Procedure Explained:</b>                A root canal procedure, also known as endodontic therapy, involves removing infected or damaged pulp from inside a tooth, cleaning and shaping the root canals, sealing them with a biocompatible material, and restoring the tooth with a crown or filling to preserve its function and prevent extraction.             </li> <li>Applies exclusively to anterior permanent teeth (teeth #6 through</li> </ul>		Tooth identification			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			<p>#11 and #22 through #27) and does not include coverage for the final restoration.</p> <ul style="list-style-type: none"> <li>D3310–D3330 are comprehensive fees that include all clinical steps of root canal therapy—such as access, cleaning, shaping, irrigation, and obturation—but do not include the final restoration (e.g., crown or filling), which must be billed separately.</li> </ul>					
D3320	Endodontic Therapy premolar tooth (Excluding final restoration)	Once per permanent tooth	<ul style="list-style-type: none"> <li>Applies exclusively to permanent premolar teeth (teeth #4, #5, #12, #13, #20, #21, #28, and #29), and does not include coverage for the final restoration.</li> <li>D3310–D3330 are comprehensive fees that include all clinical steps of root canal therapy—such as access, cleaning, shaping, irrigation, and obturation—but do not include the final restoration (e.g., crown or filling), which must be billed separately.</li> </ul>		Tooth identification			
D3330	Endodontic Therapy molar tooth (excluding final restoration)	Once per permanent tooth, excluding the third molars	<ul style="list-style-type: none"> <li>Applies exclusively to permanent molar teeth, excluding third molars (teeth #2, #3, #14, #15, #18, #19, #30, and #31), and does not include coverage for the final restoration.</li> <li>D3310–D3330 are comprehensive fees that include all clinical steps of root canal therapy—such as access, cleaning, shaping, irrigation, and obturation—but do not include the final restoration (e.g., crown or filling), which must be billed separately.</li> </ul>		Tooth identification			
D3331	Treatment of root canal obstruction; non-surgical access in lieu of surgery	Once per permanent tooth	<ul style="list-style-type: none"> <li>CDT code D3331 may be covered when root canal access is obstructed by foreign material or when calcification affects 50% or more of</li> </ul>		Tooth identification			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			the root length, preventing standard treatment. • Applies exclusively to retained natural permanent teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.					
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	Twice per permanent tooth	Applies exclusively to retained natural permanent teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.		Tooth identification			
D3333	Internal root repair of perforation defects non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider.	Once per permanent tooth	<b>Procedure Explained:</b> A specialized endodontic procedure that involves sealing and stabilizing a perforation within the root canal system to preserve the tooth and prevent infection.		Tooth identification			
D3346	Retreatment of previous root canal therapy, anterior	Once per permanent tooth for the lifetime of the tooth, beginning 12 months after completion of root canal therapy	• Applies exclusively to anterior permanent teeth (teeth #6 through #11 and #22 through #27). • If retreatment is required within 12 months of the original procedure, it is considered inclusive of the initial treatment.		• Date of the previous root canal therapy (RCT) • Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary pre- and post-treatment radiographic findings • Tooth identification			
D3347	Retreatment of previous root canal therapy, premolar	Once per permanent tooth for the lifetime of the tooth, beginning 12 months after completion of root canal therapy	• Applies exclusively to permanent premolar teeth (teeth #4, #5, #12, #13, #20, #21, #28, and #29). • If retreatment is required within 12 months of the original procedure, it is considered inclusive of the initial treatment.		• Date of the previous root canal therapy (RCT) • Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre- and post-treatment radiographic findings • Tooth identification			
D3348	Retreatment of previous root canal therapy, molar	Once per permanent tooth for the lifetime of	• Applies exclusively to permanent molar teeth, excluding the third		• Date of the previous root canal therapy (RCT)			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
		the tooth, beginning 12 months after completion of root canal therapy	molars (teeth #2, #3, #14, #15, #18, #19, #30, and #31). • If retreatment is required within 12 months of the original procedure, it is considered inclusive of the initial treatment.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre- and post-treatment radiographic findings</li> <li>Tooth identification</li> </ul>			
D3351	Apexification/ recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	Once per permanent tooth	<b>Procedure Explained:</b> An endodontic procedure performed on non-vital, immature permanent teeth to disinfect the canal and place a medicament that stimulates apical closure and continued root development.		Tooth identification			
D3352	Apexification/ recalcification - interim medication replacement	Once per permanent tooth			Tooth identification			
D3353	Apexification/ recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	Once per permanent tooth			Tooth identification			
D3355	Pulpal regeneration – initial visit	Not covered	<b>Procedure Explained:</b> Pulpal regeneration is a biologically based endodontic procedure that aims to restore damaged or infected pulp tissue within a tooth by stimulating the body's natural healing processes. Using principles of tissue engineering— including stem cells, scaffolds, and signaling molecules—this technique promotes the regrowth of pulp-like tissue, potentially restoring vitality, immune defense, and sensory function.					
D3356	Pulpal regeneration –	Not covered						

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	Interim medication replacement							
D3357	Pulpal regeneration – completion of treatment	Not covered						
D3410	Apicoectomy – anterior	Once per permanent tooth in a 3-year period	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A minor surgery to remove the tip of a tooth's root and surrounding infected tissue when a root canal fails. The area is cleaned and sealed to preserve the tooth and prevent extraction.</li> <li>• Applies exclusively to anterior permanent teeth (teeth #6 through 11 and 22 through 27).</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including history of root canal therapy and summary of radiographic findings when applicable</li> <li>• Tooth identification</li> </ul>			
D3421	Apicoectomy –premolar (first root)	Once per permanent tooth in a 3-year period	Applies exclusively to premolar permanent teeth (teeth #4, #5, #12, #13, #20, #21, #28, and #29).		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including history of root canal therapy and summary of radiographic findings when applicable</li> <li>• Tooth identification</li> </ul>			
D3425	Apicoectomy – molar (first root)	Once per permanent tooth in a 3-year period	Applies exclusively to molar permanent teeth, excluding the third molars (teeth #2, #3, #14, #15, #18, #19, #30, and #31)		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including history of root canal therapy and summary of radiographic findings when applicable</li> <li>• Tooth identification</li> </ul>			
D3426	Apicoectomy – (each additional root)	Once per permanent tooth in a 3-year period			<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including history of root canal therapy and summary of radiographic findings when applicable</li> <li>• Tooth identification</li> </ul>			
D3428	Bone graft in conjunction with	Once per permanent tooth in a 3-year period	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b></li> <li>• A bone graft in conjunction with periradicular (apical) surgery involves</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form,</li> </ul>	<a href="#">Bone Replacement Grafts</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	periradicular surgery – per tooth, single site		<p>placing graft material at the surgical site during root-end treatment. This surgery is performed when standard root canal therapy cannot fully resolve infection or pathology at the root tip. The procedure includes reflecting the gum tissue, removing diseased tissue around the apex, and sometimes resecting or sealing the root end. When bone has been lost or removed, graft material is placed to fill the defect, promote new bone growth, and stabilize the area.</p> <ul style="list-style-type: none"> <li>Applies exclusively to retained natural permanent teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.</li> </ul>		<p>including medical necessity and summary of radiographic findings when applicable</p> <ul style="list-style-type: none"> <li>Tooth identification</li> </ul>			
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	Once per permanent tooth in a 3-year period	Applies exclusively to retained natural permanent teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Tooth identification</li> </ul>	<a href="#">Bone Replacement Grafts</a>		
D3430	Retrograde filling – per root	Once per permanent tooth in a 3-year period			Tooth identification			
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Once per permanent tooth in a 3-year period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Placement of biologic materials during periradicular (root-end) surgery to promote regeneration of bone and soft tissue.</li> <li>Applies exclusively to retained natural permanent teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Tooth identification</li> </ul>			
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Once per permanent tooth in a 3-year period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Guided tissue regeneration performed during periradicular (root-end) surgery, where a resorbable barrier is placed at the</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of</li> </ul>	<a href="#">Guided Tissue Regeneration</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			<p>surgical site to encourage proper bone and soft tissue healing.</p> <ul style="list-style-type: none"> <li>Applies exclusively to retained natural permanent teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.</li> </ul>		<p>radiographic findings when applicable</p> <ul style="list-style-type: none"> <li>Tooth identification</li> </ul>			
D3450	Root amputation – per root	Not covered						
D3460	Endodontic endosseous implant	Not covered						
D3470	Intentional reimplantation (including necessary splinting)	Not covered						
D3471	Surgical repair of root resorption – anterior	Once per permanent tooth	<ul style="list-style-type: none"> <li>Applies exclusively to permanent anterior teeth (#6 - #11 and #22 - #27).</li> <li>Considered inclusive and not separately reimbursable when performed by the same dentist on the same date of service as an apicoectomy—coded as D3410 (anterior tooth), D3421 (premolar), D3425 (molar), or D3426 (each additional root).</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including history of root canal therapy and summary of radiographic findings when applicable</li> <li>Tooth identification</li> </ul>			
D3472	Surgical repair of root resorption – premolar	Once per permanent tooth	<ul style="list-style-type: none"> <li>Applies exclusively to permanent premolar teeth (#4, #5, #12, #13, #20, #21, #28, and #29).</li> <li>Considered inclusive and not separately reimbursable when performed by the same dentist on the same date of service as an apicoectomy—coded as D3410 (anterior tooth), D3421 (premolar), D3425 (molar), or D3426 (each additional root).</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including history of root canal therapy and summary of radiographic findings when applicable</li> <li>Tooth identification</li> </ul>			
D3473	Surgical repair of root resorption – molar	Once per permanent tooth	<ul style="list-style-type: none"> <li>Applies exclusively to permanent molar teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including history of root</li> </ul>			



CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			<ul style="list-style-type: none"> <li>Considered inclusive and not separately reimbursable when performed by the same dentist on the same date of service as an apicoectomy—coded as D3410 (anterior tooth), D3421 (premolar), D3425 (molar), or D3426 (each additional root).</li> </ul>		canal therapy and summary of radiographic findings when applicable <ul style="list-style-type: none"> <li>Tooth identification</li> </ul>			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Once per permanent tooth	<ul style="list-style-type: none"> <li>Applies exclusively to permanent anterior teeth (#6 - #11 and #22 - #27).</li> <li>Considered inclusive and not separately reimbursable when performed by the same dentist on the same date of service as an apicoectomy—coded as D3410 (anterior tooth), D3421 (premolar), D3425 (molar), or D3426 (each additional root).</li> </ul>		Tooth identification			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Once per permanent tooth	<ul style="list-style-type: none"> <li>Applies exclusively to permanent premolar teeth (#4, #5, #12, #13, #20, #21, #28, and #29).</li> <li>Considered inclusive and not separately reimbursable when performed by the same dentist on the same date of service as an apicoectomy—coded as D3410 (anterior tooth), D3421 (premolar), D3425 (molar), or D3426 (each additional root).</li> </ul>		Tooth identification			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Once per permanent tooth	<ul style="list-style-type: none"> <li>Applies exclusively to permanent molar teeth (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.</li> <li>Considered inclusive and not separately reimbursable when performed by the same dentist on the same date of service as an apicoectomy—coded as D3410 (anterior tooth), D3421 (premolar), D3425 (molar), or D3426 (each additional root).</li> </ul>		Tooth identification			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D3910	Surgical procedure for isolation of tooth with rubber dam	Not covered; payment is bundled into the related procedure						
D3911	Intraorifice barrier	Not covered; payment is bundled into the related procedure	Procedure Explained					
D3920	Hemi-section (including any root removal), not including root canal therapy	Once per permanent posterior teeth only	<ul style="list-style-type: none"> <li>Once per permanent posterior tooth only (#2–15 and #18–31), with third molars (#1, #16, #17, #32) excluded.</li> <li>If root canal therapy is provided on the remaining root(s), it should be reported separately using the appropriate endodontic CDT code from the D3300 series, such as D3310 (anterior), D3320 (premolar), or D3330 (molar), depending on the tooth type treated.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Tooth identification</li> </ul>			
D3921	Decoronation or submergence of an erupted tooth. Intentional removal of coronal tooth structure for preservation of the root and surrounding bone.	Once per third molar (tooth #1, 16, 17, and 32)	Third molar is also known as wisdom tooth.		Tooth identification			
D3950	Canal preparation and fitting of preformed dowel or post	Not covered; payment is bundled into the related procedure						
D3999	Unspecified endodontic procedure, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.					

#### Fixed Partial Denture Restoration Services: D6205 to D6999

*A fixed partial denture (FPD), commonly referred to as a bridge, is a custom-made dental prosthesis used to replace one or more missing teeth by spanning the gap and restoring function and aesthetics. It is anchored to adjacent natural teeth or dental implants using abutments—supporting teeth or implants that hold the bridge—and retainers—the crowns or attachments that secure the bridge to the abutments. Types of FPDs include traditional bridges, which are supported by one or more teeth on each side of the gap; Maryland bridges, typically used in the anterior region and bonded to the backs of adjacent teeth; cantilever bridges, which rely on support from a single tooth on one side; and implant-supported bridges, which are anchored directly to dental implants.*

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<ul style="list-style-type: none"> <li>• <b>Fixed Partial Denture Restoration Services – Related Benefits and Limitations Under PEHP Master Policy:</b> <ul style="list-style-type: none"> <li>○ <i>Fixed partial denture sectioning is allowed once per prosthesis within a five (5)-year period.</i></li> <li>○ <i>Full-arch removable implant/abutment-supported fixed partial dentures are eligible for implant maintenance procedures once per arch within a six (6)-month period.</i></li> <li>○ <i>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.</i></li> <li>○ <i>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.</i></li> <li>○ <i>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.</i></li> <li>○ <i>Provisional pontic, defined as an artificial tooth used in a fixed partial denture (bridge) to replace a missing tooth, and a provisional retainer crown, are eligible as a one-time restorative benefit when placed as interim restorations for a minimum of six (6) months to allow for healing or further diagnosis.</i></li> <li>○ <i>Re-cementing or re-bonding of a fixed partial denture is allowed once per prosthesis within a three (3)-year period.</i></li> <li>○ <i>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.</i></li> <li>○ <i>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.</i></li> <li>○ <b>Note:</b> Covered CDT codes D6205–D6930 are payable only when submitted as part of an eligible fixed partial denture (bridge). They are not covered as stand-alone crowns or restorations</li> </ul> </li> <li>• <b>Fixed Partial Denture Restoration Services – Related Exclusions Under PEHP Master Policy (may not an all-inclusive list):</b> <ul style="list-style-type: none"> <li>○ <i>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.</i></li> <li>○ <i>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.</i></li> <li>○ <i>Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.</i></li> <li>○ <i>Pediatric fixed partial dentures.</i></li> <li>○ <i>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</i></li> <li>○ <i>Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures.</i></li> <li>○ <i>Prefabricated ceramic or porcelain crown and stainless-steel crown with resin window on posterior teeth.</i></li> <li>○ <i>Prosthodontic appliance repair — including crowns, fixed partial dentures (bridges), inlays, labial veneers, and onlays —when necessitated by restorative material failure.</i></li> <li>○ <i>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.</i></li> <li>○ <i>Study molds or diagnostic casts, except in conjunction with eligible Orthodontic treatment.</i></li> </ul> </li> <li>• <b>Fixed Partial Denture Restoration Services – Documentation Requirements:</b> <ul style="list-style-type: none"> <li>○ <i>Narratives must be included in the Remarks/Narrative section of the ADA claim form for fixed partial denture-related CDT codes. The narrative should document medical necessity, the date of tooth loss or extraction, and summary of radiographic findings when applicable. A single comprehensive narrative may apply to all related fixed partial denture component codes submitted together.</i></li> </ul> </li> </ul>								

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<b>• Missing Tooth Exclusion:</b> <ul style="list-style-type: none"> <li>○ <i>The Missing Tooth Exclusion may not apply if the patient had at least six months of continuous dental coverage prior to enrollment in the Employer Plan. Refer to the Applicable Benefits Summary for the specific waiting period. Replacement of teeth missing before the coverage effective date may be ineligible for a defined period from the start of continuous coverage with PEHP; however, abutment teeth may be reviewed for prosthodontic benefit eligibility. The exclusion does not apply if a denture, fixed partial denture (bridge), or implant was already in place when coverage became effective.</i></li> </ul>								
D6205	Pontic - indirect resin-based composite	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6210	Pontic - cast high noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6211	Pontic - cast predominantly base metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6212	Pontic - cast noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6214	Pontic - titanium	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6240	Pontic - porcelain fused to high noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6241	Pontic - porcelain fused to predominantly base metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6242	Pontic - porcelain fused to noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6243	Pontic - porcelain fused to titanium and titanium alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6245	Pontic - porcelain/ceramic	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6250	Pontic - resin with high noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6251	Pontic - resin with predominantly base metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6252	Pontic - resin with noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6253	Provisional pontic - further treatment or completion of diagnosis necessary	Once per tooth	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A provisional pontic is a temporary replacement tooth placed within a fixed partial denture when further treatment, healing, or diagnostic evaluation is required before taking the final impression.</li> <li>• Eligible as a one-time per tooth “restorative” benefit when used as an interim restoration of at least 6 months duration to allow healing; amount will not be deducted later from a permanent prosthesis.</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative, including medical necessity for the provisional pontic, expected timeline for permanent prosthesis placement, and summary of radiographic findings when applicable</li> <li>• Pontic/Missing tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	Once per arch in a 6-month period			Arch identification	<a href="#">Fixed Prosthodontics</a>		
D6545	Retainer - cast metal for resin-bonded fixed prosthesis	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6548	Retainer - porcelain/ceramic for resin-bonded fixed prosthesis	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6549	Resin retainer - for resin-bonded fixed prosthesis	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6600	Retainer inlay - porcelain/ceramic, two surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6602	Retainer inlay - cast high noble metal, two surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6603	Retainer inlay - cast high noble metal, three or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6604	Retainer inlay - cast predominantly base metal, two surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6606	Retainer Inlay - cast noble metal, two (2) surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		



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D6607	Retainer Inlay - cast noble metal, three (3) or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6608	Retainer Onlay - porcelain ceramic, two (2) surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6609	Retainer Onlay - porcelain ceramic, three (3) or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6610	Retainer Onlay - cast high noble metal, two (2) surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6611	Retainer Onlay - cast high noble, three (3) or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6612	Retainer Onlay - cast predominately base metal, two (2) surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6613	Retainer Onlay - cast predominately base metal, three (3) or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		



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D6614	Retainer Onlay - cast noble metal, two (2) surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6615	Retainer Onlay - cast noble metal, three (3) or more surfaces	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6624	Retainer Inlay –titanium	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6634	Retainer Onlay - titanium	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6710	Retainer Crown - indirect resin- based composite	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6720	Retainer Crown -resin with high noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6721	Retainer Crown -resin with predominantly base metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6722	Retainer Crown -resin with noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6740	Retainer Crown - porcelain/ceramic	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6750	Retainer Crown - porcelain fused to high noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6751	Retainer Crown - porcelain fused to predominantly base metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6752	Retainer Crown - porcelain fused to noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6753	Retainer Crown - porcelain fused to titanium and titanium alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6780	Retainer Crown - ¾ cast high noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D6781	Retainer Crown - ¾ cast predominately base metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6782	Retainer Crown - ¾ cast noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6783	Retainer Crown - ¾ porcelain/ceramic	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6784	Retainer Crown - ¾ titanium and titanium alloys	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6790	Retainer Crown - full cast high noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6791	Retainer Crown - full cast predominantly base metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6792	Retainer Crown - full cast noble metal	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li>• <a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>• Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		

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D6793	Interim (provisional) retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Once per tooth	Eligible as a one-time per tooth "restorative" benefit when used as an interim restoration of at least 6 months duration to allow healing; amount will not be deducted later from a permanent prosthesis.		<ul style="list-style-type: none"> <li>Detailed narrative, including medical necessity for provisional retainer crown, expected timeline for permanent prosthesis placement, and summary of radiographic findings when applicable</li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6794	Retainer Crown - titanium	1 in a 5-year period	Benefit limited to one fixed partial denture (tooth-supported or implant-supported) per arch in a 5-year period per Master Policy.		<ul style="list-style-type: none"> <li><a href="#">Fixed Partial Denture Restoration Services – Documentation Requirements</a></li> <li>Retainer Unit in a Bridge/Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>		
D6920	Connector bar	Not covered; payment is bundled into the related procedure				<a href="#">Fixed Prosthodontics</a>		
D6930	Re-cement or re-bond fixed partial denture	Once per prosthesis in a 3-year period			Identification of tooth numbers spanned by the FPD	<a href="#">Fixed Prosthodontics</a>		
D6940	Stress breaker	Not covered; payment is bundled into the related procedure				<a href="#">Fixed Prosthodontics</a>		
D6950	Precision attachment	Not covered	Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures are excluded from coverage per Master Policy.			<a href="#">Fixed Prosthodontics</a>		
D6980	Fixed partial denture repair necessitated by restorative material failure	Not covered				<a href="#">Fixed Prosthodontics</a>		
D6985	Pediatric partial denture, fixed	Not covered				<a href="#">Fixed Prosthodontics</a>		
D6999	Unspecified fixed prosthodontic procedure, by report	Not covered; Claim not coded	Claim to be submitted with correct CDT code per contract.			<a href="#">Fixed Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
		according to the contract.						
<b>Inlay Restoration Services: D2510 to D2530, D2610 to D2630, D2650 to D2652, and D2981</b>								
<p><i>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.</i></p>								
<p>• <b>Inlay Restoration Services – Related Benefits and Limitations Under PEHP Master Policy:</b></p> <ul style="list-style-type: none"> <li>○ Inlays, regardless of the number of tooth surfaces involved, are payable 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.</li> <li>○ 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). Covered Services for crowns, labial veneers, and onlays are limited to when teeth cannot be restored with conventional filling materials.</li> <li>○ Re-cementation of custom-fabricated crowns, inlays, onlays, and veneers is payable as a Restorative benefit and allowed once per tooth within a three (3)-year period following the initial placement. Re-cementation of fixed partial dentures (FPDs) is payable as a Restorative benefit and allowed once per prosthesis within a three (3)-year period following the initial placement. Re-cementation of prefabricated crowns is allowed once per tooth within a twelve (12)-month period following the initial placement.</li> <li>○ 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.</li> </ul> <p>• <b>Inlay Restoration Services – Related Exclusions Under PEHP Master Policy (may not be an all-inclusive list):</b></p> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>○ PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>○ Prosthodontic appliance repair — including crowns, fixed partial dentures (bridges), inlays, labial veneers, and onlays —when necessitated by restorative material failure.</li> <li>○ Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>○ 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.</li> <li>○ Unbundling or fragmentation of codes.</li> </ul>								
D2510	Inlay – metallic - one surface	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2520	Inlay – metallic - two surfaces	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2530	Inlay – metallic - three or more surfaces	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2610	Inlay – porcelain/ceramic - one surface	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D2620	Inlay – porcelain/ceramic - two surfaces	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2630	Inlay – porcelain/ceramic - three or more surfaces	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2650	Inlay – resin-based composite - one surface	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2651	Inlay – resin-based composite - two surfaces	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2652	Inlay – resin-based composite - three or more surfaces	Once per permanent tooth in a 3-year period			Tooth identification	<a href="#">Fixed Prosthodontics</a>		
D2981	Inlay repair necessitated by restorative material failure	Not covered				<a href="#">Fixed Prosthodontics</a>		

#### Labial Veneer Restoration Services: D2960 to D2962, and D2983

*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.*

#### • Labial Veneer Restoration Services – Related Benefits and Limitations Under the PEHP Master Policy (may not be an all-inclusive list):

- 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.
- 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.
- 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 of a custom crown, inlay, onlay, labial veneer, or 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.
- 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.

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<ul style="list-style-type: none"> <li>• <b>Labial Veneer Restoration Services – Related Exclusions Under the PEHP Master Policy (<i>may not be an all-inclusive list</i>):</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>○ Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals.</li> <li>○ Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>○ 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.</li> <li>○ Unbundling or fragmentation of codes.</li> </ul> </li> <li>• <b>Labial Veneer Restoration Services – Clinical Eligibility Criteria:</b> <ul style="list-style-type: none"> <li>○ Restorative labial veneers (tooth #6 through #11) are only eligible 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): <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ 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: <ul style="list-style-type: none"> <li>➢ Enamel hypocalcification: poorly mineralized enamel that appears chalky, opaque, and prone to wear;</li> <li>➢ Enamel hypoplasia: thin or missing enamel caused by incomplete formation during development, often presenting as pits or grooves;</li> <li>➢ Severe decalcification: loss of calcium from enamel due to prolonged plaque exposure or other factors, producing weakened, chalky white-spot lesions; or</li> </ul> </li> <li>▪ Functional issues — defined as difficulty chewing or incising food, where loss of tooth structure impairs normal oral function; or</li> <li>▪ Hypersensitivity — defined as generalized or localized sensitivity resulting from exposed dentin or pulp due to surface loss; or</li> <li>▪ Progressive or ongoing TSL — defined as continued loss of tooth structure caused by occlusal forces, indicating active deterioration; or</li> <li>▪ Pulpal symptoms — defined as clinical signs such as reversible pulpitis or pulp exposure directly attributable to surface loss; or</li> <li>▪ Tooth fracture risk — defined as increased susceptibility to structural failure or breakage due to weakened tooth integrity;</li> </ul> </li> <li>○ <b>Note:</b> 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.</li> </ul> </li> <li>• <b>Labial Veneer Restoration Services – Required Documentation for Pre-Authorization (CDT Codes D2960–D2962):</b> <ul style="list-style-type: none"> <li>○ Pre-authorization is mandatory for procedures billed under CDT codes D2960 through D2962. The following documentation must be submitted to support medical necessity: <ul style="list-style-type: none"> <li>▪ Clinical Records: Detailed description of the condition being treated.</li> <li>▪ Completed pre-authorization form. <a href="#">Single-Tooth Prosthodontic Restoration</a></li> <li>▪ Photographic Evidence: Intraoral and clinical images that clearly show the extent of surface loss and justify the need for restoration.</li> <li>▪ Previous Restoration Date (if applicable): Date of any prior labial veneer placement, repair, or re-cementing/re-bonding.</li> <li>▪ Radiographic Support: Pre-treatment bitewing or periapical X-rays showing the affected tooth and surrounding structures.</li> <li>▪ Tooth Identification: Clearly indicate the specific tooth number involved in the procedure.</li> </ul> </li> </ul> </li> </ul>								
D2960	Labial veneer (resin laminate) - direct	1 per tooth in a 5-year period		Pre-authorization required	<a href="#">Required Documentation for Labial Veneer Pre-Authorization</a>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>



CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D2961	Labial veneer (resin laminate) - indirect	1 per tooth in a 5-year period		Pre-authorization required	<a href="#">Required Documentation for Labial Veneer Pre-Authorization</a>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2962	Labial veneer (porcelain laminate) - indirect	1 per tooth in a 5-year period		Pre-authorization required	<a href="#">Required Documentation for Labial Veneer Pre-Authorization</a>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2983	Veneer repair necessitated by restorative material failure	Not covered				<a href="#">Fixed Prosthodontics</a>		
<b>Maxillofacial Prosthetic Services: D5909 to D5999</b>								
<p><i>Maxillofacial prosthetic services involve the specialized design and fabrication of custom prostheses to restore or replace missing facial and oral structures resulting from congenital conditions, trauma, surgery, or disease. These prostheses help patients regain essential functions such as speech, chewing, and swallowing, while also improving appearance and emotional well-being. Provided by maxillofacial prosthodontists—dental specialists trained in complex facial rehabilitation—these services may include devices to replace parts of the palate, jaw, nose, ears, or eyes, and are often used in collaboration with surgeons and oncologists to support recovery and enhance quality of life.</i></p>								
<p>• <b>Coverage Exclusion: Maxillofacial Prosthetic Services</b></p> <ul style="list-style-type: none"> <li>Under the PEHP Dental Master Policy, maxillofacial prosthetic services are specifically excluded from coverage. This means that any procedures involving the design, fabrication, or placement of prosthetic devices intended to restore facial or oral structures—whether due to congenital conditions, trauma, surgery, or disease—are not eligible for reimbursement through the dental plan.</li> </ul>								
D5909	Maxillary guidance prosthesis with guide flange	Not covered						
D5911	Facial moulage (sectional)	Not covered						
D5912	Facial moulage (complete)	Not covered						
D5913	Nasal prosthesis	Not covered						
D5914	Auricular prosthesis	Not covered						
D5915	Orbital prosthesis	Not covered						
D5916	Ocular prosthesis	Not covered						
D5919	Facial prosthesis	Not covered						
D5922	Nasal septal prosthesis	Not covered						
D5923	Ocular prosthesis, interim	Not covered						
D5924	Cranial prosthesis	Not covered						
D5925	Facial augmentation implant prosthesis	Not covered						
D5926	Nasal prosthesis, replacement	Not covered						
D5927	Auricular prosthesis, replacement	Not covered						



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D5928	Orbital prosthesis, replacement	Not covered						
D5929	Facial prosthesis, replacement	Not covered						
D5930	Maxillary guidance prosthesis without guide flange	Not covered						
D5931	Obturator prosthesis, surgical	Not covered						
D5932	Obturator prosthesis, definitive	Not covered						
D5933	Obturator prosthesis, modification	Not covered						
D5934	Mandibular guidance prosthesis with guide flange	Not covered						
D5935	Mandibular guidance prosthesis without guide flange	Not covered						
D5936	Obturator prosthesis, interim	Not covered						
D5937	Trismus appliance (not for TMD treatment)	Not covered						
D5938	Resection prosthesis, maxillary complete removable	Not covered						
D5939	Resection prosthesis, mandibular complete removable	Not covered						
D5940	Resection prosthesis, maxillary partial removable	Not covered						
D5941	Resection prosthesis, mandibular partial removable	Not covered						
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Not covered						

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Not covered						
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Not covered						
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Not covered						
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Not covered						
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Not covered						
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Not covered						
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Not covered						

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D5951	Feeding aid	Not covered						
D5952	Speech aid prosthesis, pediatric	Not covered						
D5953	Speech aid prosthesis, adult	Not covered						
D5954	Palatal augmentation prosthesis	Not covered						
D5955	Palatal lift prosthesis, definitive	Not covered						
D5958	Palatal lift prosthesis, interim	Not covered						
D5959	Palatal lift prosthesis, modification	Not covered						
D5960	Speech aid prosthesis, modification	Not covered						
D5982	Surgical stent for soft tissue healing	1 per surgical site in a 5-year period following eligible oral surgery	<b>Procedure Explained:</b> Fabrication and placement of a custom surgical stent designed to support soft tissue healing during oral surgical procedures. This rigid, intraoperative device helps guide surgical instruments, stabilize tissues, and promote optimal healing by maintaining pressure and preventing tissue collapse or scarring.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Surgical site identification (arch, quadrant, or tooth numbers as applicable)</li> </ul>			
D5983	Radiation carrier	Not covered						
D5984	Radiation shield	Not covered						
D5985	Radiation cone locator	Not covered						
D5986	Fluoride gel carrier	Not covered						
D5987	Commissure splint	Not covered						
D5988	Surgical splint	Not covered	<b>Procedure Explained:</b> Fabrication of a custom surgical splint used to stabilize oral structures during or after procedures such as trauma repair or jaw surgery, intended for surgical support—not for routine appliances like night guards.					
D5991	Vesiculobullous disease medicament carrier	Not covered						
D5992	Adjust maxillofacial prosthetic appliance, by report	Not covered						

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Not covered						
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed - maxillary	Not covered; considered experimental and investigational						
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed - mandibular	Not covered; considered experimental and investigational						
D5999	Unspecified maxillofacial prosthesis, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.					

**Onlay Restoration Services: D2542 to D2544, D2624 to D2644, D2662 to D2664, and D2982**

*An onlay is a custom-made dental restoration designed to cover one or more cusps on the chewing surface of a tooth. It provides a durable solution for restoring damaged or decayed areas while preserving more of the natural tooth structure compared to a full crown.*

• **Onlay Restoration Services – Related Benefits and Limitations Under PEHP Master Policy:**

- *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.*
- *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 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.*
- *Restoration/protection of teeth with tooth surface loss is allowed due to attrition or abrasion using custom or prefabricated crowns or onlays. Preauthorization required.*
- *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.*

• **Onlay Restoration Services – Related Exclusions Under PEHP Master Policy (may not be an all-inclusive list):**

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<ul style="list-style-type: none"> <li>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.</li> <li>Appliance or restorations necessary to increase vertical dimension of teeth or restore or equilibrate the occlusion; occlusal analysis or adjustment.</li> <li>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>Prosthodontic appliance repair — including crowns, fixed partial dentures (bridges), inlays, labial veneers, and onlays —when necessitated by restorative material failure.</li> <li>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.</li> </ul> <p>• <b>Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss:</b></p> <ul style="list-style-type: none"> <li>PEHP may consider an onlay medically necessary when all of the following criteria are met: <ul style="list-style-type: none"> <li>Cusp Coverage: The restoration must replace one or more cusps to qualify as an onlay.</li> <li>Material Limitation: The tooth cannot be adequately restored using conventional filling materials such as amalgam or composite resin.</li> <li>Clinical Indications: <ul style="list-style-type: none"> <li>Complete cusp fractures or cracked teeth requiring extensive coverage for a favorable prognosis (“cracked tooth syndrome”).</li> <li>Endodontically treated teeth with a tight apical seal and no symptoms.</li> <li>Extensive tooth surface loss (TSL) with any of the following associated conditions: <ul style="list-style-type: none"> <li>Functional issues — defined as difficulty chewing or incising food, where loss of tooth structure impairs normal oral function; or</li> <li>Hypersensitivity — defined as generalized or localized sensitivity resulting from exposed dentin or pulp due to surface loss; or</li> <li>Progressive or ongoing TSL — defined as continued loss of tooth structure caused by occlusal forces, indicating active deterioration; or</li> <li>Pulpal symptoms — defined as clinical signs such as reversible pulpitis or pulp exposure directly attributable to surface loss; or</li> <li>Tooth fracture risk — defined as increased susceptibility to structural failure or breakage due to weakened tooth integrity;</li> <li><b>Note:</b> 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.</li> </ul> </li> </ul> </li> </ul> </li> <li>To obtain pre-authorization for an onlay due to TSL, the following documentation must be submitted: <ul style="list-style-type: none"> <li>Clinical Narrative: A detailed explanation of the medical necessity, including the condition being treated (e.g., attrition, abrasion, or other forms of tooth surface loss).</li> <li>Completed pre-authorization form. <a href="#">Single-Tooth Prosthodontic Restoration</a></li> <li>Photographic Evidence: Intraoral and clinical images that clearly show the extent of surface damage and support the need for restoration.</li> <li>Pre-Authorization Form: A completed pre-authorization form must be submitted along with all required documentation to initiate the review process. Incomplete forms may result in delays or denial of coverage.</li> <li>Previous Restoration Date: Provide the date of any prior onlay placement, repair, or re-cementing/re-bonding (if applicable).</li> <li>Radiographic Support: Pre-treatment bitewing or periapical radiographs showing the affected tooth and surrounding structures.</li> <li>Tooth Identification: Clearly indicate the specific tooth number involved in the procedure.</li> </ul> </li> <li>Replacement of large defective restorations</li> <li>Exclusion: Enamel infractions or “enamel craze lines” are not considered medically necessary for onlay coverage.</li> </ul>								
D2542	Onlay – metallic-two surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	<ul style="list-style-type: none"> <li><a href="#">Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss</a></li> <li>Tooth identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2543	Onlay – metallic-three surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration	Restorations protecting teeth	<ul style="list-style-type: none"> <li><a href="#">Onlay Restoration Services – Coverage Criteria and</a></li> </ul>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	with surface loss (TSL) from abrasion or attrition	<a href="#">Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification			
D2544	Onlay – metallic-four or more surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2642	Onlay – porcelain/ceramic - two surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2643	Onlay – porcelain/ceramic - three surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2644	Onlay – porcelain/ceramic - four or more surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2662	Onlay – resin-based composite - two surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2663	Onlay – resin-based composite - three surfaces	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	Restorations protecting teeth with surface loss (TSL) from abrasion or attrition	• <a href="#">Onlay Restoration Services – Coverage Criteria and Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>
D2664	Onlay – resin-based	Once per tooth in a 5-year period	Benefit limited, per Master Policy, to a single custom prosthodontic restoration	Restorations protecting teeth	• <a href="#">Onlay Restoration Services – Coverage Criteria and</a>	<a href="#">Fixed Prosthodontics</a>	01/01/2026	<a href="#">Pre-Auth Form</a>

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	composite, four (4) or more surfaces		per tooth in any 5-year period. Applies to crowns, implant crowns, onlays, and labial veneers.	with surface loss (TSL) from abrasion or attrition	<a href="#">Required Documentation for Pre-Authorization for Tooth Surface Loss</a> • Tooth identification			
D2982	Onlay repair necessitated by restorative material failure	Not covered				<a href="#">Fixed Prosthodontics</a>		

#### Oral and Maxillofacial Surgery Services: D7111 to D7999

*Oral and Maxillofacial Surgery Services encompass a specialized branch of surgical care focused on diagnosing and treating conditions affecting the mouth, jaws, face, and neck, including both hard and soft tissues. These services cover a wide range of procedures such as wisdom tooth extractions, jaw realignment (orthognathic surgery), treatment of facial trauma, TMJ disorders, dental implant placement, bone grafting, oral pathology, and reconstructive or cosmetic facial surgeries. Performed by highly trained specialists—often with dual degrees in dentistry and medicine—these procedures may take place in hospitals, outpatient surgical centers, or specialized clinics, and often involve the use of anesthesia and advanced surgical techniques to restore function, aesthetics, and oral health.*

#### • Oral and Maxillofacial Surgery Services – Bundled Services:

- Most CDT codes within the Oral and Maxillofacial Surgery range (D7111–D7999) are considered inclusive of local anesthesia (including regional block and trigeminal division block), suturing when necessary, and routine postoperative care. These components are generally not reported or billed separately unless specifically indicated by the procedure or payer guidelines.

#### • Oral and Maxillofacial Surgery Services – Related Benefits and Limitations Under PEHP Master Policy:

- Alveoloplasty (reshaping of the jawbone) performed in conjunction with tooth extractions is allowed once per quadrant per lifetime. When alveoloplasty is performed independently of extractions, coverage is allowed once per quadrant within a five (5)-year period.
- Bone replacement graft for ridge preservation is allowed once per extraction site, excluding corresponding third molars, per lifetime.
- Destruction of oral lesion(s) by physical or chemical method is allowed once per policy year.
- Fibrotomy is considered included in the fee for comprehensive orthodontic treatment and is not eligible for separate reimbursement.
- Guided tissue regeneration using resorbable or non-resorbable barrier membranes is allowed once per edentulous site, limited to corresponding permanent teeth (excluding third molars). Coverage is restricted to a single barrier membrane per edentulous site per lifetime.
- Histopathological examination (microscopic analysis of biopsied abnormal tissue to detect disease) are allowable as medically necessary.
- Incisional biopsy of oral tissue is allowed once per policy year when the procedure is considered dental in origin.
- Intravenous (IV) sedation is allowable with eligible procedures such as apicoectomy, dental implants, oral surgery, osseous surgery, and severe periodontal cases. It is not covered for routine procedures including root canal therapy or simple extractions, nor is it eligible solely for managing dental phobia or anxiety.
- General anesthesia in a dental office is covered when medically necessary for complex oral surgeries such as removal of large cysts or tumors, dental implant placement in multiple sites (e.g., full-arch or multiple quadrant implant surgeries), extensive bone grafting (e.g., ridge augmentation or sinus lift procedures for implant site development), or impacted third molar removal, as well as for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), and in cases where local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contraindicated. General anesthesia in a dental office may be indicated under these circumstances but only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed, 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. Coverage for general anesthesia administered in a healthcare facility outside the dental office under the medical benefit requires preauthorization.
- Oral surgery includes suturing, when necessary, the administration of local anesthesia (including regional block and trigeminal division block), and standard postoperative care.
- Primary closure of a sinus perforation is allowed once per policy year.



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	<ul style="list-style-type: none"> <li>Removal of lateral exostosis (extra bone growth along the outer surface of the jaw), torus mandibularis (bony growths on the inside of the lower jaw), and torus palatinus (bony growths on the roof of the mouth) is allowed once per lifetime.</li> <li>Sinus augmentation with bone or bone substitutes performed using a lateral open approach is allowed twice per side per lifetime. Sinus augmentation using a vertical approach is allowed once per implant site, restricted to the upper posterior region of the mouth and excluding third molars.</li> <li>Surgery to place an implant in the lower jaw (mandible) for bone augmentation—other than in the tooth-bearing (alveolar) ridge—is allowed once per lifetime.</li> <li>Surgery to remove excess gum or soft tissue (hyperplastic tissue) is allowed once per arch per life of the policy.</li> <li>Surgery to remove gum tissue around a tooth (pericoronal gingiva) is allowed once per quadrant per policy year.</li> <li>Surgical reduction of fibrous tuberosity (removal of excess fibrous tissue in the upper jaw behind the molars) is allowed once per upper quadrant per policy year.</li> <li>Surgical reduction of osseous tuberosity (removal or reshaping of excess bone in the upper jaw behind the molars) is allowed once per lifetime.</li> <li>Surgical stents for soft tissue healing are limited to one per surgical site within a 5-year period following eligible oral surgery.</li> <li>Vestibuloplasty is allowed once per arch per lifetime.</li> </ul> <p>• <b>Oral and Maxillofacial Surgery Services – Related Exclusions Under PEHP Master Policy (may not be an all-inclusive list):</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>All charges as a result of an Industrial Claim (on-the-job) injury or illness, regardless of whether the claim is determined compensable or settled with a worker's compensation carrier. Whether charges are the result of an Industrial Claim is solely determined by PEHP.</li> <li>Any orthodontic, surgical, or therapeutic procedure—including myofunctional therapy—performed to diagnose, correct, or treat temporomandibular joint syndrome or temporomandibular disorder (TMJ/TMD).</li> <li>Botulinum toxin (Botox) injections for tempomandibular disorders/tempomandibular joint disorders, including bruxism (jaw clenching).</li> <li>Charges for services as a result of an auto related injury and covered under No Fault insurance or that would have been covered if Coverage was in effect as required by law.</li> <li>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>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.</li> <li>Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.</li> <li>Maxillofacial or orthognathic jaw surgery, including surgical procedures performed to correct skeletal abnormalities of the jaw and facial bones. These may involve repositioning the upper jaw (maxilla), lower jaw (mandible), or both to improve function, facial symmetry, and occlusion.</li> <li>Office calls for observation.</li> <li>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>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.</li> <li>Surgical splints.</li> <li>Tooth transplantation or surgical repositioning of teeth. Tooth reimplantation will only be considered under the Dental Accident benefit.</li> <li>Unbundling or fragmentation of codes.</li> <li>Use of monitoring equipment, including pulse oximeters to measure blood oxygen saturation and heart rate, and electrocardiogram (ECG) monitors to assess cardiac rhythm and electrical activity during dental procedures.</li> </ul>							



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D7111	Extraction – coronal remnants, primary tooth	Once per tooth			Tooth identification			
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	Once per tooth			Tooth identification			
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Once per tooth			Tooth identification			
D7220	Removal of impacted tooth – soft tissue	Once per tooth			Tooth identification			
D7230	Removal of impacted tooth – partially bony	Once per tooth			Tooth identification			
D7240	Removal of impacted tooth – completely bony	Once per tooth			Tooth identification			
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Once per tooth			Tooth identification			
D7250	Surgical removal of residual tooth roots (cutting procedure)	Once per tooth			Tooth identification			
D7251	Coronectomy: intentional partial tooth removal, impacted teeth only	Once per tooth			Tooth identification			
D7252	Partial extraction for immediate implant placement then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant	Not covered						

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	placement. Also known as the Socket Shield Technique sectioning the root of a tooth vertically.							
D7259	Nerve dissection	Not covered						
D7260	Oroantral fistula closure	Allowable as medically necessary	<b>Procedure Explained:</b> An oroantral fistula is a persistent, abnormal passage between the oral cavity and the maxillary sinus—most often caused by upper molar extractions, trauma, or surgical complications—and typically requires diagnosis through imaging, followed by surgical debridement and closure using soft tissue flaps or grafts to restore function and prevent sinus-related issues.		<ul style="list-style-type: none"> <li>• Accident indicator if applicable</li> <li>• ICD-10 code</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>• Identification of the site or tooth where the fistula closure was performed</li> </ul>			
D7261	Primary closure of a sinus perforation	Once per policy year	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Surgical procedure for primary closure of a perforation into the maxillary sinus—an unintended opening between the mouth and the sinus cavity, often caused during upper posterior tooth extractions or other dental surgeries—which requires prompt closure to prevent complications such as sinus infections, fluid leakage, or the formation of a chronic oroantral fistula.</li> <li>• Primary closure is indicated for sinus perforations measuring 2 mm or larger, typically arising from routine tooth extractions, root tip retrieval, or implant placement.</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>• Identification of the site or tooth where the perforation occurred.</li> </ul>			
D7270	Tooth re-implantation and/or stabilization of accidentally avulsed or displaced tooth	Covered under the Dental Accident benefit only	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Procedure for reimplanting and stabilizing a tooth that has been accidentally knocked out or</li> </ul>		<ul style="list-style-type: none"> <li>• Accident indicator</li> <li>• Date of the accident</li> <li>• Detailed narrative, including description of accident or displacement,</li> </ul>			

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			displaced—typically due to trauma such as sports injuries or accidents—and involves cleaning the socket, repositioning the tooth, securing it with a splint or other fixation method, and providing follow-up care to support healing and restore function. • Covered under the dental plan only when caused by an accident and eligible for the dental accident benefit, within plan limits.		medical necessity and circumstances, and summary of radiographic findings when applicable • Tooth identification			
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	Not covered						
D7280	Surgical access of an unerupted tooth	Once per tooth			Tooth identification			
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Once per tooth			Tooth identification			
D7283	Placement of device to facilitate eruption of impacted tooth	Once per tooth			Tooth identification			
D7284	Excisional biopsy of minor salivary glands	Allowable as medically necessary			• Biopsy site / Oral cavity area code • Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable			
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Once per policy year if dental in origin			• Biopsy site / Oral cavity area code • Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of			

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					radiographic findings when applicable			
D7286	Incisional biopsy of oral tissue - soft	Once per policy year if dental in origin			<ul style="list-style-type: none"> <li>• Biopsy site / Oral cavity area code</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7287	Exfoliative cytological sample collection	Not covered						
D7288	Brush biopsy – transepithelial sample collection	Not covered						
D7290	Surgical repositioning of teeth	Not covered						
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	Included in the fee for comprehensive orthodontic treatment	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A surgical procedure performed to sever gingival fibers around a tooth, typically after orthodontic treatment, in order to reduce tension from periodontal fibers and prevent post-treatment tooth relapse.</li> <li>• Subject to the orthodontic lifetime maximum.</li> </ul>			<a href="#">Orthodontia Care</a>		
D7292	Surgical placement of temporary anchorage device (screw retained plate) requiring flap	Included in the fee for comprehensive orthodontic treatment	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Temporary anchorage devices (TADs) are small titanium screws or plates temporarily inserted into the bone to provide stable, non-dental anchorage for precise orthodontic tooth movement, especially when traditional anchorage methods are insufficient or undesirable.</li> </ul>			<a href="#">Orthodontia Care</a>		
D7293	Surgical placement of temporary anchorage device requiring flap	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		

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D7294	Surgical placement of temporary anchorage device without flap	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D7295	Harvest of bone for use in autogenous grafting procedures	Not covered						
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	Only covered under the dental plan as an orthodontic benefit	<ul style="list-style-type: none"> <li>• <b>Corticotomy Explained:</b> A minor surgical procedure in which small cuts are made in the outer layer of bone (cortical bone) around the teeth to temporarily soften it, accelerating orthodontic tooth movement and reducing treatment time, especially in complex or adult cases.</li> <li>• Subject to the orthodontic lifetime maximum.</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>• Quadrant identification</li> </ul>	<a href="#">Orthodontia Care</a>		
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	Only covered under the dental plan as an orthodontic benefit	Subject to the orthodontic lifetime maximum.		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>• Quadrant identification</li> </ul>	<a href="#">Orthodontia Care</a>		
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D7299	Removal of temporary anchorage device, requiring flap	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D7300	Removal of temporary anchorage device without flap	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D7310	Alveoloplasty in conjunction with extractions – four (4) or more teeth or tooth spaces, per quadrant	Once per quadrant per lifetime	<ul style="list-style-type: none"> <li>• <b>Alveoplasty Explained:</b> A surgical procedure that reshapes and smooths the jawbone (alveolar ridge) to prepare for dentures, implants, or other prosthetic devices.</li> <li>• For reporting, a quadrant is defined as four or more adjacent teeth and/or tooth spaces located distal to the midline.</li> </ul>		Quadrant identification			
D7311	Alveoloplasty in conjunction with extractions – one (1) to three (3) teeth or tooth spaces, per quadrant	Once per quadrant per lifetime	For reporting, this code applies to a quadrant containing fewer than four contiguous teeth or tooth spaces located distal to the midline.		Quadrant identification			
D7320	Alveoloplasty, not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Once per quadrant in a 5-year period	For reporting, a quadrant is defined as four or more adjacent teeth and/or tooth spaces located distal to the midline.		Quadrant identification			
D7321	Alveoloplasty, not in conjunction with extractions – one (1) to three (3) teeth or tooth spaces, per quadrant	Once per quadrant in a 5-year period	For reporting, this code applies to a quadrant containing fewer than four contiguous teeth or tooth spaces located distal to the midline.		Quadrant identification			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Once per arch per lifetime (D7340 or D7350)	<b>Vestibulopathy Explained:</b> A surgical procedure that reshapes or deepens the oral vestibule—the space between the gums and inner lips or cheeks—to improve denture fit, enhance implant outcomes, or restore oral anatomy for better function and hygiene.		Arch identification			
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Once per arch per lifetime (D7340 or D7350)			Arch identification			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D7410	Excision of benign lesion, up to 1.25 cm	Allowable as medically necessary			Anatomical site of the lesion			
D7411	Excision of benign lesion > 1.25 cm	Allowable as medically necessary			Anatomical site of the lesion			
D7412	Excision of benign lesion; complicated	Allowable as medically necessary			Anatomical site of the lesion			
D7413	Excision of malignant lesion up to 1.25 cm	Not covered under the dental plan						
D7414	Excision of malignant lesion > 1.25 cm	Not covered under the dental plan						
D7415	Excision of malignant lesion, complicated	Not covered under the dental plan						
D7440	Excision of malignant Tumor - lesion diameter up to 1.25 cm	Not covered under the dental plan						
D7441	Excision of malignant tumor-lesion diameter > 1.25 cm	Not covered under the dental plan						
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Allowable as medically necessary	<b>Odontogenic Cyst Explained:</b> A fluid-filled sac from tooth-forming tissues, usually in the jaw, and may be developmental or inflammatory. Often asymptomatic and seen on dental imaging, it can cause swelling, pain, or bone loss if untreated.		<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter >1.25 cm	Allowable as medically necessary			<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			

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D7460	Removal of benign non-odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Not covered						
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Not covered						
D7465	Destruction of lesion(s) by physical or chemical methods, by report	Once per policy year			<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7471	Removal of lateral exostosis (maxilla or mandible)	Once per lifetime	<b>Exostosis Explained:</b> A benign bony growth that develops on the surface of existing bone—commonly in the mouth, ear canal, or heel—and while often symptomless, it can cause discomfort or functional issues depending on its size and location.		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>• Quadrant identification</li> </ul>			
D7472	Removal of torus palatinus	Once per lifetime	<b>Torus Palatinus Explained:</b> A type of exostosis—a benign bony growth—that develops along the midline of the hard palate, typically painless and slow-growing, and while usually harmless, it may interfere with oral functions or dental appliances if it becomes large.		<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7473	Removal of torus mandibularis	Once per lifetime	<b>Torus Mandibularis Explained:</b> A type of exostosis—a benign bony growth—that forms on the inner surface of the lower jaw near the premolars, typically painless and slow-growing, but may interfere with oral hygiene or dental appliances if it becomes large.		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>• Quadrant identification</li> </ul>			



CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D7485	Surgical reduction of osseous tuberosity	Once per lifetime	<b>Procedure Explained:</b> Involves reshaping or removing excess bone from the upper jaw's posterior region to improve denture fit, oral function, or aesthetics, and is commonly performed as part of pre-prosthetic preparation when enlarged tuberosities interfere with appliance stability or occlusion.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Quadrant identification</li> </ul>			
D7490	Radical resection of maxilla or mandible	Not covered						
D7509	Marsupialization of odontogenic cyst <i>(Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch)</i>	Allowable as medically necessary			<ul style="list-style-type: none"> <li>Area of oral cavity identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7510	Incision and drainage of abscess - intraoral soft tissue	Allowable as medically necessary			Quadrant identification			
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Allowable as medically necessary			Quadrant identification			
D7520	Incision and drainage of abscess - extraoral soft tissue	Allowable as medically necessary			<ul style="list-style-type: none"> <li>Anatomical site identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Allowable as medically necessary			<ul style="list-style-type: none"> <li>Anatomical site identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form,</li> </ul>			

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					including medical necessity and summary of radiographic findings when applicable			
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Allowable as medically necessary			<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7540	Removal of reaction producing foreign bodies - musculoskeletal system	Not covered						
D7550	Partial ostectomy, sequestrectomy for removal of non-vital bone	Allowable as medically necessary	<b>Procedure Explained:</b> The surgical removal of non-vital (dead or necrotic) bone from the oral and maxillofacial region—typically performed to treat conditions such as osteomyelitis, trauma-related bone death, or complications from previous procedures—and involves clinical evaluation, surgical access, excision of the affected bone, and postoperative care to promote healing and prevent recurrence.		<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Allowable as medically necessary	<b>Procedure Explained:</b> Surgically opening the maxillary sinus to remove a tooth fragment or foreign object that has entered the sinus cavity—usually due to trauma or complications during dental procedures—in order to alleviate symptoms such as pain, infection, or sinus inflammation and restore proper sinus function.		<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7610	Maxilla - open reduction (teeth immobilized, if present)	Not covered						

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D7620	Maxilla - closed reduction (teeth immobilized, if present)	Not covered						
D7630	Mandible - open reduction (teeth immobilized, if present)	Not covered						
D7640	Mandible - closed reduction (teeth immobilized, if present)	Not covered						
D7650	Malar and/or zygomatic arch - open reduction	Not covered						
D7660	Malar and/or zygomatic arch - closed reduction	Not covered						
D7670	Alveolus - closed reduction, may include stabilization of teeth	Not covered						
D7671	Alveolus - open reduction, may include stabilization of teeth	Not covered						
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Not covered						
D7710	Maxilla - open reduction	Not covered						
D7720	Maxilla - closed reduction	Not covered						
D7730	Mandible - open reduction	Not covered						
D7740	Mandible - closed reduction	Not covered						
D7750	Malar and/or zygomatic arch - open reduction	Not covered						
D7760	Malar and/or zygomatic arch - closed reduction	Not covered						
D7770	Alveolus - open reduction stabilization of teeth	Not covered						
D7771	Alveolus - closed reduction, stabilization of teeth	Not covered						

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	Not covered						
D7810	Open reduction of dislocation	Not covered						
D7820	Closed reduction of dislocation	Not covered						
D7830	Manipulation under anesthesia	Not covered						
D7840	Condylectomy	Not covered	<b>Procedure Explained:</b> A surgical procedure involving the removal of the mandibular condyle— typically performed to treat temporomandibular joint (TMJ) disorders such as ankylosis, dislocation, condylar hyperplasia, or trauma—in order to relieve symptoms and restore normal jaw function.					
D7850	Surgical discectomy; with/without implant	Not covered	<b>Procedure Explained:</b> A surgical discectomy of the temporomandibular joint (TMJ), involving the removal of the articular disc—with or without implant placement—to treat severe TMJ disorders such as disc displacement, degeneration, or chronic joint dysfunction when conservative treatments have failed.					
D7852	Disc repair	Not covered						
D7854	Synovectomy	Not covered	<b>Procedure Explained:</b> A surgical procedure to remove inflamed synovial tissue from the temporomandibular joint (TMJ).					
D7856	Myotomy	Not covered	<b>Procedure Explained:</b> A surgical procedure involving the incision of muscle tissue around the temporomandibular joint (TMJ) to relieve tension, improve jaw function, or treat conditions like trismus or					

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			muscle contractures when conservative treatments have failed.					
D7858	Joint reconstruction	Not covered	<b>Procedure Explained:</b> Reconstruction of the temporomandibular joint (TMJ).					
D7860	Arthrotomy	Not covered	<b>Procedure Explained:</b> Surgical incision into the TMJ to access and treat joint pathology.					
D7865	Arthroplasty	Not covered	<b>Procedure Explained:</b> Surgical repair or reshaping of the TMJ to restore function.					
D7870	Arthrocentesis	Not covered	<b>Procedure Explained:</b> A minimally invasive procedure that involves flushing the temporomandibular joint space to remove inflammatory byproducts, relieve pain, and improve jaw mobility.					
D7871	Non-arthroscopic lysis and lavage	Not covered						
D7872	Arthroscopy - diagnosis, with or without biopsy	Not covered						
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	Not covered						
D7874	Arthroscopy - surgical: disc repositioning and stabilization	Not covered						
D7875	Arthroscopy - surgical: synovectomy	Not covered						
D7876	Arthroscopy - surgical: discectomy	Not covered						
D7877	Arthroscopy - surgical: debridement	Not covered						
D7880	Occlusal orthotic device, by report	Not covered						
D7881	Occlusal orthotic device adjustment	Not covered						
D7899	Unspecified TMD therapy, by report	Not covered						
D7910	Suture of recent small wounds up to 5cm	Covered under the medical	Covered under the dental plan only when caused by an accident and eligible		• Accident indicator if applicable			

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		benefit only, unless due to dental accident	for the dental accident benefit, within plan limits.		<ul style="list-style-type: none"> <li>• Date of the accident</li> <li>• Detailed narrative, including description of the wound, medical necessity for suturing, and summary of radiographic findings when applicable</li> </ul>			
D7911	Complicated suture up to 5cm	Not covered under dental benefits						
D7912	Complicated suture > 5cm	Not covered under dental benefits						
D7920	Skin grafts (identify defect covered, location, and type of graft)	Not covered						
D7921	Collection and application of autologous blood concentrate product	Not covered	<b>Procedure Explained:</b> The collection and application of a patient's own blood concentrate—such as platelet-rich plasma (PRP) or platelet-rich fibrin (PRF)—during the same dental visit to enhance healing and tissue regeneration at surgical sites like implants, grafts, or periodontal procedures.					
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Not covered; payment is bundled into the related procedure	<b>Procedure Explained:</b> The placement of a biological dressing—such as collagen or other hemostatic agents—into a tooth socket during or after extraction to aid in bleeding control and stabilize clot formation, billed per surgical site when standard post-operative care is insufficient.					
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Not covered; payment is bundled into the related procedure	<b>Procedure Explained:</b> Indexing for osteotomy using dynamic robotic-assisted or navigation technology, where indexing is the process of digitally mapping and aligning anatomical landmarks to guide precise surgical positioning by					

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			leveraging real-time systems instead of static guides.					
D7940	Osteoplasty - for Orthognathic deformities	Not covered						
D7941	Osteotomy - mandibular rami	Not covered						
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Not covered						
D7944	Osteotomy segmented or subapical	Not covered						
D7945	Osteotomy - body of mandible	Not covered						
D7946	LeFort I (maxilla - total)	Not covered						
D7947	LeFort I (maxilla - segmented)	Not covered						
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Not covered						
D7949	LeFort II or LeFort II - with bone graft	Not covered						
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, autogenous or non-autogenous, by report	Once per arch per lifetime	<b>Procedure Explained:</b> Surgical procedure in which bone or cartilage—taken from the patient (autogenous) or from a donor/synthetic source (non-autogenous)—is transplanted into the upper or lower jaw to restore or augment bone structure for functional or restorative purposes such as implant placement or defect repair.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>	<a href="#">Bone Replacement Grafts</a>		
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Twice per side per lifetime	<b>Procedure Explained:</b> Sinus augmentation, also known as a sinus lift, is a surgical procedure that adds bone to the upper jaw in the area of the molars and premolars to increase bone height and create a stable		<ul style="list-style-type: none"> <li>• Area of oral cavity identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form,</li> </ul>			

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			foundation for dental implants when natural bone is insufficient, or the sinus cavity is too close to the implant site.		including medical necessity and summary of radiographic findings when applicable			
D7952	Sinus augmentation via a vertical approach	Once per implant site, restricted to upper posterior teeth			<ul style="list-style-type: none"> <li>Area of oral cavity identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			
D7953	Bone replacement graft for ridge preservation - per site	Once per extraction site per lifetime	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Placement of bone graft material into a tooth socket immediately after extraction, performed per site to preserve the natural ridge contour and volume for future restorative or implant procedures.</li> <li>Coverage for CDT D7953 applies exclusively to extraction sites with corresponding permanent teeth (#2–15 and #18–31); third molars (#1, #16, #17, #32) are excluded.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Extraction site (corresponding permanent tooth number) identification</li> </ul>	<a href="#">Bone Replacement Grafts</a>		
D7955	Repair of maxillofacial soft and/or hard tissue defect	Not covered						
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Once per edentulous site per lifetime (D7956 or D7957)	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A dental surgical technique that uses barrier membranes to promote the regrowth of bone and gum tissue lost due to periodontal disease, trauma, or other conditions.</li> <li>Coverage applies exclusively to edentulous sites with corresponding permanent teeth (#2–15 and #18–31); corresponding third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Edentulous site (corresponding permanent tooth number) identification</li> </ul>	Guided Tissue Regeneration		



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D7957	Guided tissue regeneration, edentulous area - Non resorbable barrier, per site	Once per edentulous site per lifetime (D7956 or D7957)	Coverage applies exclusively to edentulous sites with corresponding permanent teeth (#2–15 and #18–31); corresponding third molars (#1, #16, #17, #32) are excluded from coverage.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Edentulous site (corresponding permanent tooth number) identification</li> </ul>	Guided Tissue Regeneration		
D7961	Buccal / labial frenectomy (frenulectomy)	Allowable as medically necessary	<b>Procedure Explained:</b> A minor surgical procedure that removes or repositions the frenum—a connective tissue band linking the cheek or lip to the gums—to improve oral function, correct spacing issues, enhance aesthetics, or support orthodontic treatment when the tissue is overly tight or disruptive.		Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure			
D7962	Lingual frenectomy (frenulectomy)	Once per lifetime	<b>Procedure Explained:</b> A minor surgical procedure that removes or modifies the lingual frenum—the tissue connecting the underside of the tongue to the floor of the mouth—to improve tongue mobility.		Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity			
D7963	Frenuloplasty	Once per lifetime	<b>Procedure Explained:</b> A surgical procedure that modifies or releases a tight or restrictive frenum—usually under the tongue (lingual frenum)—to improve oral function.		Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity			
D7970	Excision of hyperplastic tissue - per arch	Once per arch per life of the policy	<b>Procedure Explained:</b> Excision of hyperplastic tissue per arch, which is the surgical removal of excessive or overgrown gum or oral soft tissue within a single dental arch.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> </ul>			

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D7971	Excision of pericoronal gingiva	Once per quadrant per policy year	<b>Procedure Explained:</b> Surgical removal of excess gum tissue surrounding the crown of a tooth—most commonly performed around partially erupted third molars (wisdom teeth) to relieve pain, swelling, or infection and facilitate proper tooth eruption or restoration.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Tooth identification</li> </ul>			
D7972	Surgical reduction of fibrous tuberosity	Once per upper quadrant per policy year	<b>Procedure Explained:</b> Surgical reduction of excess fibrous soft tissue in the maxillary tuberosity region to improve the contour and stability of the upper jaw, typically in preparation for better-fitting dental prosthetics.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable</li> <li>Quadrant identification</li> </ul>			
D7979	Non-surgical sialolithotomy	Not covered						
D7980	Surgical sialolithotomy	Not covered						
D7981	Excision of salivary gland, by report	Not covered						
D7982	Sialodochoplasty	Not covered						
D7983	Closure of salivary fistula	Not covered						
D7990	Emergency tracheotomy	Not covered						
D7991	Coronoidectomy	Not covered						
D7993	Surgical placement of craniofacial implant - extra oral	Not covered						
D7994	Surgical placement: zygomatic implant	Not covered						
D7995	Synthetic graft, mandible or facial bones, by report	Not covered						
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Once per lifetime	<b>Procedure Explained:</b> A surgical procedure involving augmentation of the mandible—excluding the alveolar ridge—typically through bone grafting to increase bone volume and support future dental implant placement.		Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity and summary of radiographic findings when applicable			

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D7997	Appliance removal (not by dentist who placed appliance), includes removal of arch bar	Once per arch per lifetime	<b>Arch Bar Explained:</b> A metal device used to stabilize and immobilize the jaws—typically during treatment for fractures or corrective surgery—by securing it to the teeth and wiring the upper and lower jaws together to maintain proper alignment during healing.		Arch identification			
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Not covered						
D7999	Unspecified oral surgery procedure, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.					

#### Orthodontic Services: D8010 to D8999

*Orthodontic care is a dental specialty focused on diagnosing, preventing, and correcting misalignments of teeth and jaws, commonly addressing malocclusions such as crossbites, crowding, spacing, open bites, and jaw-related bite issues. Treatment may also support abnormal jaw development, craniofacial anomalies, or pre-surgical and prosthetic planning. Diagnostic procedures include exams, impressions, 3D scans, and radiographic imaging, with early preventive care helping reduce future complications. Active treatment uses appliances like braces, aligners, expanders, and orthopedic devices to guide tooth movement and jaw growth, followed by retention services to maintain results and prevent relapse. Orthodontic care benefits both children and adults, aiming to improve oral function, long-term dental health, and proper alignment of dental and skeletal structures.*

#### • Orthodontic Services – Related Benefits and Limitations Under PEHP Master Policy:

- Anchorage devices—including placement and removal—along with cephalometric radiograph images, diagnostic casts (study models), fiberotomy, indirect 3D dental surface scans, placement of retainers, recementing of fixed retainers, and removal or repair of orthodontic appliances are considered included in the fee for comprehensive orthodontic treatment and are not eligible for separate reimbursement.
- Covered services are payable at 50% of billed charges up to a Lifetime Maximum of \$1,500. The Member is responsible for any difference in cost.
- Benefits will be prorated per phase of treatment, including the initial/diagnostic phase (records and treatment planning), active treatment phase (appliance placement and adjustments), and retention phase (removal of appliances and placement of retainers).
- Orthodontic benefits are payable for functionally related problems and not purely Cosmetic Dentistry.
- Orthodontic records, study models and x-rays necessary to diagnose and determine Orthodontic treatment are considered under this benefit.
- Payment of Covered services will automatically be processed for payment on a quarterly basis over a period of 12 to 24 months per individual case. A minimum of 18 months will be considered for full Orthodontic treatment.
- Removal of fixed orthodontic appliances (such as braces or other bonded devices) for reasons other than completion of treatment is allowed once per lifetime but is subject to the lifetime maximum of \$1,500.
- Repair of a fixed retainer is allowed once per arch within a twenty-four (24)-month period following orthodontic appliance removal but is subject to the lifetime maximum of \$1,500.
- Services must be completed in order for payment to be made. Services related to the preparation, supplying or installation of an Orthodontic appliance or other services requiring more than one session are considered for payment only after insertion or completion of banding.
- There may be a six-month Waiting Period for Orthodontic benefits. Please refer to your Employer or call PEHP for details. If applicable, no benefits will be payable for services started before the six-month Waiting Period has been met.

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<ul style="list-style-type: none"> <li>• <b>Orthodontic Services – Related Exclusions Under PEHP Master Policy (may not be an all-inclusive list):</b> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>○ Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.</li> <li>○ PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>○ Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>○ 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.</li> <li>○ Unbundling or fragmentation of codes.</li> </ul> </li> <li>• <b>Orthodontic Services – Payment Amounts and Schedule:</b> <ul style="list-style-type: none"> <li>○ Eligible orthodontic services are reimbursed on a quarterly basis.</li> <li>○ For members with dual coverage, the maximum lifetime orthodontic benefit may be up to \$3,000.</li> <li>○ Payments continue until the member's lifetime orthodontic maximum is reached or the total payable amount has been fulfilled.</li> <li>○ PEHP allows a maximum lifetime orthodontic benefit of \$1,500.</li> <li>○ Subsequent quarterly payments may be up to \$175 each.</li> <li>○ The maximum allowable initial down payment is \$450.</li> </ul> </li> <li>• <b>Orthodontic Services – Payment Initiation:</b> <ul style="list-style-type: none"> <li>○ Payment begins with the down payment made at the time of "banding" (placement of braces).</li> <li>○ Quarterly payments continue until the benefit is fully utilized or coverage ends.</li> <li>○ The first quarterly payment is issued on the first day of the fourth month following banding and covers the previous three months.</li> </ul> </li> <li>• <b>Orthodontic Services – Treatment Duration:</b> <ul style="list-style-type: none"> <li>○ Claims may be reviewed if treatment fees are reduced or if orthodontic records require verification.</li> <li>○ Full orthodontic treatment is defined as lasting a minimum of 18 months and a maximum of 24 months, regardless of actual completion time.</li> </ul> </li> <li>• <b>Orthodontic Services – Required Documentation for Orthodontia Claims Submission:</b> <ul style="list-style-type: none"> <li>○ Banding Date (Placement Date): The date when orthodontic appliances (e.g., brackets, buttons, or attachments) are first placed or bonded to the teeth; and</li> <li>○ Diagnosis and Clinical Justification: A detailed narrative describing the orthodontic condition or malocclusion being treated, including its functional impact, particularly if severe or physically limiting; and</li> <li>○ Orthodontic Treatment Plan: A detailed narrative outlining the proposed orthodontic care, planned appliances, summary of radiographic findings, treatment goals, estimated duration of treatment, and the total cost estimate for the entire course of care; and</li> <li>○ Procedure Coding: List all applicable procedure code(s) relevant to the orthodontic treatment; and</li> <li>○ Primary Insurance Payment Details (if applicable): If PEHP is not the primary insurer, include documentation of the total amount the primary carrier will pay for the treatment phase and the percentage of coverage; and</li> <li>○ Surgical Correction (if applicable): For cases involving orthognathic surgery or other surgical interventions, submit a comprehensive surgical plan and a letter from the treating provider explaining medical necessity.</li> </ul> </li> </ul>								
D8010	Limited orthodontic treatment of the primary dentition	Only covered under the dental plan as an	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
		orthodontic benefit						
D8020	Limited orthodontic treatment of the transitional dentition	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8030	Limited orthodontic treatment of the adolescent dentition	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8040	Limited orthodontic treatment of the adult dentition	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8070	Comprehensive treatment of the transitional dentition	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8080	Comprehensive treatment of the adolescent dentition	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8090	Comprehensive treatment of the adult dentition	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8660	Pre-orthodontic treatment examination to monitor growth and development	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		

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D8670	Periodic orthodontic treatment visit	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Only covered under the dental plan as an orthodontic benefit	Orthodontic treatment is subject to a lifetime maximum benefit of \$1500.		<a href="#">Orthodontic Services – Required Documentation for Orthodontia Claims Submission</a>	<a href="#">Orthodontia Care</a>		
D8680	Orthodontic retention (removal of appliances, construction, placement of retainer)	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D8681	Adjustment of removable orthodontic retainer	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Once per lifetime	Covered under the orthodontic benefit and subject to the lifetime maximum of \$1500.			<a href="#">Orthodontia Care</a>		
D8696	Repair of orthodontic appliance – maxillary	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D8697	Repair of orthodontic appliance - mandibular	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D8698	Re-cement/re-bond fixed retainer - maxillary	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		

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D8699	Re-cement/re-bond fixed retainer - mandibular	Included in the fee for comprehensive orthodontic treatment				<a href="#">Orthodontia Care</a>		
D8701	Repair of fixed retainer (reattachment) - maxillary	Once per arch in a 24-month period following orthodontic appliance removal	Covered under the orthodontic benefit and subject to the lifetime maximum of \$1500.		Arch identification	<a href="#">Orthodontia Care</a>		
D8702	Repair of fixed retainer (reattachment) - mandibular	Once per arch in a 24-month period following orthodontic appliance removal	Covered under the orthodontic benefit and subject to the lifetime maximum of \$1500.		Arch identification	<a href="#">Orthodontia Care</a>		
D8999	Unspecified orthodontic procedure, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.			<a href="#">Orthodontia Care</a>		

#### Other Restoration Services: D2140 to D2430, D2910 - D2920, and D2999

##### • Other Restoration Services – Related Benefits and Limitations Under PEHP Medical Policy:

- 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 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 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 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 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.



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	<ul style="list-style-type: none"> <li>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). Covered Services for crowns, labial veneers, and onlays are limited to when teeth cannot be restored with conventional filling materials.</li> <li>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 (6) 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.</li> <li>Re-cementation of custom-fabricated crowns, inlays, onlays, and veneers is payable as a Restorative benefit and allowed once per tooth within a three (3)-year period following the initial placement. Re-cementation of fixed partial dentures (FPDs) is payable as a Restorative benefit and allowed once per prosthesis within a three (3)-year period following the initial placement. Re-cementation of prefabricated crowns is allowed once per tooth within a twelve (12)-month period following the initial placement.</li> <li>Re-cementation or re-bonding of an indirectly fabricated post and core is allowed once within a (12)-month period following the initial placement.</li> <li>Resin infiltration of incipient smooth surface lesions is allowed once (1) per tooth in a three (3) year period. Coverage applies only to primary molars, permanent premolars, and permanent molars, excluding third molars. Resin infiltration is not eligible on teeth that have received prior restorations.</li> <li>Restoration/protection of teeth with tooth surface loss is allowed due to attrition or abrasion using custom or prefabricated crowns or onlays. Preauthorization required.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <p>• <b>Other Restoration Services – Related Exclusions Under PEHP Medical Policy:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Any orthodontic, surgical, or therapeutic procedure including myofunctional therapy performed to diagnose, correct, or treat temporomandibular joint syndrome or temporomandibular disorder (TMJ/TMD).</li> <li>Appliance or restorations necessary to increase vertical dimension of teeth or restore or equilibrate the occlusion; occlusal analysis or adjustment.</li> <li>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>Crowns with facings posterior to the second bicuspid.</li> <li>Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals.</li> <li>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.</li> <li>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures.</li> <li>Prefabricated ceramic or porcelain crown and stainless-steel crown with resin window on posterior teeth.</li> <li>Prosthodontic appliance repair — including crowns, fixed partial dentures (bridges), inlays, labial veneers, and onlays —when necessitated by restorative material failure.</li> </ul>							



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<ul style="list-style-type: none"> <li>Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>Replacement of crowns for the purpose of altering the vertical dimension of occlusion (VDO).</li> <li>Replacement of fillings for possible toxicity or reasons other than decay or fracture.</li> <li>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.</li> </ul>								
D2140	Amalgam - one (1) surface, permanent or primary	One restoration per surface in an 18-month period	<b>Amalgam Explained:</b> A type of dental filling material made from a mixture of metals, primarily silver, tin, copper, and mercury.		Surface and Tooth identification			
D2150	Amalgam - two (2) surfaces, permanent or primary	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2160	Amalgam - three (3) surfaces, permanent or primary	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2161	Amalgam - four (4) or more surfaces, permanent or primary	One filling per surface in an 18-month period			Tooth identification			
D2330	Resin-based composite, one (1) surface, anterior	One filling per surface in an 18-month period	<b>Resin-based Composite Explained:</b> A tooth-colored dental material used for fillings and restorations. It's made from a mixture of plastic resin and finely ground glass particles, offering both strength and esthetics.		Tooth identification			
D2331	Resin-based composite, two (2) surfaces, anterior	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2332	Resin-based composite three (3) surfaces, anterior	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2335	Resin-based composite, four (4) or more surfaces or involving incisal angle, anterior	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2390	Resin-based composite crown, anterior	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2391	Resin-based composite, one surface, posterior	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2392	Resin-based composite,	One restoration per surface in an			Surface and Tooth identification			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	two (2) surfaces posterior, permanent, or primary	18-month period						
D2393	Resin-based composite three (3) surfaces posterior, permanent or primary	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2394	Resin-based composite, four (4) or more surfaces, posterior permanent, or primary	One restoration per surface in an 18-month period			Surface and Tooth identification			
D2410	Gold foil, one (1) surface	One restoration per surface in an 18-month period	Eligible up to an amount equal to a composite filling (D2330 for anterior teeth or D2391 for posterior teeth) per Master Policy.		Surface and Tooth identification			
D2420	Gold foil, two (2) surfaces	One restoration per surface in an 18-month period	Eligible up to an amount equal to a composite filling (D2331 for anterior teeth or D2392 for posterior teeth) per Master Policy.		Surface and Tooth identification			
D2430	Gold foil, three (3) surfaces	One restoration per surface in an 18-month period	Eligible up to an amount equal to a composite filling (D2332 for anterior teeth or D2393 for posterior teeth) per Master Policy.		Surface and Tooth identification			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Once per tooth in a 3-year period after the initial placement		Pre-authorization is required for initial restorations due to attrition or abrasion, and for labial veneers.	Tooth identification	Fixed Prosthodontics	01/01/2026	<a href="#">Pre-Auth Form</a>
D2915	Re-cement cast or re- bond indirectly fabricated post and core	Once in a 12 month period after the initial placement		Pre-authorization is required for initial restorations due to attrition or abrasion, and for labial veneers.	Tooth identification	Fixed Prosthodontics	01/01/2026	<a href="#">Pre-Auth Form</a>
D2920	Re-cement or re-bond crown	Once per tooth in a 3-year period for custom crowns, and once per		Pre-authorization is required for initial restorations due to attrition or	Tooth identification	Fixed Prosthodontics	01/01/2026	<a href="#">Pre-Auth Form</a>

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
		tooth in a 12-month period for prefabricated crowns, following the initial placement		abrasion, and for labial veneers.				
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not covered						
D2940	Placement of interim direct restoration (formerly known as protective restoration)	Eligible as a one-time "restorative" benefit per tooth	<ul style="list-style-type: none"> <li>Not to be used as a temporary crown for a routine prosthetic restoration since temporary crowns are not a covered benefit as they are included as part of the treatment for a permanent crown.</li> <li>The amount will not be deducted later from a permanent crown.</li> </ul>		Tooth identification	Fixed Prosthodontics		
D2949	Restorative foundation for an indirect restoration	Not covered; payment is bundled into the related procedure						
D2950	Core buildup, including any pins when required	Once per permanent tooth in a 5-year period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A restorative procedure that rebuilds a tooth's internal structure using materials like composite or amalgam to provide a stable foundation for a crown when significant tooth structure is missing due to decay, fracture, or prior treatment.</li> <li><b>Core Buildup Guidelines:</b> Covered for vital teeth when more than 50% of the coronal structure is missing and is permitted for endodontically treated teeth, but it is not separately reimbursed when submitted with a cast or prefabricated post and core (D2952 or D2954) on the same claim.</li> </ul>		Tooth identification			

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			<ul style="list-style-type: none"> <li>• Applies exclusively to permanent teeth (#2–15 and #18–31), excluding third molars (#1, #16, #17, and #32).</li> </ul>					
D2951	Pin retention - per tooth, in addition to restoration	Once per permanent tooth	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Placing small metal pins into the dentin to mechanically support a restoration when there is insufficient natural tooth structure, typically used with core buildups or large fillings to enhance stability and retention.</li> <li>• Pin retention is not covered separately when billed with cast-post and core, prefabricated - post and core, and core buildup (D2952, D2954, and D2950).</li> <li>• Applies exclusively to permanent teeth (#2–15 and #18–31), excluding third molars (#1, #16, #17, and #32).</li> </ul>		Tooth identification			
D2952	Post and core in addition to crown; indirectly fabricated	Once per permanent tooth in a 5-year period	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A restorative procedure performed after root canal therapy to rebuild severely damaged teeth, where a post is placed into the root canal to anchor a core material that restores internal structure and provides a stable foundation for a crown.</li> <li>• A post and core is payable only following root canal therapy on a permanent tooth.</li> <li>• Applies exclusively to permanent teeth (#2–15 and #18–31), excluding third molars (#1, #16, #17, and #32).</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including summary of post-operative radiographic findings</li> <li>• Tooth identification</li> </ul>			
D2953	Each additional indirectly fabricated post - same tooth	Not covered						
D2954	Prefabricated post and core in addition to crown	Once per permanent tooth in a 5-year period	<ul style="list-style-type: none"> <li>• A post and core is payable only following root canal therapy on a permanent tooth.</li> <li>• Applies exclusively to permanent teeth (#2–15 and #18–31), excluding third molars (#1, #16, #17, and #32).</li> </ul>		Tooth identification			

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D2955	Post removal	Once per tooth in a 5-year period			Tooth identification			
D2956	Removal of an indirect restoration on a natural tooth. Not to be used for temporary or provisional restoration.	Not covered; payment is bundled into the related procedure						
D2957	Each additional prefabricated post - same tooth	Not covered						
D2971	Additional procedures to customize a crown to fit under existing partial denture framework	Not covered						
D2975	Coping	Not covered						
D2976	Band stabilization - per tooth	Not covered						
D2989	Excavation of a tooth resulting in the determination of non-restorability	Not covered						
D2990	Resin infiltration of incipient smooth surface lesions	Once per tooth in a 3-year period	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Resin infiltration used to treat incipient, non-cavitated smooth surface lesions—meaning early-stage decay that has not yet formed a cavity—and is intended only for unrestored teeth. Resin infiltration is a minimally invasive technique that uses a low-viscosity resin to penetrate and stabilize weakened enamel, helping arrest the progression of decay and improve esthetics without drilling or removing tooth structure.</li> <li>• Applies only to molars—including primary molars (A, D, G, J, K, T, N, S) and permanent molars (#2, 3, 14, 15, 18, 19, 30, 31)—and permanent premolars (#4, 5, 12, 13, 20, 21, 28, 29), excluding third molars (#1, 16, 17, 32).</li> </ul>		Tooth identification			

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			<ul style="list-style-type: none"> <li>Not permitted on teeth that have previously received restorative treatment.</li> </ul>					
D2991	Application of hydroxyapatite regeneration medicament - per tooth	Once per tooth in a 3-year period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Application of hydroxyapatite—a naturally occurring enamel-building mineral—to carious lesions as a preventive treatment to remineralize and stabilize early decay.</li> <li>Third molars (#1, 16, 17, 32) are not covered.</li> </ul>		Tooth identification			
D2999	Unspecified restorative procedure, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.					

#### Periodontal Services: D4210 - D4999

*Periodontics is a dental specialty focused on the prevention, diagnosis, and treatment of conditions affecting the periodontium—the hard and soft tissues that support and surround the teeth—including the gums (gingiva), periodontal ligament, cementum, and alveolar bone. Commonly treated conditions include gingivitis (gum inflammation) and periodontitis (a more advanced infection involving both gum and bone that can lead to gum recession, bone loss, and tooth loss if untreated). Periodontists are dental specialists with advanced training beyond dental school who manage complex periodontal cases, though some procedures may also be performed by general dentists or registered dental hygienists. Treatment options range from non-surgical procedures such as Full Mouth Debridement, Scaling and Root Planing (SRP), Local Delivery of Antimicrobial Agents (LDAs), and Periodontal Maintenance, to surgical interventions like Anatomical Crown Exposure, Bone Replacement Grafts, Coronal Splinting, Flap Procedures, Gingivectomy, Gingivoplasty, Guided Tissue Regeneration (GTR), Distal Wedge Procedures, Osseous Surgery, and Soft Tissue Grafts. Periodontists also play a vital role in the placement and maintenance of dental implants and often collaborate with other dental professionals to manage patients with systemic conditions like diabetes and cardiovascular disease. Ongoing periodontal maintenance is essential to prevent disease recurrence and preserve the health of the supporting structures over time.*

#### • Periodontal Services – Related Benefits and Limitations Under PEHP Master Policy:

- Anatomical crown exposure is allowed once per quadrant within a twenty-four (24)-month period but is not covered when performed for cosmetic purposes and is not eligible for separate reimbursement if performed in conjunction with osseous surgery in the same quadrant.
- Apically positioned flap surgery is allowed once per retained natural permanent tooth, excluding third molars, within a twenty-four (24)-month period, provided it is performed during eligible periodontal surgery. Coverage is limited to a maximum of three (3) procedures per lifetime of the same tooth.
- Autogenous and non-autogenous connective tissue grafts are allowed once per treated site within a twenty-four (24)-month period, provided they are performed during eligible periodontal surgery. A treated site is defined as a natural retained permanent tooth, a dental implant, or an edentulous site requiring surgical intervention, excluding third molars.
- Benefits will be allowable for a full Quadrant if there are 5–8 teeth present. Whenever the anatomical Quadrant contains fewer than five teeth, the benefit will be calculated as a fraction of the full Quadrant fee.
- Biologic materials used to aid in soft and osseous tissue regeneration are allowed once per surgical site within a twelve (12)-month period when performed in conjunction with eligible periodontal surgery. A surgical site is defined as a specific natural retained permanent tooth, a dental implant, or an edentulous site requiring surgical intervention. Coverage excludes third molars.
- Bone replacement grafts are allowed once per graft site, identified by a retained natural permanent tooth (excluding third molars), within a twenty-four (24)-month period when performed in conjunction with eligible periodontal surgery.
- Clinical crown lengthening is allowed once per retained natural permanent tooth, excluding third molars, within a five (5)-year period. Coverage is excluded when performed solely for cosmetic purposes and is not eligible for separate reimbursement if performed in conjunction with osseous surgery in the same quadrant.

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	<ul style="list-style-type: none"> <li>Combined connective tissue and double pedicle grafts are allowed once per retained natural permanent tooth, excluding third molars, within a twenty-four (24)-month period when performed during eligible periodontal surgery.</li> <li>Coronal splinting (intra-coronal and extra-coronal) is allowed under the dental plan only when the condition is caused by an accident and qualifies for the dental accident benefit, subject to plan limits. Coverage of third molars is excluded.</li> <li>Debridement and osseous contouring of a peri-implant defect or defects surrounding an implant is allowed once in a 3-year period with a maximum of 2 treatments per lifetime of the implant.</li> <li>Free soft tissue graft procedures are allowed once per treated site within a twenty-four (24)-month period, provided they are performed during eligible periodontal surgery, with a maximum of two procedures per treated site. A treated site is defined as a natural retained permanent tooth, a dental implant, or an edentulous site requiring surgical intervention, excluding third molars.</li> <li>Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit is allowed once within a twenty-four (24)-month period.</li> <li>General anesthesia in a dental office is covered when medically necessary for complex oral surgeries such as removal of large cysts or tumors, dental implant placement in multiple sites (e.g., full-arch or multiple quadrant implant surgeries), extensive bone grafting (e.g., ridge augmentation or sinus lift procedures for implant site development), or impacted third molar removal, as well as for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), and in cases where local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contraindicated. General anesthesia in a dental office may be indicated under these circumstances but only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed, 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. Coverage for general anesthesia administered in a healthcare facility outside the dental office under the medical benefit requires preauthorization.</li> <li>Gingival flap procedures, including root planing, are allowed once per quadrant within a twenty-four (24)-month period. Coverage is not eligible for separate reimbursement when performed in conjunction with osseous surgery in the same quadrant.</li> <li>Gingival irrigation is considered inclusive to scaling and root planing, scaling in the presence of inflammation, full mouth debridement for evaluation, and periodontal maintenance procedures, and is not separately reimbursable.</li> <li>Gingivectomy/gingivoplasty is allowed once per quadrant within a twenty-four (24)-month period, and for restorative purposes is allowed once per retained natural permanent tooth (excluding third molars) within a three (3)-year period.</li> <li>Guided tissue regeneration using either resorbable or non-resorbable barrier membranes is allowed once per surgical site and must be performed during eligible periodontal surgery. A surgical site is defined as a natural retained permanent tooth, a dental implant, or an edentulous site requiring surgical intervention, excluding third molars. Coverage is limited to one barrier membrane per site per surgical event within a twenty-four (24)-month period.</li> <li>Intravenous (IV) sedation is allowable with eligible procedures such as apicoectomy, dental implants, oral surgery, osseous surgery, and severe periodontal cases. It is not covered for routine procedures including root canal therapy or simple extractions, nor is it eligible solely for managing dental phobia or anxiety.</li> <li>Local delivery of antimicrobial agents is allowed once per retained natural permanent tooth, excluding third molars, within a three (3)-month period. soft</li> <li>Oral surgery includes suturing, when necessary, the administration of local anesthesia (including regional block and trigeminal division block), and standard postoperative care.</li> <li>Osseous surgery is allowed once per quadrant within a twenty-four (24)-month period and is limited to a maximum of two full-quadrant osseous surgeries per quadrant per lifetime.</li> <li>Payment for periodontal surgery includes postoperative care for six months following treatment.</li> <li>Pedicle soft tissue graft procedures are allowed once per retained natural permanent tooth, excluding third molars, within a twelve (12)-month period when performed during eligible periodontal surgery, with a maximum of three per lifetime of the tooth.</li> <li>Periodontal charting may be requested for review of claims. No benefits are payable separately for periodontal charting.</li> <li>Periodontal maintenance, which is a specialized cleaning for patients with gum disease, is allowed once every three (3) months, with a maximum of four (4) visits per policy year. Routine dental cleaning (prophylaxis) is not allowed during any period in which periodontal maintenance is provided.</li> <li>Periodontal scaling and root planing, whether performed per quadrant or as a full-mouth procedure, is allowed once per quadrant within a twenty-four (24)-month period. All four quadrants may be treated on the same day.</li> <li>Surgical revision procedures are allowed once per retained natural permanent tooth, excluding third molars, within a twelve (12)-month period, with a maximum of three per lifetime of the tooth. Coverage applies only when medically necessary corrective intervention beyond routine post-operative care is required due to complications or failure of prior periodontal surgery.</li> <li>Surgical stents for soft tissue healing are limited to one per surgical site within a 5-year period following eligible oral surgery.</li> <li>Wedge procedures are allowed once per retained natural permanent tooth, excluding third molars, in an eighteen (18)-month period, provided they are performed during eligible periodontal surgery.</li> </ul>							

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<p>• <b>Periodontal Services – Related Exclusions Under PEHP Master Policy (<i>may not be an all-inclusive list</i>):</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>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.</li> <li>Office calls for observation.</li> <li>PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.</li> <li>Photobiomodulation therapy.</li> <li>Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>Surgical splints.</li> <li>Unbundling or fragmentation of codes.</li> </ul>								
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant in a 24-month period	<b>Procedures Explained:</b> Periodontal surgeries that improve gum health and appearance—gingivectomy removes diseased or overgrown tissue to reduce deep pockets and aid hygiene, while gingivoplasty reshapes healthy gum tissue for better aesthetics and function; both may be combined for optimal therapeutic results.		Quadrant identification (include tooth number[s] involved within the quadrant)	<a href="#">Periodontal Services</a>		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant in a 24-month period			Quadrant identification (include tooth number[s] involved within the quadrant)	<a href="#">Periodontal Services</a>		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Once per retained natural permanent tooth per restoration in a 3-year period	Coverage applies exclusively to retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.		Tooth identification	<a href="#">Periodontal Services</a>		
D4230	Anatomical crown exposure, 4 or more contiguous teeth or	Once per quadrant in a 24-month period	• <b>Procedure Explained:</b> In periodontics, anatomical crown exposure refers to the deliberate		Quadrant identification	<a href="#">Periodontal Services</a>		



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	tooth bounded spaces per quadrant		<p>removal of soft tissue to uncover the enamel-covered portion of a tooth that may be concealed beneath the gums. This procedure is performed to reveal more of the natural tooth structure for restorative or esthetic reasons and involves only soft tissue removal—any procedure that includes bone removal is classified as clinical crown lengthening.</p> <ul style="list-style-type: none"> <li>• Considered inclusive when combined with osseous surgery (codes D4260–D4261) in the same quadrant.</li> <li>• Coverage for this procedure is excluded if conducted for cosmetic purposes.</li> </ul>					
D4231	Anatomical crown exposure, 1 to 3 teeth or tooth bounded spaces	Once per quadrant in a 24-month period	<ul style="list-style-type: none"> <li>• Considered inclusive when combined with osseous surgery (codes D4260–D4261) in the same quadrant.</li> <li>• Coverage for this procedure is excluded if conducted for cosmetic purposes.</li> </ul>		Quadrant identification (include tooth number[s] involved within the quadrant)	<a href="#">Periodontal Services</a>		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant in a 24-month period	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A section of gum tissue is surgically lifted to expose the underlying tooth roots and bone, allowing for thorough cleaning, removal of infected tissue, and root planing.</li> <li>• Considered inclusive when combined with osseous surgery (codes D4260–D4261) in the same quadrant.</li> </ul>		Quadrant identification	<a href="#">Periodontal Services</a>		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant in a 24-month period	Considered inclusive when combined with osseous surgery (codes D4260–D4261) in the same quadrant.		Quadrant identification	<a href="#">Periodontal Services</a>		
D4245	Apically positioned flap	Once per retained natural permanent tooth in a 24-month period, only when performed	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Apical surgery on a single tooth, a procedure in which the tip of a tooth's root is surgically accessed to remove infected or inflamed tissue—typically when conventional root</li> </ul>		Site identification (corresponding permanent retained natural tooth number)	<a href="#">Periodontal Services</a>		

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		in conjunction with eligible periodontal surgery, with a maximum of three procedures per tooth per lifetime	<p>canal therapy is unsuccessful—and may include root-end resection and sealing to preserve the tooth.</p> <ul style="list-style-type: none"> <li>Coverage applies exclusively to retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>					
D4249	Clinical crown lengthening - hard tissue	Once per permanent retained natural tooth in a 5-year period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A periodontal surgery that removes gum and bone tissue to expose more of the tooth's visible crown, typically to support restorative treatment or improve esthetics. It involves lifting the gum tissue to access and reshape the underlying bone, altering the crown-to-root ratio while preserving biologic width. Performed in a healthy periodontal environment, it differs from osseous surgery used to treat periodontitis. Healing takes several weeks before final restorations can be placed, and flap design may be extended to adjacent teeth to ensure proper contours and optimal recovery.</li> <li>Considered inclusive when combined with osseous surgery (codes D4260–D4261) in the same quadrant.</li> <li>Coverage applies exclusively to natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> <li>Coverage for this procedure is excluded if conducted for cosmetic purposes.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>Tooth identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth	Once per quadrant in a 24-month period, with a maximum of two	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A periodontal procedure that reshapes or removes damaged bone to treat advanced gum disease. It eliminates deep pockets, improves</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the</li> </ul>	<a href="#">Periodontal Services</a>		

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	or tooth bounded spaces per quadrant	full-quadrant osseous surgeries per quadrant per lifetime	gum attachment, and restores healthy bone contours, making oral hygiene easier and reducing disease progression. This surgery is typically recommended when non-surgical treatments like scaling and root planing are insufficient. • Anatomical crown exposure (D4230-D4231), clinical crown lengthening (D4249), and gingival flap procedures (D4240-D4241) are considered inclusive when combined with osseous surgery in the same quadrant.		procedure, history of non-surgical therapies, and summary of pre-operative radiographic findings • Quadrant identification (include tooth numbers involved within the quadrant)			
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant in a 24-month period	Anatomical crown exposure (D4230-D4231), clinical crown lengthening (D4249), and gingival flap procedures (D4240-D4241) are considered inclusive when combined with osseous surgery in the same quadrant.		• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure, history of non-surgical therapies, and summary of pre-operative radiographic findings • Quadrant identification (include tooth number[s] involved within the quadrant)	<a href="#">Periodontal Services</a>		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Once per graft site in a 24-month period and performed during eligible periodontal surgery	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A bone replacement graft on a retained natural permanent tooth is a periodontal surgical procedure in which grafting material is placed into a bony defect around a tooth to stimulate new bone growth and improve tooth stability.</li> <li>• Coverage applies exclusively to graft sites identified by retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>• Graft site identification (first retained natural permanent tooth site in a quadrant)</li> </ul>	<a href="#">Bone Replacement Grafts</a>  <a href="#">Periodontal Services</a>		

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D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Once per graft site in a 24-month period and performed during eligible periodontal surgery	Coverage applies exclusively to graft sites identified by retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings.</li> <li>Graft site identification (each additional retained natural permanent tooth site in a quadrant)</li> </ul>	<a href="#">Bone Replacement Grafts</a>  <a href="#">Periodontal Services</a>		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Once per surgical site in a 12-month period, only when performed in conjunction with eligible periodontal surgery	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Application of biologic materials—naturally derived or synthetic substances—designed to stimulate the regeneration of soft and osseous tissues during periodontal surgery, supporting the regrowth of bone, cementum, and periodontal ligament lost to periodontal disease.</li> <li>Coverage applies exclusively to surgical sites identified by permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of radiographic findings when applicable.</li> <li>Surgical site (corresponding permanent tooth number[s]) identification</li> </ul>	<a href="#">Fixed Prosthodontics</a>  <a href="#">Periodontal Services</a>		
D4266	Guided tissue regeneration - resorbable barrier, per site	Once per surgical site, per surgical event in a 24-month period and performed during eligible periodontal surgery (D4266 or D4267)	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A periodontal surgery that promotes regrowth of tooth-supporting structures—like bone, ligament, and cementum—damaged by disease, trauma, or defects. It involves placing a bone graft and covering it with a barrier membrane to prevent unwanted tissue growth, allowing proper cells to regenerate the area. Used for deep pockets, vertical bone loss, or implant support, GTR may include resorbable or non-resorbable membranes and is often paired with grafts or biologics to restore long-term tooth stability.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings.</li> <li>Surgical site (corresponding retained natural permanent tooth number[s]) identification</li> </ul>	<a href="#">Guided Tissue Regeneration</a>  <a href="#">Periodontal Services</a>		

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			<ul style="list-style-type: none"> <li>Coverage applies exclusively to surgical sites identified as retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>					
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	Once per surgical site, per surgical event in a 24-month period and performed during eligible periodontal surgery (D4266 or D4267)	Coverage applies exclusively to surgical sites identified as retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings.</li> <li>Surgical site (corresponding retained natural permanent tooth number(s)) identification</li> </ul>	<a href="#">Guided Tissue Regeneration</a>  <a href="#">Periodontal Services</a>		
D4268	Surgical revision procedure, per tooth	Once per retained natural permanent tooth in a 12-month period with a maximum of 3 per lifetime of tooth	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> This procedure code is used when a tooth that has already undergone periodontal surgery requires additional surgical intervention. It applies to significant corrective procedures—such as addressing persistent infection, flap separation, or the need to recontour tissue or bone—when the initial surgery did not achieve the intended outcome or complications developed. It is distinct from routine post-operative care or maintenance, and documentation must clearly support the medical necessity for revision beyond standard follow-up.</li> <li>Coverage applies exclusively to retained permanent natural tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings.</li> <li>Tooth identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4270	Pedicle soft tissue graft procedure	Once per retained natural	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b></li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section</li> </ul>	<a href="#">Periodontal Services</a>		

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		permanent tooth in a 12-month period and performed during eligible periodontal surgery, with a maximum of 3 per lifetime of the tooth	<p>A periodontal procedure that repositions adjacent gum tissue—while maintaining its blood supply—to cover exposed roots or increase attached gingiva, improving esthetics, reducing sensitivity, and enhancing periodontal health.</p> <ul style="list-style-type: none"> <li>Coverage applies exclusively to retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<p>of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</p> <ul style="list-style-type: none"> <li>Tooth identification</li> </ul>			
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	Once per treated site in a 24-month period and performed during eligible periodontal surgery	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Tissue is harvested from the patient—typically the palate—and transplanted to another site to treat gum recession or enhance soft tissue around a tooth, implant, or edentulous area, including both donor and recipient surgical sites.</li> <li>Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31), an implant site, or an edentulous site, each identified by the corresponding permanent tooth number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings.</li> <li>Treated site (corresponding permanent tooth number[s]) identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Once per retained natural permanent tooth in an 18-month and performed during eligible periodontal surgery	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> A periodontal surgery that removes excess soft tissue and reshapes gum contours—especially behind last molars—to improve access, hygiene, and healing, often performed alongside other treatments like osseous surgery or crown lengthening.</li> <li>Coverage applies exclusively to retained natural permanent tooth number(s) (#2–15 and #18–31). Third</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>Tooth identification</li> </ul>	<a href="#">Periodontal Services</a>		

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			molars (#1, #16, #17, #32) are excluded from coverage.					
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Once per treated site in a 24-month period and performed during eligible periodontal surgery	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Donor or synthetic material is placed to treat gum recession or enhance soft tissue around a tooth, implant, or edentulous area, including both the graft and recipient site.</li> <li>• Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31), an implant site, or an edentulous site, each identified by the corresponding permanent tooth number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>• Treated site (corresponding permanent tooth number[s]) identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4276	Combined connective tissue and double pedicle graft, per tooth	Once per retained natural permanent tooth in a 24-month period and performed during eligible periodontal surgery	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Connective tissue is harvested from the patient's palate and then placed over the exposed root surface of the affected tooth. Two adjacent gingival pedicle flaps are mobilized and advanced to cover the graft, ensuring stability and blood supply from both sides. This combined technique treats gingival recession, provides predictable root coverage, and increases the zone of attached gingiva.</li> <li>• Coverage applies exclusively to retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>• Tooth identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Once per treated site in a 24-month period, only when performed in conjunction with eligible	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> A periodontal surgical procedure that involves transplanting a piece of gum tissue—usually from the roof of the patient's mouth—to another area in the mouth to treat gum recession or increase gum thickness.</li> </ul>		<ul style="list-style-type: none"> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary</li> </ul>	<a href="#">Periodontal Services</a>		

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		periodontal surgery, with a maximum of two treatments per site	<ul style="list-style-type: none"> <li>Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31), an implant site, or an edentulous site, each identified by the corresponding permanent tooth number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>of pre-operative radiographic findings</li> <li>Treated site (corresponding permanent tooth number[s]) identification</li> </ul>			
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Once per treated site in a 24-month period, only when performed in conjunction with eligible periodontal surgery, with a maximum of two treatments per site	Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31), an implant site, or an edentulous site, each identified by the corresponding permanent tooth number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.		Treated site (corresponding permanent tooth number[s]) identification	<a href="#">Periodontal Services</a>		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Once per treated site in a 24-month period when clinically indicated and performed during eligible periodontal surgery	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Tissue is harvested from the patient—typically the palate—and transplanted to another site to treat gum recession or enhance soft tissue around a tooth, implant, or edentulous area, including both donor and recipient surgical sites.</li> <li>Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31), an implant site, or an edentulous site, each identified by the corresponding permanent tooth number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>Treated site (corresponding natural permanent tooth number[s]) identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site	Once per treated site in a 24-month period when clinically	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Donor or synthetic material is placed to treat gum recession or enhance soft tissue around a tooth, implant, or</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical</li> </ul>	<a href="#">Periodontal Services</a>		



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	and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	indicated and performed during eligible periodontal surgery	edentulous area, including both the graft and recipient site. <ul style="list-style-type: none"> <li>Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31), an implant site, or an edentulous site, each identified by the corresponding permanent tooth number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		necessity for the procedure and summary of pre-operative radiographic findings Treated site (corresponding permanent tooth number[s]) identification			
D4286	Removal of non-resorbable barrier	Not covered				<a href="#">Periodontal Services</a>		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns. Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength	Covered under the Dental Accident benefit only	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Stabilizing mobile teeth by placing a splint inside the tooth structure.</li> <li>Covered under the dental plan only when the condition is caused by an accident and qualifies for the dental accident benefit, subject to plan limits.</li> <li>Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31) or implant site, identified by the corresponding permanent tooth number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>Accident indicator if applicable</li> <li>Date of the accident</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of radiographic findings</li> <li>Treated site (corresponding permanent tooth number[s]) identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4323	Splint - Extra-coronal; natural teeth or prosthetic crowns. Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength	Covered under the Dental Accident benefit only	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Stabilizing mobile teeth by applying a splint to the outer surface of the teeth.</li> <li>Covered under the dental plan only when the condition is caused by an accident and qualifies for the dental accident benefit, subject to plan limits.</li> <li>Coverage applies to a treated site, identified as a retained natural permanent tooth (#2–15 and #18–31) or implant site, identified by the corresponding permanent tooth</li> </ul>		<ul style="list-style-type: none"> <li>Accident indicator if applicable</li> <li>Date of the accident</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of radiographic findings</li> <li>Treated site (corresponding permanent</li> </ul>	<a href="#">Periodontal Services</a>		

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			number (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.		tooth number[s]) identification			
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Once per quadrant in a 24-month period	<b>Procedure Explained:</b> A thorough, non-surgical periodontal treatment that removes plaque, calculus, and bacterial toxins from root surfaces to manage periodontitis, promote gum healing, and reduce pocket depth, often requiring local anesthesia and extended time per quadrant.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>Quadrant identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Once per quadrant in a 24-month period			<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure and summary of pre-operative radiographic findings</li> <li>Quadrant identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Once in a 24-month period	<b>Procedure Explained:</b> A therapeutic procedure involving full mouth scaling to treat generalized moderate to severe gingival inflammation without attachment or bone loss, performed after an oral evaluation and distinct from prophylaxis or periodontal therapy			<a href="#">Periodontal Services</a>		
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Once in a 24-month period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Full mouth debridement (CDT D4355) is performed to remove excessive plaque and calculus that interfere with the ability to conduct a comprehensive oral evaluation, and while it is not a substitute for scaling and root planing or routine prophylaxis, it serves as a necessary preliminary step for accurate diagnosis and treatment planning.</li> </ul>			<a href="#">Periodontal Services</a>		

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			<ul style="list-style-type: none"> <li>Procedure is considered inclusive and therefore not separately reimbursable when performed on the same date of service as D0150, D0160, or D0180.</li> </ul>					
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth	Once per retained natural permanent tooth every 3 months when clinically indicated	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Applying antimicrobial substances directly to infection sites—such as periodontal pockets—using controlled-release systems to enhance local effectiveness while reducing systemic side effects and resistance risk.</li> <li>Coverage applies exclusively to retained natural permanent tooth number(s) (#2–15 and #18–31). Third molars (#1, #16, #17, #32) are excluded from coverage.</li> </ul>		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for the procedure, previous dates of scaling and root planing, and summary of radiographic findings</li> <li>Tooth identification</li> </ul>	<a href="#">Periodontal Services</a>		
D4910	Periodontal maintenance	Once every 3-months with a maximum of 4 visits per policy year	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Periodontal maintenance includes removal of the bacterial plaque and calculus from supragingival, and subgingival regions, site-specific scaling and root planing where indicated, and polishing the teeth.</li> <li>Prophylaxis procedures (D1110–D1120) are not covered during the same period as periodontal maintenance (D4910).</li> </ul>			<a href="#">Periodontal Services</a>		
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Not covered; payment is bundled into the related procedure				<a href="#">Periodontal Services</a>		
D4921	Gingival Irrigation - per quadrant with a medicinal agent	Not covered; payment is bundled into the related procedure	Considered inclusive to D4341 (scaling and root planing, 4+ teeth), D4342 (scaling and root planing, 1-3 teeth), D4346 (scaling with inflammation, no periodontitis), D4355 (full mouth debridement for evaluation), and D4910 (periodontal maintenance).			<a href="#">Periodontal Services</a>		
D4999	Unspecified periodontal procedure, by report	Not covered; Claim not coded	Claim to be submitted with correct CDT code per contract.			<a href="#">Periodontal Services</a>		

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		according to the contract.						
<b>Preventative Services: D1110 to D1999</b>								
<ul style="list-style-type: none"> <li>• <b>Preventative Services — Related Benefits and Limitations Under PEHP Medical Policy:</b> <ul style="list-style-type: none"> <li>○ Fluoride treatments (with or without varnish) are allowed separately for children aged 3 or younger when a routine cleaning (prophylaxis) cannot be performed.</li> <li>○ Fluoride treatments (with or without varnish) are allowed up to two (2) times per policy year when provided during a routine cleaning (prophylaxis).</li> <li>○ Prophylaxis (cleaning) is allowed twice in a plan year. A child Prophylaxis will be allowed through age 13. An adult Prophylaxis will be allowed for age 14 and over.</li> <li>○ Re-cementation or removal of space maintainers is also allowed once per quadrant for unilateral appliances and once per arch for bilateral appliances within an eighteen (18)-month period, with removal not eligible for separate reimbursement when performed by the same provider or practice that originally placed the space maintainer.</li> <li>○ Sealants on permanent posterior teeth are allowed once per tooth within a five (5)-year period for eligible dependents through 17 years of age. Teeth with existing occlusal fillings are not eligible, and coverage excludes third molars. The five (5)-year eligibility period resets when a sealant repair is performed. If a sealant fails within twelve (12)-months of its initial placement, the procedure is not eligible for separate reimbursement.</li> <li>○ Space maintainers for eligible dependents through 16 years of age are allowed once per quadrant for unilateral appliances and once per arch for bilateral appliances within an eighteen (18)-month period when used to keep a tooth in its current position. They are not covered for moving teeth, which is considered orthodontic treatment.</li> </ul> </li> <li>• <b>Preventative Services — Related Exclusions Under PEHP Medical Policy (may not be an all-inclusive list):</b> <ul style="list-style-type: none"> <li>○ Administration of vaccines.</li> <li>○ Application of sealants for subscribers or dependents 18 years of age or older, on teeth other than permanent posterior teeth, and on teeth with existing occlusal fillings.</li> <li>○ Caries susceptibility tests.</li> <li>○ Charges for remote dental evaluation and management, including prescriptive services provided by the Internet, Telephone or Catalog without personal evaluation by a licensed Dentist or Provider.</li> <li>○ Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</li> <li>○ Fluoride application, with or without varnish, for members aged 14 or older when not identified as high-risk for dental caries.</li> <li>○ Home fluoride treatments, including professionally recommended or prescribed fluoride products intended for use outside the dental office to help prevent tooth decay. These may include fluoride gels, rinses, foams, or toothpaste with higher concentrations of fluoride than over-the-counter options.</li> <li>○ Plaque control programs, oral hygiene instruction, or nutritional counseling.</li> <li>○ Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</li> <li>○ Saliva testing, including the collection, preparation, and analysis of oral fluid specimens at both the point-of-care and in the laboratory.</li> <li>○ Unbundling or fragmentation of codes.</li> </ul> </li> </ul>								
D1110	Prophylaxis - adult (age 14 and over)	Twice per policy year	If a procedure code is submitted that does not align with the patient's age, it will be automatically corrected to the appropriate CDT code.					
D1120	Prophylaxis - child (through age 13)	Twice per policy year	If a procedure code is submitted that does not align with the patient's age, it will be automatically corrected to the appropriate CDT code.					
D1206	Topical application of fluoride varnish	Twice per policy year (D1206 or D1208)	Topical fluoride must be applied in conjunction with a prophylaxis (D1110 or D1120). This requirement is waived					

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			for members under age 3 who are unable to complete a prophylaxis.					
D1208	Topical application of Fluoride - excluding varnish	Twice per policy year (D1206 or D1208)	Topical fluoride must be applied in conjunction with a prophylaxis (D1110 or D1120). This requirement is waived for members under age 3 who are unable to complete a prophylaxis.					
D1301	Immunization counseling	Not covered						
D1310	Nutritional counseling for control of dental disease	Not covered						
D1320	Tobacco counseling for control and prevention of oral disease	Not covered						
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high - risk substance use	Not covered						
D1330	Oral Hygiene Instructions	Not covered						
D1351	Sealant - per tooth	Once per tooth in a 5-year period, thru age 17	Coverage applies only to permanent posterior teeth (numbers 2–5, 12–15, 18–20, and 29–31) that do not have an existing occlusal filling, excluding third molars (numbers 1, 16, 17, and 32).		Tooth identification			
D1353	Sealant repair - per tooth	Once per tooth in a 5-year period, thru age 17	<ul style="list-style-type: none"> <li>Coverage applies only to permanent posterior teeth (numbers 2–5, 12–15, 18–20, and 29–31) that do not have an existing occlusal filling, excluding third molars (numbers 1, 16, 17, and 32).</li> <li>For permanent posterior teeth that have previously been treated with D1351 (sealant – per tooth), the five-year sealant eligibility period resets based on the date D1353 (sealant repair – per tooth) is performed.</li> </ul>		<ul style="list-style-type: none"> <li>Date of initial placement or date of most recent sealant repair</li> <li>Tooth identification</li> </ul>			

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			<ul style="list-style-type: none"> <li>If a sealant fails within 12-months of its initial placement, the procedure will be denied and considered the provider's responsibility.</li> </ul>					
D1354	Interim caries arresting medicament application - per tooth	Not covered; payment is bundled into the related procedure						
D1355	Caries arresting medicament application - per tooth	Not covered						
D1510	Space maintainer - fixed, unilateral	Once per quadrant in an 18-month period, thru age 16	Coverage includes initial placement, replacement, and re-cementation or rebonding, each allowed once every 18 months. Re-cementation is permitted only if more than six months have passed since the initial placement.		Quadrant identification			
D1516	Space maintainer - fixed, bilateral, maxillary	Once per arch in an 18-month period, thru age 16	Coverage includes initial placement, replacement, and re-cementation or rebonding, each allowed once every 18 months. Re-cementation is permitted only if more than six months have passed since the initial placement.		Arch identification			
D1517	Space maintainer - fixed, bilateral, mandibular	Once per arch in an 18-month period, thru age 16	Coverage includes initial placement, replacement, and re-cementation or rebonding, each allowed once every 18 months. Re-cementation is permitted only if more than six months have passed since the initial placement.		Arch identification			
D1520	Space maintainer – removable, unilateral	Once per quadrant in an 18-month period, thru age 16	Coverage includes initial placement, replacement, and re-cementation or rebonding, each allowed once every 18 months. Re-cementation is permitted only if more than six months have passed since the initial placement.		Quadrant identification			
D1526	Space maintainer – removable - bilateral, maxillary	Once per arch in an 18-month period, thru age 16	Coverage includes initial placement, replacement, and re-cementation or rebonding, each allowed once every 18 months. Re-cementation is permitted only if more than six months have passed since the initial placement.		Arch identification			

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D1527	Space maintainer - removable - bilateral, mandibular	Once per arch in an 18-month period, thru age 16	Coverage includes initial placement, replacement, and re-cementation or rebonding, each allowed once every 18 months. Re-cementation is permitted only if more than six months have passed since the initial placement.		Arch identification			
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	Once per arch in an 18-month period, thru age 16, beginning six months after placement	Re-cementation is permitted only if more than six months have passed since the initial placement.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Date of original placement or date of most recent re-cementing</li> </ul>			
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	Once per arch in an 18-month period, thru age 16, beginning six months after placement	Re-cementation is permitted only if more than six months have passed since the initial placement.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Date of original placement or date of most recent re-cementing</li> </ul>			
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	Once per quadrant in an 18-month period, thru age 16, beginning six months after placement	Re-cementation is permitted only if more than six months have passed since the initial placement.		<ul style="list-style-type: none"> <li>• Quadrant identification</li> <li>• Date of original placement or date of most recent re-cementing</li> </ul>			
D1556	Removal of fixed unilateral space maintainer - per quadrant	Once per quadrant in an 18-month period	Removal of a fixed space maintainer by the dentist or practice that originally placed the appliance is not a covered benefit, as it is considered part of the initial placement procedure.		Quadrant identification			
D1557	Removal of fixed bilateral space maintainer - maxillary	Once per arch in an 18-month period	Removal of a fixed space maintainer by the dentist or practice that originally placed the appliance is not a covered benefit, as it is considered part of the initial placement procedure.		Arch identification			
D1558	Removal of fixed bilateral space maintainer - mandibular	Once per arch in an 18-month period	Removal of a fixed space maintainer by the dentist or practice that originally placed the appliance is not a covered benefit, as it is considered part of the initial placement procedure.		Arch identification			

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D1575	Distal shoe space maintainer - fixed, unilateral	Once per quadrant in an 18-month period, thru age 16			Quadrant identification			
D1708	Pfizer-BioNTech Covid-19 vaccine administration - third dose	Not covered						
D1709	Pfizer-BioNTech Covid -19 vaccine administration - Booster dose	Not covered						
D1710	Moderna Covid-19 vaccine administration - third dose	Not covered						
D1711	Moderna Covid-19 vaccine administration - Booster dose	Not covered						
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	Not covered						
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	Not covered						
D1720	Influenza vaccine administration	Not covered						
D1781	Vaccine administration - human papillomavirus - Dose 1	Not covered						
D1782	Vaccine administration - human papillomavirus - Dose 2	Not covered						
D1783	Vaccine administration - human papillomavirus - Dose 3	Not covered						
D1999	Unspecified preventive procedure by report	Not covered; Claim not coded	Claim to be submitted with correct CDT code per contract.					



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<b>Removable Prosthodontic Services: D5110 - D5899</b>								
<p><i>Removable prosthodontics, commonly known as dentures, are dental appliances designed to replace missing teeth and surrounding tissues. Unlike fixed prosthetics such as crowns or bridges, dentures are intended to be removed daily for cleaning and maintenance. They may replace an entire arch of teeth (complete dentures) or only some teeth (partial dentures). A denture—whether full or partial—typically consists of a supportive base, artificial teeth, and connectors or retainers. The base is usually made of acrylic resin but may also be constructed from chrome, metal, or porcelain. Artificial teeth, crafted from acrylic resin or porcelain, serve to restore the function and appearance of natural teeth. Connectors help secure partial dentures by engaging adjacent teeth or linking the artificial teeth to the base, enhancing stability and retention.</i></p>								
<p><b>• Removable Prosthodontic Services — Related Benefits and Limitations Under PEHP Master Policy:</b></p> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ Partial denture metal base repair (repair of the metal framework or base of a partial denture that supports the acrylic and 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 partial denture metal based is allowed once every twenty-four (24) months per arch.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ Soft liners for complete or partial removal dentures are allowed once per arch within a three (3)-year period. Services are not eligible for separate reimbursement when provided on the same date of service as a chairside reline.</li> </ul>								

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<ul style="list-style-type: none"> <li>○ <i>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.</i></li> <li>○ <i>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.</i></li> </ul> <p>• <b>Removable Prosthodontic Services — Exclusions Under PEHP Master Policy (may not be an all-inclusive list):</b></p> <ul style="list-style-type: none"> <li>○ <i>Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.</i></li> <li>○ <i>Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.</i></li> <li>○ <i>Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures.</i></li> <li>○ <i>Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.</i></li> <li>○ <i>Replacement restorations performed for cosmetic reasons, patient preference, or due to minor wear without decay.</i></li> <li>○ <i>Study molds or diagnostic casts, except in conjunction with eligible Orthodontic treatment.</i></li> </ul> <p>• <b>Missing Tooth Exclusion:</b></p> <ul style="list-style-type: none"> <li>○ <i>The Missing Tooth Exclusion may not apply if the patient had at least six months of continuous dental coverage prior to enrollment in the Employer Plan. Refer to the Applicable Benefits Summary for the specific waiting period. Replacement of teeth missing before the coverage effective date may be ineligible for a defined period from the start of continuous coverage with PEHP; however, abutment teeth may be reviewed for prosthodontic benefit eligibility. The exclusion does not apply if a denture, fixed partial denture (bridge), or implant was already in place when coverage became effective.</i></li> </ul>								
D5110	Complete denture - maxillary	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5120	Complete denture - mandibular	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5130	Immediate denture - maxillary	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form,</li> </ul>	<a href="#">Removable Prosthodontics</a>		

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			immediate, overdenture, permanent, and implant-supported types.		including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable			
D5140	Immediate denture - mandibular	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned</li> </ul>	<a href="#">Removable Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	conventional rests, clasps and teeth)				extraction, or tooth loss, and summary of radiographic findings when applicable			
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional rests, clasps and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5223	Immediate maxillary partial denture - cast metal framework including retentive/clasping materials, rests and teeth	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of</li> </ul>	<a href="#">Removable Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
					radiographic findings when applicable			
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5225	Maxillary partial denture - flexible base (including any retentive/clasping materials, rests and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5226	Mandibular partial denture - flexible base (including any retentive/clasping materials, rests and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		

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D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5282	Removable unilateral partial denture - one (1) piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5284	Removable unilateral partial denture - one (1) piece flexible base (including retentive/clasping materials, rest and teeth) per quadrant	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5286	Removable unilateral partial denture - one (1)	One in a 5-year period	Benefit limited, per Master Policy, to one removable prosthodontic per arch		<ul style="list-style-type: none"> <li>Arch identification</li> </ul>	<a href="#">Removable Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
	piece resin (including retentive/clasping materials, rest and teeth) per quadrant		in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.		<ul style="list-style-type: none"> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>			
D5410	Adjust complete denture - maxillary	2 per arch per policy year starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent adjustment</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5411	Adjust complete denture - mandibular	2 per arch per policy year starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent adjustment</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5421	Adjust partial denture - maxillary	2 per arch per policy year starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent adjustment</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5422	Adjust partial denture - mandibular	2 per arch per policy year starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent repair</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5511	Repair broken complete denture base - mandibular	Once per arch in a 12-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent repair</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5512	Repair broken complete denture base - maxillary	Once per arch in a 12-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent repair</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5520	Replace missing or broken teeth - complete denture (each tooth)	Once per tooth in an 18-month period			<ul style="list-style-type: none"> <li>Arch identification</li> </ul>	<a href="#">Removable Prosthodontics</a>		



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					<ul style="list-style-type: none"> <li>• Delivery date of the appliance or date of most recent repair</li> </ul>			
D5611	Repair resin partial denture base - mandibular	Allowable as medically necessary starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent repair</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5612	Repair resin partial denture base - maxillary	Allowable as medically necessary starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent repair</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5621	Repair cast partial framework - mandibular	Once per arch in a 24-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent repair</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5622	Repair cast partial framework - maxillary	Once per arch in a 24-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent repair</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5630	Repair or replace broken retentive/clasping materials - per tooth	Once per tooth in a 24-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent repair/replacement</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5640	Replace broken teeth - per tooth	Once in an 18-month period			<ul style="list-style-type: none"> <li>• Delivery date of the appliance or date of most recent replacement</li> <li>• Tooth identification</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5650	Add tooth to existing partial denture	Once in an 18-month period			Tooth identification	<a href="#">Removable Prosthodontics</a>		
D5660	Add clasp to existing partial denture - per tooth	Allowable as medically necessary			Tooth identification	<a href="#">Removable Prosthodontics</a>		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Once in a 5-year period			<ul style="list-style-type: none"> <li>• Arch identification</li> </ul>	<a href="#">Removable Prosthodontics</a>		



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					<ul style="list-style-type: none"> <li>• Delivery date of the appliance or date of most recent replacement</li> </ul>			
D5671	Replace all teeth and acrylic on cast metal framework - mandibular	Once in a 5-year period			<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent replacement</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5710	Rebase complete denture - maxillary	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent rebase</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5711	Rebase complete denture - mandibular	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent rebase</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5720	Rebase partial - maxillary denture	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent rebase</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5721	Rebase partial denture - mandibular	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent rebase</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5725	Rebase hybrid prosthesis	Once per lifetime	<b>Procedure Explained:</b> An implant-supported full-arch restoration that combines the stability of a fixed bridge with the design of a denture, consisting of a metal framework with an acrylic base and denture teeth that is securely attached to implants (so the patient cannot remove it) but can be removed by the dentist for maintenance, repairs, or rebasing.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5730	Reline complete maxillary denture - chairside (direct)	Once per arch in an 18-month period starting six	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
		months following delivery						
D5731	Reline complete mandibular denture - chairside (direct)	Once per arch in an 18-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5740	Reline maxillary partial denture - chairside (direct)	Once per arch in an 18-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5741	Reline mandibular partial denture - chairside (direct)	Once per arch in an 18-month period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5750	Reline complete maxillary denture - laboratory (indirect)	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5751	Reline complete mandibular denture - laboratory (indirect)	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5760	Reline maxillary partial denture - laboratory (indirect)	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5761	Reline mandibular partial denture - laboratory (indirect)	Once per arch in a 3-year period starting six months following delivery	These services are included with CDT D5110 - D5286 for the first six months following appliance delivery per Master Policy.		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5765	Soft liner for complete or partial removable denture (indirect)	Once per arch in a 3-year period	<ul style="list-style-type: none"> <li><b>Procedure Explained:</b> Indirect placement of a soft liner in a complete or partial removable denture, typically fabricated outside the mouth to enhance comfort during</li> </ul>		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Delivery date of the appliance or date of most recent reline</li> </ul>	<a href="#">Removable Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			healing or as part of a temporary prosthesis. • Not covered on same of service as D5730 - D5741 (chairside relines).					
D5810	Interim complete denture - maxillary	Once per arch in a 5-year period (D5810 or D5820)	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> Interim dentures are temporary prosthetic appliances intended for use during the healing phase prior to fabrication of a definitive denture.</li> <li>• Per Master Policy, if a permanent complete or partial denture is initiated within 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.</li> </ul>		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for interim dentures, date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5811	Interim complete denture - mandibular	Once per arch in a 5-year period (D5811 or D5821)	Per Master Policy, if a permanent complete or partial denture is initiated within 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.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for interim dentures, date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5820	Interim partial denture - maxillary	Once per arch in a 5-year period (D5810 or D5820)	Per Master Policy, if a permanent complete or partial denture is initiated within 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.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for interim dentures, date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		

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D5821	Interim partial denture - mandibular	Once per arch in a 5-year period (D5811 or D5821)	Per Master Policy, if a permanent complete or partial denture is initiated within 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.		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including medical necessity for interim dentures, date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5850	Tissue conditioning - maxillary	Once per arch per lifetime of the denture	Tissue conditioning (also known as soft reline) is allowed as a prosthodontic benefit and is limited to once per life of the denture for healing purposes only.		Arch identification	<a href="#">Removable Prosthodontics</a>		
D5851	Tissue conditioning - mandibular	Once per arch per lifetime of the denture	Tissue conditioning (also known as soft reline) is allowed as a prosthodontic benefit and is limited to once per life of the denture for healing purposes only.		Arch identification	<a href="#">Removable Prosthodontics</a>		
D5862	Precision attachment, by report	Not covered	Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures are excluded from coverage per Master Policy.			<a href="#">Removable Prosthodontics</a>		
D5863	Overdenture - complete maxillary - natural tooth borne	1 per arch in a 5-year period	<ul style="list-style-type: none"> <li>• <b>Procedure Explained:</b> An overdenture is a removable dental prosthesis, either partial or complete, that fits over retained natural teeth, roots, or implants to enhance support, stability, and preservation of oral structures.</li> <li>• Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.</li> <li>• Restorative dental services in connection with an overdenture are</li> </ul>		<ul style="list-style-type: none"> <li>• Arch identification</li> <li>• Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		

CDT Code	ADA Code Description	Limit	Coverage/Payment Guidelines - Additional Information	When Pre-Auth Required	Required Information for Claim/Pre-Auth Submission	Dental Policy	Pre-Auth Effective Date	Pre-Auth Form
			not covered, except root canal therapy and core build up.					
D5864	Overdenture - partial maxillary - natural tooth borne	1 per arch in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.</li> <li>Restorative dental services in connection with an overdenture are not covered, except root canal therapy and core build up.</li> </ul>		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5865	Overdenture - complete mandibular - natural tooth borne	1 per arch in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.</li> <li>Restorative dental services in connection with an overdenture are not covered, except root canal therapy and core build up.</li> </ul>		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5866	Overdenture - partial mandibular - natural tooth borne	1 per arch in a 5-year period	<ul style="list-style-type: none"> <li>Benefit limited, per Master Policy, to one removable prosthodontic per arch in a 5-year period. This applies to complete or partial dentures, including immediate, overdenture, permanent, and implant-supported types.</li> <li>Restorative dental services in connection with an overdenture are not covered, except root canal therapy and core build up.</li> </ul>		<ul style="list-style-type: none"> <li>Arch identification</li> <li>Detailed narrative in the Remarks/Narrative section of the ADA claim form, including date(s) of extraction, planned extraction, or tooth loss, and summary of radiographic findings when applicable</li> </ul>	<a href="#">Removable Prosthodontics</a>		
D5867	Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	Not covered	Precision or semi-precision attachments used to stabilize or retain implant-supported prostheses, overdentures, or removable partial dentures are excluded from coverage per Master Policy.			<a href="#">Removable Prosthodontics</a>		

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D5875	Modification of removable prosthesis following implant surgery	Not covered				<a href="#">Removable Prosthodontics</a>		
D5876	Add metal substructure to acrylic complete denture - per arch	Not covered				<a href="#">Removable Prosthodontics</a>		
D5877	Duplication of complete denture - maxillary	Not covered				<a href="#">Removable Prosthodontics</a>		
D5878	Duplication of complete denture - mandibular	Not covered				<a href="#">Removable Prosthodontics</a>		
D5899	Unspecified removable prosthodontic procedure, by report	Not covered; Claim not coded according to the contract.	Claim to be submitted with correct CDT code per contract.			<a href="#">Removable Prosthodontics</a>		