

SCHEDULE A

Description of Benefits and Cost Shares for Pediatric Enrollees (Under Age 19)

The Benefits shown below are performed as needed and deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the DeltaCare® USA Plan ("Plan"). Please refer to Schedule B for further clarification of Benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under this Plan and is not to be interpreted as CDT-2022 Procedure Codes, descriptors or nomenclature which is under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|---------------------------|---|-------------------------|--|
| D0100–D0999 I. DIAGNOSTIC | | | |
| D0999 | Unspecified diagnostic procedure, by report | No charge | <i>Includes office visit, per visit (in addition to other services); In addition, shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i> |
| D0120 | Periodic oral evaluation - established patient | No charge | <i>1 per 6 months per Contract Dentist</i> |
| D0140 | Limited oral evaluation - problem focused | No charge | <i>1 per Enrollee per Contract Dentist</i> |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | No charge | <i>1 per 6 months per Contract Dentist, included with D0120, D0150</i> |
| D0150 | Comprehensive oral evaluation - new or established patient | No charge | <i>Initial evaluation, 1 per Contract Dentist</i> |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | No charge | <i>1 per Enrollee per Contract Dentist</i> |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No charge | <i>6 per 3 months, not to exceed 12 per 12 month period</i> |
| D0171 | Re-evaluation - post-operative office visit | No charge | |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No charge | <i>Included with D0150</i> |
| D0210 | Intraoral - complete series of radiographic images | No charge | <i>1 series per 36 months per Contract Dentist</i> |
| D0220 | Intraoral - periapical first radiographic image | No charge | <i>20 images (D0220, D0230) per 12 months per Contract Dentist</i> |
| D0230 | Intraoral - periapical each additional radiographic image | No charge | <i>20 images (D0220, D0230) per 12 months per Contract Dentist</i> |
| D0240 | Intraoral - occlusal radiographic image | No charge | <i>2 per 6 months per Contract Dentist</i> |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | No charge | <i>1 per date of service</i> |
| D0251 | Extra-oral posterior dental radiographic image | No charge | <i>4 per date of service</i> |
| D0270 | Bitewing - single radiographic image | No charge | <i>1 of (D0270, D0273) per date of service</i> |

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|-----------------------------------|--|-------------------------|--|
| D0272 | Bitewings - two radiographic images | No charge | 1 of (D0272, D0273) per 6 months per Contract Dentist |
| D0273 | Bitewings - three radiographic images | No charge | 1 of (D0270, D0273) per date of service; 1 of (D0272, D0273) per 6 months per Contract Dentist |
| D0274 | Bitewings - four radiographic images | No charge | 1 of (D0274, D0277) per 6 months per Contract Dentist |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No charge | 1 of (D0274, D0277) per 6 months per Contract Dentist |
| D0310 | Sialography | No charge | |
| D0320 | Temporomandibular joint arthrogram, including injection | No charge | Limited to trauma or pathology; 3 per date of service |
| D0322 | Tomographic survey | No charge | 2 per 12 months per Contract Dentist |
| D0330 | Panoramic radiographic image | No charge | 1 per 36 months per Contract Dentist |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | No charge | 2 per 12 months per Contract Dentist |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | No charge | For the diagnosis and treatment of the specific clinical condition not apparent on radiographs; 4 per date of service |
| D0351 | 3D photographic image | No charge | 1 per date of service |
| D0460 | Pulp vitality tests | No charge | |
| D0470 | Diagnostic casts | No charge | For the evaluation of orthodontic Benefits only; 1 per Contract Dentist unless special circumstances are documented (such as trauma or pathology which has affected the course of orthodontic treatment) |
| D0502 | Other oral pathology procedures, by report | No charge | Performed by an oral pathologist |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | No charge | 1 of (D0601, D0602, D0603) per 12 months per Contract Dentist or dental office |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | No charge | 1 of (D0601, D0602, D0603) per 12 months per Contract Dentist or dental office |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | No charge | 1 of (D0601, D0602, D0603) per 12 months per Contract Dentist or dental office |
| D0701 | Panoramic radiographic image – image capture only | No charge | |
| D0702 | 2D cephalometric radiographic image - image capture only | No charge | |
| D0703 | 2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only | No charge | |
| D0704 | 3D photographic image - image capture only | No charge | |
| D0705 | Extra-oral posterior dental radiographic image - image capture only | No charge | |
| D0706 | Intraoral - occlusal radiographic image - image capture only | No charge | |
| D0707 | Intraoral - periapical radiographic image - image capture only | No charge | |
| D0708 | Intraoral - bitewing radiographic image - image capture only | No charge | |
| D0709 | Intraoral - complete series of radiographic images - image capture only | No charge | |
| D1000-D1999 II. PREVENTIVE | | | |
| D1110 | Prophylaxis - adult | No charge | Cleaning; 1 of (D1110, D1120, D4346) per 6 months |
| D1120 | Prophylaxis - child | No charge | Cleaning; 1 of (D1110, D1120, D4346) per 6 months |
| D1206 | Topical application of fluoride varnish | No charge | 1 of (D1206, D1208) per 6 months |
| D1208 | Topical application of fluoride - excluding varnish | No charge | 1 of (D1206, D1208) per 6 months |
| D1310 | Nutritional counseling for control of dental disease | No charge | |

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|---|--|-------------------------|--|
| D1320 | Tobacco counseling for the control and prevention of oral disease | No charge | |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | No charge | |
| D1330 | Oral hygiene instructions | No charge | |
| D1351 | Sealant - per tooth | No charge | <i>1 per tooth per 36 months per Contract Dentist; limited to permanent first and second molars without restorations or decay and third permanent molars that occupy the second molar position</i> |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | No charge | <i>1 per tooth per 36 months per Contract Dentist; limited to permanent first and second molars without restorations or decay and third permanent molars that occupy the second molar position</i> |
| D1353 | Sealant repair - per tooth | No charge | <i>The original Contract Dentist or dental office is responsible for any repair or replacement during the 36-month period</i> |
| D1354 | Interim caries arresting medicament application - per tooth | No charge | <i>1 per tooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"</i> |
| D1355 | Caries preventive medicament application - per tooth | No charge | <i>1 per tooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"</i> |
| D1510 | Space maintainer - fixed, unilateral - per quadrant | No charge | <i>1 per quadrant; posterior teeth</i> |
| D1516 | Space maintainer - fixed - bilateral, maxillary | No charge | <i>1 per arch; posterior teeth</i> |
| D1517 | Space maintainer - fixed - bilateral, mandibular | No charge | <i>1 per arch; posterior teeth</i> |
| D1520 | Space maintainer - removable, unilateral - per quadrant | No charge | <i>1 per quadrant; posterior teeth</i> |
| D1526 | Space maintainer - removable - bilateral, maxillary | No charge | <i>1 per arch, through age 17; posterior teeth</i> |
| D1527 | Space maintainer - removable - bilateral, mandibular | No charge | <i>1 per arch, through age 17; posterior teeth</i> |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | No charge | <i>1 per Contract Dentist, per quadrant or arch, through age 17</i> |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | No charge | <i>1 per Contract Dentist, per quadrant or arch, through age 17</i> |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | No charge | <i>1 per Contract Dentist, per quadrant or arch, through age 17</i> |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant | No charge | <i>Included in case by Contract Dentist or dental office who placed appliance</i> |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | No charge | <i>Included in case by Contract Dentist or dental office who placed appliance</i> |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | No charge | <i>Included in case by Contract Dentist or dental office who placed appliance</i> |
| D1575 | Distal shoe space maintainer - fixed, unilateral - per quadrant | No charge | <i>1 per quadrant, age 8 and under; posterior teeth</i> |
| D2000-D2999 III. RESTORATIVE | | | |
| <i>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i> | | | |
| <i>- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years (60+ months) old.</i> | | | |
| D2140 | Amalgam - one surface, primary or permanent | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |

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|-------|---|-------------------------|---|
| D2150 | Amalgam - two surfaces, primary or permanent | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2160 | Amalgam - three surfaces, primary or permanent | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2161 | Amalgam - four or more surfaces, primary or permanent | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2330 | Resin-based composite - one surface, anterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2331 | Resin-based composite - two surfaces, anterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2332 | Resin-based composite - three surfaces, anterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2390 | Resin-based composite crown, anterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2391 | Resin-based composite - one surface, posterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2392 | Resin-based composite - two surfaces, posterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2393 | Resin-based composite - three surfaces, posterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2394 | Resin-based composite - four or more surfaces, posterior | No charge | <i>1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth</i> |
| D2710 | Crown - resin-based composite (indirect) | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2712 | Crown - 3/4 resin-based composite (indirect) | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2721 | Crown - resin with predominantly base metal | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2740 | Crown - porcelain/ceramic substrate | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2751 | Crown - porcelain fused to predominantly base metal | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2781 | Crown - 3/4 cast predominantly base metal | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2783 | Crown - 3/4 porcelain/ceramic | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2791 | Crown - full cast predominantly base metal | No charge | <i>1 per 60 months, permanent teeth; age 13 through 18</i> |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | No charge | <i>1 per 12 months per Contract Dentist</i> |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | No charge | |

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|-------|---|-------------------------|--|
| D2920 | Re-cement or re-bond crown | No charge | <i>Recementation during the 12 months after initial placement is included; no additional charge to the Enrollee or plan is permitted. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i> |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | No charge | <i>1 per 12 months</i> |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth | No charge | <i>1 per 36 months</i> |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth | No charge | <i>1 per 12 months</i> |
| D2930 | Prefabricated stainless steel crown - primary tooth | No charge | <i>1 per 12 months</i> |
| D2931 | Prefabricated stainless steel crown - permanent tooth | No charge | <i>1 per 36 months</i> |
| D2932 | Prefabricated resin crown | No charge | <i>1 per 12 months for primary teeth; 1 per 36 months for permanent teeth</i> |
| D2933 | Prefabricated stainless steel crown with resin window | No charge | <i>1 per 12 months for primary teeth; 1 per 36 months for permanent teeth</i> |
| D2940 | Protective restoration | No charge | <i>1 per 6 months per Contract Dentist</i> |
| D2941 | Interim therapeutic restoration - primary dentition | No charge | <i>1 per tooth per 6 months per Contract Dentist</i> |
| D2949 | Restorative foundation for an indirect restoration | No charge | |
| D2950 | Core buildup, including any pins when required | No charge | |
| D2951 | Pin retention - per tooth, in addition to restoration | No charge | <i>1 per tooth regardless of the number of pins placed; permanent teeth</i> |
| D2952 | Post and core in addition to crown, indirectly fabricated | No charge | <i>Base metal post; 1 per tooth; a Benefit only in conjunction with covered crowns on root canal treated permanent teeth</i> |
| D2953 | Each additional indirectly fabricated post - same tooth | No charge | <i>Performed in conjunction with D2952</i> |
| D2954 | Prefabricated post and core in addition to crown | No charge | <i>1 per tooth; a Benefit only in conjunction with covered crowns on root canal treated permanent teeth</i> |
| D2955 | Post removal | No charge | <i>Included in case fee by Contract Dentist or dental office who performed endodontic and restorative procedures. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i> |
| D2957 | Each additional prefabricated post - same tooth | No charge | <i>Performed in conjunction with D2954</i> |
| D2971 | Additional procedures to customize a new crown to fit under an existing partial denture framework | No charge | <i>Included in the fee for laboratory processed crowns. The listed fee applies for service provided by a Contract Dentist other than the original treating Dentist/dental office.</i> |
| D2980 | Crown repair necessitated by restorative material failure | No charge | <i>Repair during the 12 months following initial placement or previous repair is included, no additional charge to the Enrollee or plan is permitted by the original treating Contract Dentist/dental office.</i> |

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|------------------------------------|---|-------------------------|---|
| D2999 | Unspecified restorative procedure, by report | No charge | <i>Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i> |
| D3000-D3999 IV. ENDODONTICS | | | |
| D3110 | Pulp cap - direct (excluding final restoration) | No charge | |
| D3120 | Pulp cap - indirect (excluding final restoration) | No charge | |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | No charge | <i>1 per primary tooth</i> |
| D3221 | Pulpal debridement, primary and permanent teeth | No charge | <i>1 per tooth</i> |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | No charge | <i>1 per permanent tooth</i> |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | No charge | <i>1 per tooth</i> |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | No charge | <i>1 per tooth</i> |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | No charge | <i>Root canal</i> |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | No charge | <i>Root canal</i> |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | No charge | <i>Root canal</i> |
| D3331 | Treatment of root canal obstruction; non-surgical access | No charge | |
| D3333 | Internal root repair of perforation defects | No charge | |
| D3346 | Retreatment of previous root canal therapy - anterior | No charge | <i>Retreatment during the 12 months following initial treatment is included at no charge to the Enrollee or plan. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i> |
| D3347 | Retreatment of previous root canal therapy - bicuspid | No charge | <i>Retreatment during the 12 months following initial treatment is included at no charge to the Enrollee or plan. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i> |
| D3348 | Retreatment of previous root canal therapy - molar | No charge | <i>Retreatment during the 12 months following initial treatment is included at no charge to the Enrollee or plan. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i> |
| D3351 | Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.) | No charge | <i>1 per permanent tooth</i> |
| D3352 | Apexification/recalcification - interim medication replacement | No charge | <i>1 per permanent tooth</i> |

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|--|---|-------------------------|--|
| D3410 | Apicoectomy - anterior | No charge | 1 per 24 months by the same Contract Dentist or dental office; permanent teeth only |
| D3421 | Apicoectomy - bicuspid (first root) | No charge | 1 per 24 months by the same Contract Dentist or dental office; permanent teeth only |
| D3425 | Apicoectomy - molar (first root) | No charge | 1 per 24 months by the same Contract Dentist or dental office; permanent teeth only |
| D3426 | Apicoectomy (each additional root) | No charge | 1 per 24 months by the same Contract Dentist or dental office; permanent teeth only; a benefit for 3rd molar if it occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests. |
| D3430 | Retrograde filling - per root | No charge | |
| D3471 | Surgical repair of root resorption - anterior | No charge | 1 per 24 months by the same Contract Dentist or dental office |
| D3472 | Surgical repair of root resorption - premolar | No charge | 1 per 24 months by the same Contract Dentist or dental office |
| D3473 | Surgical repair of root resorption - molar | No charge | 1 per 24 months by the same Contract Dentist or dental office |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | No charge | |
| D3999 | Unspecified endodontic procedure, by report | No charge | Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. |
| D4000-D4999 V. PERIODONTICS | | | |
| <i>- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.</i> | | | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | No charge | 1 per quadrant per 36 months, age 13+ |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | No charge | 1 per quadrant per 36 months, age 13+ |
| D4249 | Clinical crown lengthening - hard tissue | No charge | |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | No charge | 1 per quadrant per 36 months, age 13+ |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | No charge | 1 per quadrant per 36 months, age 13+ |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | No charge | |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | No charge | 1 per quadrant per 24 months; age 13+ |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | No charge | 1 per quadrant per 24 months; age 13+ |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation | No charge | Cleaning; 1 of (D1110, D1120, D4346) per 6 months |

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| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | No charge | 1 treatment per 12 consecutive months |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | No charge | |
| D4910 | Periodontal maintenance | No charge | 1 per 3 months; service must be within the 24 months following the last scaling and root planing |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | No charge | 1 per Contract Dentist; age 13+ |
| D4999 | Unspecified periodontal procedure, by report | No charge | Enrollees age 13+. Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. |
| D5000-D5899 VI. PROSTHODONTICS (removable) | | | |
| - For all listed dentures and partial dentures, Cost Share includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered. | | | |
| - Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months. | | | |
| - Replacement of a denture or a partial denture requires the existing denture to be 5+ years (60+ months) old. | | | |
| D5110 | Complete denture - maxillary | No charge | 1 per 60 months |
| D5120 | Complete denture - mandibular | No charge | 1 per 60 months |
| D5130 | Immediate denture - maxillary | No charge | 1 per lifetime; subsequent complete dentures (D5110, D5120) are not a Benefit within 60 months. |
| D5140 | Immediate denture - mandibular | No charge | 1 per lifetime; subsequent complete dentures (D5110, D5120) are not a Benefit within 60 months. |
| D5211 | Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) | No charge | 1 per 60 months |
| D5212 | Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth) | No charge | 1 per 60 months |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) | No charge | 1 per 60 months |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) | No charge | 1 per 60 months |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | No charge | 1 per 60 months |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | No charge | 1 per 60 months |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | No charge | 1 per 60 months |

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|-------|--|-------------------------|---|
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | No charge | 1 per 60 months |
| D5410 | Adjust complete denture - maxillary | No charge | 1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months |
| D5411 | Adjust complete denture - mandibular | No charge | 1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months |
| D5421 | Adjust partial denture - maxillary | No charge | 1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months |
| D5422 | Adjust partial denture - mandibular | No charge | 1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months |
| D5511 | Repair broken complete denture base, mandibular | No charge | 1 per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months |
| D5512 | Repair broken complete denture base, maxillary | No charge | 1 per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | No charge | Up to 4 per arch per date of service after the initial 6 months; up to 2 per arch per 12 months per Contract Dentist |
| D5611 | Repair resin partial denture base, mandibular | No charge | 1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months |
| D5612 | Repair resin partial denture base, maxillary | No charge | 1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months |
| D5621 | Repair cast partial framework, mandibular | No charge | 1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months |
| D5622 | Repair cast partial framework, maxillary | No charge | 1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months |
| D5630 | Repair or replace broken retentive clasping materials - per tooth | No charge | 3 per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist |
| D5640 | Replace broken teeth - per tooth | No charge | 4 per arch per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist |
| D5650 | Add tooth to existing partial denture | No charge | Up to 3 per date of service per Contract Dentist; 1 per tooth after the initial 6 months |
| D5660 | Add clasp to existing partial denture - per tooth | No charge | 3 per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist |
| D5730 | Reline complete maxillary denture (direct) | No charge | Included for the first 6 months after placement by the Contract Dentist or dental office where the appliance was originally delivered; 1 per 12 month period after the initial 6 months |
| D5731 | Reline complete mandibular denture (direct) | No charge | 1 per 12 month period after the initial 6 months |
| D5740 | Reline maxillary partial denture (direct) | No charge | 1 per 12 month period after the initial 6 months |
| D5741 | Reline mandibular partial denture (direct) | No charge | 1 per 12 month period after the initial 6 months |
| D5750 | Reline complete maxillary denture (indirect) | No charge | 1 per 12 month period after the initial 6 months |
| D5751 | Reline complete mandibular denture (indirect) | No charge | 1 per 12 month period after the initial 6 months |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|---|--|-------------------------|---|
| D5760 | Reline maxillary partial denture (indirect) | No charge | 1 per 12 month period after the initial 6 months |
| D5761 | Reline mandibular partial denture (indirect) | No charge | 1 per 12 month period after the initial 6 months |
| D5850 | Tissue conditioning, maxillary | No charge | 2 per prosthesis per 36 months after the initial 6 months |
| D5851 | Tissue conditioning, mandibular | No charge | 2 per prosthesis per 36 months after the initial 6 months |
| D5862 | Precision attachment, by report | No charge | Included in the fee for prosthetic and restorative procedures by the Contract Dentist or dental office where the service was originally delivered. The listed fee applies for service provided by a dentist other than the original treating Contract Dentist or dental office. |
| D5863 | Overdenture - complete maxillary | No charge | 1 per 60 months |
| D5864 | Overdenture - partial maxillary | No charge | 1 per 60 months |
| D5865 | Overdenture - complete mandibular | No charge | 1 per 60 months |
| D5866 | Overdenture - partial mandibular | No charge | 1 per 60 months |
| D5899 | Unspecified removable prosthodontic procedure, by report | No charge | Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. |
| D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS | | | |
| <i>- All maxillofacial prosthetic procedures require prior Authorization.</i> | | | |
| D5911 | Facial moulage (sectional) | No charge | |
| D5912 | Facial moulage (complete) | No charge | |
| D5913 | Nasal prosthesis | No charge | |
| D5914 | Auricular prosthesis | No charge | |
| D5915 | Orbital prosthesis | No charge | |
| D5916 | Ocular prosthesis | No charge | |
| D5919 | Facial prosthesis | No charge | |
| D5922 | Nasal septal prosthesis | No charge | |
| D5923 | Ocular prosthesis, interim | No charge | |
| D5924 | Cranial prosthesis | No charge | |
| D5925 | Facial augmentation implant prosthesis | No charge | |
| D5926 | Nasal prosthesis, replacement | No charge | |
| D5927 | Auricular prosthesis, replacement | No charge | |
| D5928 | Orbital prosthesis, replacement | No charge | |
| D5929 | Facial prosthesis, replacement | No charge | |
| D5931 | Obturator prosthesis, surgical | No charge | |
| D5932 | Obturator prosthesis, definitive | No charge | |
| D5933 | Obturator prosthesis, modification | No charge | 2 per 12 months |
| D5934 | Mandibular resection prosthesis with guide flange | No charge | |
| D5935 | Mandibular resection prosthesis without guide flange | No charge | |
| D5936 | Obturator prosthesis, interim | No charge | |
| D5937 | Trismus appliance (not for TMD treatment) | No charge | |
| D5951 | Feeding aid | No charge | |
| D5952 | Speech aid prosthesis, pediatric | No charge | |
| D5953 | Speech aid prosthesis, adult | No charge | |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|--|--|-------------------------|--|
| D5954 | Palatal augmentation prosthesis | No charge | |
| D5955 | Palatal lift prosthesis, definitive | No charge | |
| D5958 | Palatal lift prosthesis, interim | No charge | |
| D5959 | Palatal lift prosthesis, modification | No charge | <i>2 per 12 months</i> |
| D5960 | Speech aid prosthesis, modification | No charge | <i>2 per 12 months</i> |
| D5982 | Surgical stent | No charge | |
| D5983 | Radiation carrier | No charge | |
| D5984 | Radiation shield | No charge | |
| D5985 | Radiation cone locator | No charge | |
| D5986 | Fluoride gel carrier | No charge | |
| D5987 | Commissure splint | No charge | |
| D5988 | Surgical splint | No charge | |
| D5991 | Vesicubullous disease medicament carrier | No charge | |
| D5999 | Unspecified maxillofacial prosthesis, by report | No charge | <i>Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i> |
| D6000-D6199 VIII. IMPLANT SERVICES | | | |
| <i>- A Benefit only under exceptional medical conditions. Prior Authorization is required. Refer also to Schedule B.</i> | | | |
| D6010 | Surgical placement of implant body: endosteal implant | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6011 | Surgical access to an implant body (second stage implant surgery) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6013 | Surgical placement of mini implant | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6040 | Surgical placement: eposteal implant | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6050 | Surgical placement: transosteal implant | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6055 | Connecting bar - implant supported or abutment supported | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6056 | Prefabricated abutment - includes modification and placement | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6057 | Custom fabricated abutment - includes placement | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6058 | Abutment supported porcelain/ceramic crown | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6062 | Abutment supported cast metal crown (high noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6064 | Abutment supported cast metal crown (noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6065 | Implant supported porcelain/ceramic crown | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6066 | Implant supported crown - porcelain fused to high noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6067 | Implant supported crown - high noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|-------------|--|--------------------------------|---|
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6075 | Implant supported retainer for ceramic FPD | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6077 | Implant supported retainer for metal FPD - high noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6082 | Implant supported crown - porcelain fused to predominantly base alloys | No charge | <i>A Benefit only under exceptional medical conditions.</i> |
| D6083 | Implant supported crown - porcelain fused to noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6084 | Implant supported crown - porcelain fused to titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6085 | Provisional implant crown | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6086 | Implant supported crown - predominantly base alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6087 | Implant supported crown - noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6088 | Implant supported crown - titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6090 | Repair implant supported prosthesis, by report | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6092 | Re-cement or re-bond implant/abutment supported crown | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6094 | Abutment supported crown - titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6095 | Repair implant abutment, by report | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6096 | Remove broken implant retaining screw | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6097 | Abutment supported crown - porcelain fused to titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|---|---|-------------------------|--|
| D6098 | Implant supported retainer - porcelain fused to predominantly base alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6099 | Implant supported retainer for FPD - porcelain fused to noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6100 | Surgical removal of implant body | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6110 | Implant/abutment supported removable denture for edentulous arch - maxillary | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6111 | Implant/abutment supported removable denture for edentulous arch - mandibular | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch - maxillary | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch - mandibular | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6114 | Implant/abutment supported fixed denture for edentulous arch - maxillary | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6115 | Implant/abutment supported fixed denture for edentulous arch - mandibular | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch - maxillary | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch - mandibular | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6120 | Implant supported retainer - porcelain fused to titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6121 | Implant supported retainer for metal FPD - predominantly base alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6122 | Implant supported retainer for metal FPD - noble alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6123 | Implant supported retainer for metal FPD - titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6190 | Radiographic/surgical implant index, by report | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6191 | Semi-precision abutment - placement | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6192 | Semi-precision attachment - placement | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6194 | Abutment supported retainer crown for FPD - titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6195 | Abutment supported retainer - porcelain fused to titanium and titanium alloys | No charge | <i>A Benefit only under exceptional medical conditions</i> |
| D6199 | Unspecified implant procedure, by report | No charge | <i>Implant services are a Benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Written documentation shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment.</i> |
| D6200-D6999 IX. PROSTHODONTICS, fixed | | | |
| <i>- Each retainer and each pontic constitutes a unit in a fixed partial denture (bridge).</i> | | | |
| <i>- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years (60+ months) old.</i> | | | |
| D6211 | Pontic - cast predominantly base metal | No charge | <i>1 per 60 months; age 13+</i> |
| D6241 | Pontic - porcelain fused to predominantly base metal | No charge | <i>1 per 60 months; age 13+</i> |
| D6245 | Pontic - porcelain/ceramic | No charge | <i>1 per 60 months; age 13+</i> |
| D6251 | Pontic - resin with predominantly base metal | No charge | <i>1 per 60 months; age 13+</i> |
| D6721 | Retainer crown - resin with predominantly base metal | No charge | <i>1 per 60 months; age 13+</i> |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|--|---|-------------------------|--|
| D6740 | Retainer crown - porcelain/ceramic | No charge | 1 per 60 months; age 13+ |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | No charge | 1 per 60 months; age 13+ |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | No charge | 1 per 60 months; age 13+ |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | No charge | 1 per 60 months; age 13+ |
| D6784 | Retainer crown - 3/4 titanium and titanium alloys | No charge | 1 per 60 months; age 13+ |
| D6791 | Retainer crown - full cast predominantly base metal | No charge | 1 per 60 months; age 13+ |
| D6930 | Re-cement or re-bond fixed partial denture | No charge | Recementation during the 12 months after initial placement is included; no additional charge to the Enrollee or plan is permitted. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office. |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | No charge | |
| D6999 | Unspecified fixed prosthodontic procedure, by report | No charge | Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. Not a Benefit within 12 months of initial placement of a fixed partial denture by the same Contract Dentist/office. |
| D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY | | | |
| <i>- Prior Authorization required for procedures performed by a Contract Specialist. medical necessity must be demonstrated for procedures D7340 - D7997. Refer also to Schedule B.</i> | | | |
| <i>- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic. Post-operative services include exams, suture removal and treatment of complications.</i> | | | |
| D7111 | Extraction, coronal remnants - deciduous tooth | No charge | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | No charge | |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | No charge | |
| D7220 | Removal of impacted tooth - soft tissue | No charge | |
| D7230 | Removal of impacted tooth - partially bony | No charge | |
| D7240 | Removal of impacted tooth - completely bony | No charge | |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | No charge | |
| D7250 | Removal of residual tooth roots (cutting procedure) | No charge | |
| D7260 | Oroantral fistula closure | No charge | |
| D7261 | Primary closure of a sinus perforation | No charge | |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | No charge | 1 per arch regardless of number of teeth involved; permanent anterior teeth |
| D7280 | Exposure of an unerupted tooth | No charge | |
| D7283 | Placement of device to facilitate eruption of impacted tooth | No charge | For active orthodontic treatment only |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|-------|---|-------------------------|--|
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | No charge | <i>1 per arch per date of service; regardless of number of areas involved</i> |
| D7286 | Incisional biopsy of oral tissue-soft | No charge | <i>3 per date of service</i> |
| D7290 | Surgical repositioning of teeth | No charge | <i>1 per arch, for permanent teeth only; applies to active orthodontic treatment</i> |
| D7291 | Transseptal fibrotomy/supra crestal fibrotomy, by report | No charge | <i>1 per arch; applies to active orthodontic treatment</i> |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No charge | |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No charge | |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No charge | |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No charge | |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | No charge | <i>1 per arch per 60 months</i> |
| D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | No charge | <i>1 per arch</i> |
| D7410 | Excision of benign lesion up to 1.25 cm | No charge | |
| D7411 | Excision of benign lesion greater than 1.25 cm | No charge | |
| D7412 | Excision of benign lesion, complicated | No charge | |
| D7413 | Excision of malignant lesion up to 1.25 cm | No charge | |
| D7414 | Excision of malignant lesion greater than 1.25 cm | No charge | |
| D7415 | Excision of malignant lesion, complicated | No charge | |
| D7440 | Excision of malignant tumor - lesion diameter up to 1.25 cm | No charge | |
| D7441 | Excision of malignant tumor - lesion diameter greater than 1.25 cm | No charge | |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | No charge | |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | No charge | |
| D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | No charge | |
| D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | No charge | |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | No charge | |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | No charge | <i>1 per quadrant</i> |
| D7472 | Removal of torus palatinus | No charge | <i>1 per lifetime</i> |
| D7473 | Removal of torus mandibularis | No charge | <i>1 per quadrant</i> |
| D7485 | Reduction of osseous tuberosity | No charge | <i>1 per quadrant</i> |
| D7490 | Radical resection of maxilla or mandible | No charge | |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|-------|---|-------------------------|--|
| D7510 | Incision and drainage of abscess - intraoral soft tissue | No charge | 1 per quadrant per date of service |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | No charge | 1 per quadrant per date of service |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | No charge | |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | No charge | |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | No charge | 1 per date of service |
| D7540 | Removal of reaction producing foreign bodies, musculoskeletal system | No charge | 1 per date of service |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | No charge | 1 per quadrant per date of service |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | No charge | |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) | No charge | |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) | No charge | |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | No charge | |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) | No charge | |
| D7650 | Malar and/or zygomatic arch - open reduction | No charge | |
| D7660 | Malar and/or zygomatic arch - closed reduction | No charge | |
| D7670 | Alveolus - closed reduction, may include stabilization of teeth | No charge | |
| D7671 | Alveolus - open reduction, may include stabilization of teeth | No charge | |
| D7680 | Facial bones - complicated reduction with fixation and multiple surgical approaches | No charge | |
| D7710 | Maxilla - open reduction | No charge | |
| D7720 | Maxilla - closed reduction | No charge | |
| D7730 | Mandible - open reduction | No charge | |
| D7740 | Mandible - closed reduction | No charge | |
| D7750 | Malar and/or zygomatic arch - open reduction | No charge | |
| D7760 | Malar and/or zygomatic arch - closed reduction | No charge | |
| D7770 | Alveolus - open reduction stabilization of teeth | No charge | |
| D7771 | Alveolus, closed reduction stabilization of teeth | No charge | |
| D7780 | Facial bones - complicated reduction with fixation and multiple approaches | No charge | |
| D7810 | Open reduction of dislocation | No charge | |
| D7820 | Closed reduction of dislocation | No charge | |
| D7830 | Manipulation under anesthesia | No charge | |
| D7840 | Condylectomy | No charge | |
| D7850 | Surgical discectomy, with/without implant | No charge | |
| D7852 | Disc repair | No charge | |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|-------|--|-------------------------|--|
| D7854 | Synovectomy | No charge | |
| D7856 | Myotomy | No charge | |
| D7858 | Joint reconstruction | No charge | |
| D7860 | Arthrotomy | No charge | |
| D7865 | Arthroplasty | No charge | |
| D7870 | Arthrocentesis | No charge | |
| D7871 | Non-arthroscopic lysis and lavage | No charge | |
| D7872 | Arthroscopy - diagnosis, with or without biopsy | No charge | |
| D7873 | Arthroscopy: lavage and lysis of adhesions | No charge | |
| D7874 | Arthroscopy: disc repositioning and stabilization | No charge | |
| D7875 | Arthroscopy: synovectomy | No charge | |
| D7876 | Arthroscopy: discectomy | No charge | |
| D7877 | Arthroscopy: debridement | No charge | |
| D7880 | Occlusal orthotic device, by report | No charge | |
| D7881 | Occlusal orthotic device adjustment | No charge | <i>1 per date of service per Contract Dentist; 2 per 12 months per Contract Dentist</i> |
| D7899 | Unspecified TMD therapy, by report | No charge | |
| D7910 | Suture of recent small wounds up to 5 cm | No charge | |
| D7911 | Complicated suture - up to 5 cm | No charge | |
| D7912 | Complicated suture - greater than 5 cm | No charge | |
| D7920 | Skin graft (identify defect covered, location and type of graft) | No charge | |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | No charge | |
| D7940 | Osteoplasty - for orthognathic deformities | No charge | |
| D7941 | Osteotomy - mandibular rami | No charge | |
| D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft | No charge | |
| D7944 | Osteotomy - segmented or subapical | No charge | |
| D7945 | Osteotomy - body of mandible | No charge | |
| D7946 | LeFort I (maxilla - total) | No charge | |
| D7947 | LeFort I (maxilla - segmented) | No charge | |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft | No charge | |
| D7949 | LeFort II or LeFort III - with bone graft | No charge | |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report | No charge | |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | No charge | |
| D7952 | Sinus augmentation via a vertical approach | No charge | |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | No charge | |
| D7961 | Buccal/labial frenectomy (frenulectomy) | No charge | <i>1 per arch per date of service; a Benefit only when the permanent incisors and cuspids have erupted</i> |
| D7962 | Lingual frenectomy (frenulectomy) | No charge | <i>1 per arch per date of service; a Benefit only when the permanent incisors and cuspids have erupted</i> |
| D7963 | Frenuloplasty | No charge | <i>1 per arch per date of service; a Benefit only when the permanent incisors and cuspids have erupted</i> |
| D7970 | Excision of hyperplastic tissue - per arch | No charge | <i>1 per arch per date of service</i> |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|---|--|-------------------------|--|
| D7971 | Excision of pericoronary gingiva | No charge | |
| D7972 | Surgical reduction of fibrous tuberosity | No charge | 1 per quadrant per date of service |
| D7979 | Non-surgical sialolithotomy | No charge | |
| D7980 | Sialolithotomy | No charge | |
| D7981 | Excision of salivary gland, by report | No charge | |
| D7982 | Sialodochoplasty | No charge | |
| D7983 | Closure of salivary fistula | No charge | |
| D7990 | Emergency tracheotomy | No charge | |
| D7991 | Coronoidectomy | No charge | |
| D7995 | Synthetic graft - mandible or facial bones, by report | No charge | |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | No charge | Removal of appliances related to surgical procedures only; 1 per arch per date of service; the listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office. |
| D7999 | Unspecified oral surgery procedure, by report | No charge | Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. |
| D8000-D8999 XI. ORTHODONTICS - Medically Necessary for Pediatric Enrollees ONLY | | | |
| - Orthodontic Services must meet medical necessity as determined by a Contract Dentist. Orthodontic treatment is a Benefit only when medically necessary as evidenced by a severe handicapping malocclusion and when prior Authorization is obtained. Severe handicapping malocclusion is not a cosmetic condition. Teeth must be severely misaligned causing functional problems that compromise oral and/or general health. | | | |
| - Pediatric Enrollee must continue to be eligible, Benefits for medically necessary orthodontics will be provided in periodic payments to the Contract Dentist. | | | |
| - Comprehensive orthodontic treatment procedure (D8080) includes all appliances, adjustments, insertion, removal and post treatment stabilization (retention). The Enrollee must continue to be eligible during active treatment. No additional charge to the Enrollee is permitted from the original treating Contract Orthodontist or dental office who received the comprehensive case fee. A separate fee applies for services provided by a Contract Orthodontist other than the original treating Contract Orthodontist or dental office. | | | |
| - Cost Share for medically necessary orthodontics applies to course of treatment, not individual benefit years within a multi-year course of treatment. This Cost Share applies to the course of treatment as long as the Pediatric Enrollee remains enrolled in this Plan. | | | |
| - Refer to Schedule B for additional information on medically necessary orthodontics. | | | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | No charge | 1 per Enrollee per phase of treatment |
| D8210 | Removable appliance therapy | | 1 per lifetime; age 6 through 12 |
| D8220 | Fixed appliance therapy | | 1 per lifetime; age 6 through 12 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | | 1 per 3 months when performed by the same Contract Dentist or dental office; up to 6 visits per lifetime |
| D8670 | Periodic orthodontic treatment visit | | |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | | 1 per arch for each authorized phase of orthodontic treatment |
| D8681 | Removable orthodontic retainer adjustment | | |
| D8696 | Repair of orthodontic appliance - maxillary | | 1 per appliance; included in comprehensive case fee |
| D8697 | Repair of orthodontic appliance - mandibular | | 1 per appliance |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|---|---|-------------------------|--|
| D8698 | Re-cement or re-bond fixed retainer - maxillary | | 1 per Contract Dentist |
| D8699 | Re-cement or re-bond fixed retainer - mandibular | | 1 per Contract Dentist |
| D8701 | Repair of fixed retainer, includes reattachment - maxillary | | 1 per Contract Dentist. The listed fee applies for services provided by an orthodontist other than the original treating orthodontist or dental office. |
| D8702 | Repair of fixed retainer, includes reattachment - mandibular | | 1 per Contract Dentist. The listed fee applies for services provided by an orthodontist other than the original treating orthodontist or dental office. |
| D8703 | Replacement of lost or broken retainer - maxillary | | 1 per arch; within 24 months following the date of service for orthodontic retention (D8680) |
| D8704 | Replacement of lost or broken retainer - mandibular | | 1 per arch; within 24 months following the date of service for orthodontic retention (D8680) |
| D8999 | Unspecified orthodontic procedure, by report | | Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. |
| D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES | | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | No charge | 1 per date of service per Contract Dentist; regardless of the number of teeth and/or areas treated |
| D9120 | Fixed partial denture sectioning | No charge | |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | No charge | 1 per date of service per Contract Dentist; for use to perform a differential diagnosis or as a therapeutic injection to eliminate or control a disease or abnormal state |
| D9211 | Regional block anesthesia | No charge | |
| D9212 | Trigeminal division block anesthesia | No charge | |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No charge | |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | No charge | Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment | No charge | Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | No charge | (Where available) |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes | No charge | Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | No charge | Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service |
| D9248 | Non-intravenous conscious sedation | No charge | Where available; 1 per date of service per Contract Dentist |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | No charge | |
| D9311 | Consultation with a medical health professional | No charge | |

| Code | Description | Pediatric Enrollee Pays | Clarification/ Limitations for Pediatric Enrollees |
|-------|---|-------------------------|--|
| D9410 | House/extended care facility call | No charge | 1 per Enrollee per date of service |
| D9420 | Hospital or ambulatory surgical center call | No charge | |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | No charge | 1 per date of service per Contract Dentist |
| D9440 | Office visit - after regularly scheduled hours | No charge | 1 per date of service per Contract Dentist |
| D9610 | Therapeutic parenteral drug, single administration | No charge | 4 of (D9610, D9612) injections per date of service |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | No charge | 4 of (D9610, D9612) injections per date of service |
| D9910 | Application of desensitizing medicament | No charge | 1 per 12 months per Contract Dentist; permanent teeth |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | No charge | 1 per date of service per Contract Dentist within 30 days of an extraction |
| D9942 | Repair and/or reline of occlusal guard | | |
| D9943 | Occlusal guard adjustment | | |
| D9944 | Occlusal guard – hard appliance, full arch | | |
| D9945 | Occlusal guard – soft appliance, full arch | | |
| D9946 | Occlusal guard – hard appliance, partial arch | | |
| D9950 | Occlusion analysis - mounted case | No charge | Prior Authorization is required; 1 per 12 months for diagnosed TMJ dysfunction; permanent teeth; age 13+ |
| D9951 | Occlusal adjustment - limited | No charge | 1 per 12 months for quadrant per Contract Dentist; age 13+ |
| D9952 | Occlusal adjustment - complete | No charge | 1 per 12 months following occlusion analysis - mounted case (D9950) for diagnosed TMJ dysfunction; permanent teeth; age 13+ |
| D9997 | Dental case management - patients with special health care needs | No charge | |
| D9999 | Unspecified adjunctive procedure, by report | No charge | Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. |

Endnotes:

If services for a listed procedure are performed by the Contract Dentist, the Enrollee pays the specified Cost Share. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the Contract Dentist, must be authorized by Delta Dental. The Enrollee pays the Cost Share specified for such services.

Optional or upgraded procedure(s) are defined as any alternative procedure(s) presented by the Contract Dentist and formally agreed upon by financial consent that satisfies the same dental need as a covered procedure. Enrollee may elect an Optional or upgraded procedure, subject to the limitations and exclusions of this Plan. The applicable charge to the Enrollee is the difference between the Contract Dentist's regularly charged fee (or contracted fee, when applicable) for the Optional or upgraded procedure and the covered procedure, plus any applicable Cost Share for the covered procedure.

Examples of Optional Services:

- If the Enrollee chooses an Optional or upgraded procedure presented by the Contract Dentist,

- Where noble (D6061, D6064, D6071, D6074, D6083, D6087, D6099, D6122); high noble (precious) (D6059, D6062, D6066, D6067, D6069, D6072, D6076, D6077); or titanium (D6084, D6088, D6094, D6097, D6194, D6195, D6784) metals are used for an implant/abutment supported crown or fixed bridge retainer,
- And an additional laboratory fee is charged by the Contract Dentist.

Then the Enrollee will be responsible for the fee charged by the laboratory which equals the difference between the higher cost of the Optional service and the lower cost of the customary service or standard procedure.

Additional Endnotes to Covered California's 2023 Dental Standard Benefit Plan Designs

Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan or Family Dental Plan)

Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment ("EPSDT") benefit.

SCHEDULE B

Limitations and Exclusions of Benefits

[DeltaCare USA

Children's Dental HMO

For Small Businesses]

Limitations and Exclusions of Benefits for Pediatric Enrollees (Under age 19)

Limitations of Benefits for Pediatric Enrollees

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Cost Shares for Pediatric Benefits ("Schedule A")*. Additional requests, beyond the stated frequency limitations, for prophylaxis, fluoride and scaling procedures (D1110, D1120, D1206, D1208 and D4346) shall be considered for prior Authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
2. A filling (D2140-D2161, D2330-D2335, D2391-D2394) is a Benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
3. A crown (D2390 and covered codes only between D2710-D2791) is a Benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five+ year (60+ months) limitation.
4. The replacement of an existing crown (D2390 and covered codes only between D2710-D2791), fixed partial denture (bridge) (covered codes only between D6211-D6245, D6251, D6721-D6791) or a removable full (D5110, D5120) or partial denture (covered codes only between D5211-D5214, D5221-D5224) is covered when:
 - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and
 - b. Either of the following:
 - The existing non-functional restoration/bridge/denture was placed five or more years (60+ months) prior to its replacement, or
 - If an existing partial denture is less than five years old (60 months), but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
5. Coverage for the placement of a fixed partial denture (bridge) (covered codes only between D6211-D6245, D6251, D6721-D6791) or removable partial denture (covered codes only between D5211-D5214, D5221-D5224):
 - a. Fixed partial denture (bridge):
 - A fixed partial denture is a Benefit only when medical conditions or employment preclude the use of a removable partial denture.
 - The sole tooth to be replaced in the arch is an anterior tooth, and the abutment teeth are not periodontally involved, or
 - The new bridge would replace an existing, non-functional bridge utilizing identical abutments and pontics, or
 - Each abutment tooth to be crowned meets Limitation #3.
 - b. Removable partial denture:
 - Cast metal (D5213, D5214, D5223, D5224), one or more teeth are missing in an arch.
 - Resin based (D5211, D5212, D5221, D5222), one or more teeth are missing in an arch and abutment teeth have extensive periodontal disease.
6. Immediate dentures (D5130, D5140, D5221-D5224) are covered when one or more of the following conditions are present:
 - a. Extensive or rampant caries are exhibited in the radiographs, or
 - b. Severe periodontal involvement indicated, or
 - c. Numerous teeth are missing resulting in diminished chewing ability adversely affecting the Enrollee's health.

7. Maxillofacial prosthetic services (covered codes only between D5911-D5999) for the anatomic and functional reconstruction of those regions of the maxilla and mandible and associated structures that are missing or defective because of surgical intervention, trauma (other than simple or compound fractures), pathology, developmental or congenital malformations.
8. All maxillofacial prosthetic procedures (covered codes only between D5911-D5999) require prior Authorization for medically necessary procedures.
9. Implant services (covered codes only between D6010-D6199) are a Benefit only under exceptional medical conditions. Exceptional medical conditions include, but are not limited to:
 - a. Cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prosthesis.
 - b. Severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures (D7340, D7350) or osseous augmentation procedures (D7950), and the Enrollee is unable to function with conventional prosthesis.
 - c. Skeletal deformities that preclude the use of conventional prosthesis (such as arthrogyrosis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).
10. Temporomandibular joint ("TMJ") dysfunction procedure codes (covered codes only between D7810-D7880) are limited to differential diagnosis and symptomatic care and require prior Authorization.
11. Certain listed procedures performed by a Contract Specialist may be considered to be primary under the Enrollee's medical coverage. Dental Benefits will be coordinated accordingly.
12. Deep sedation/general anesthesia (D9222, D9223) or intravenous conscious sedation/analgesia (D9239, D9243) for covered procedures requires documentation to justify the medical necessity based on a mental or physical limitation or contraindication to a local anesthesia agent.

Exclusions of Benefits for Pediatric Enrollees

1. Any procedure that is not specifically listed under *Schedule A*, *except as required by state or federal law*.
2. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
3. Lost or theft of full or partial dentures (covered codes only between D5110-D5140, D5211-D5214, D5221-D5224), space maintainers (D1510–D1575), crowns (D2390 and covered codes only between D2710–D2791), fixed partial dentures (bridges) (covered codes only between D6211-D6245, D6251, D6721-D6791) or other appliances.
4. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
5. Dental expenses incurred in connection with any dental procedure before the Enrollee's eligibility in this Plan. Examples include: teeth prepared for crowns, partials and dentures, root canals in progress.
6. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.) unless included in *Schedule A*.
7. Dispensing of drugs not normally supplied in a dental facility unless included in *Schedule A*.
8. Any procedure that in the professional opinion of the Contract Dentist, Contract Specialist, or dental plan consultant:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - b. is inconsistent with generally accepted standards for dentistry.

9. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a dental specialist, unless expressly authorized or as cited under the “Emergency Dental Services” and “Urgent Dental Services” sections of the EOC. To obtain written Authorization, the Enrollee should call Delta Dental’s Customer Care at 800-471-9925.
10. Consultations (D9310, D9311) or other diagnostic services (covered codes only between D0120–D0999), for non-covered Benefits.
11. Single tooth implants (covered codes only between D6000–D6199).
12. Restorations (covered codes only between D2330-D2335, D2391-D2394, D2710-D2791, D6211-D6245, D6251, D6721-D6791) placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
13. Preventive (covered codes only between D1110-D1575), endodontic (covered codes only between D3110-D3999) or restorative (covered codes only between D2140-D2999) procedures are not a Benefit for teeth to be retained for overdentures.
14. Partial dentures (covered codes only between D5211-5214, D5221-D5224) are not a Benefit to replace missing 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for a partial denture with cast clasps or rests.
15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth (covered codes only between D8000-D8999, periodontal splinting (D4322-D4323), gnathologic recordings, equilibration (D9952) or treatment of disturbances of the TMJ (covered codes only between D0310-D0322, D7810-D7899), unless included in *Schedule A*.
16. Porcelain denture teeth, precision abutments for removable partials (D5862) or fixed partial dentures (overlays, implants, and appliances associated therewith) (D6940, D6950) and personalization and characterization of complete and partial dentures.
17. Extraction of teeth (D7111, D7140, D7210, D7220-D7240), when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars.
18. TMJ dysfunction treatment modalities that involve prosthodontia (D5110-D5224, D6211-D6245, D6251, D6721-D6791), orthodontia (covered codes only between D8000–D8999), and full or partial occlusal rehabilitation or TMJ dysfunction procedures (covered codes only between D0310-D0322, D7810-D7899) solely for the treatment of bruxism.
19. Vestibuloplasty / ridge extension procedures (D7340, D7350) performed on the same date of service as extractions (D7111-D7250) on the same arch.
20. Deep sedation/general anesthesia (D9222, D9223) for covered procedures on the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide or for intravenous conscious sedation/analgesia.
21. Intravenous conscious sedation/analgesia (D9239, D9243) for covered procedures on the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide or for deep sedation/general anesthesia (D9222, D9223).
22. Inhalation of nitrous oxide (D92300 when administered with other covered sedation procedures).
23. Cosmetic dental care (exclude covered codes in this list if done for purely cosmetic reasons: D2330-D2394, D2710–D2751, D2940, D6211-D6245, D6251, D6721-D6791, D8000-D8999).

Medically Necessary Orthodontics for Pediatric Enrollees

1. Orthodontic Services are limited to the following automatic qualifying conditions:

[Insert Form Number - V23]

[X]

2023 Embedded Pediatric Dental_AI-AN-Sharp

- a. Cleft palate deformity. If the cleft palate is not visible on the diagnostic casts written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
 - b. Craniofacial anomaly. Written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior Authorization request,
 - c. A deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate,
 - d. A crossbite of individual anterior teeth causing destruction of soft tissue,
 - e. An overjet greater than 9 mm or reverse overjet greater than 3.5 mm,
 - f. Severe traumatic deviation.
2. The following documentation must be submitted with the request for prior Authorization of services by the Contract Orthodontist:
 - a. ADA 2006 or newer Claim Form with service code(s) requested;
 - b. Diagnostic study models (trimmed) with bite registration; or OrthoCad equivalent;
 - c. Cephalometric radiographic image or panoramic radiographic image;
 - d. HLD score sheet completed and signed by the Contract Orthodontist; and
 - e. Treatment plan.
 3. Coverage for comprehensive orthodontic treatment (D8080) requires acceptable documentation of a handicapping malocclusion as evidence by a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form and pre-treatment diagnostic casts (D0470). Comprehensive orthodontic treatment (D8080):
 - a. is limited to Enrollees who are between 13 through 18 years of age with a permanent dentition without a cleft palate or craniofacial anomaly; but
 - b. may start at birth for patients with a cleft palate or craniofacial anomaly.
 4. Removable appliance therapy (D8210) or fixed appliance therapy (D8220) is limited to Enrollee between 6 to 12 years of age, once in a lifetime, to treat thumb sucking and/or tongue thrust.
 5. The Benefit for a pre-orthodontic treatment examination (D8660) includes needed oral/facial photographic images (D0350, D0351, D0703, D0704). Neither the Enrollee nor the plan may be charged for D0350, D0351, D0703 or D0704 in conjunction with a pre-orthodontic treatment examination.
 6. The number of covered periodic orthodontic treatment (D8670) visits and length of covered active orthodontics is limited to a maximum of up to:
 - a. handicapping malocclusion - eight (8) quarterly visits;
 - b. cleft palate or craniofacial anomaly - six (6) quarterly visits for treatment of primary dentition;
 - c. cleft palate or craniofacial anomaly - eight (8) quarterly visits for treatment of mixed dentition; or
 - d. cleft palate or craniofacial anomaly - ten (10) quarterly visits for treatment of permanent dentition.
 - e. facial growth management – four (4) quarterly visits for treatment of primary dentition;
 - f. facial growth management – five (5) quarterly visits for treatment of mixed dentition;
 - g. facial growth management - eight (8) quarterly visits for treatment permanent dentition.
 7. Orthodontic retention (D8680) is a separate Benefit after the completion of covered comprehensive orthodontic treatment (D8080) which:
 - a. includes removal of appliances and the construction and place of retainer(s) (D8680); and
 - b. is limited to Enrollees under age 19 and to one per arch after the completion of each phase of active treatment for retention of permanent dentition unless treatment was for a cleft palate or a craniofacial anomaly.
 8. Cost Share is payable to the Contract Orthodontist who initiates banding in a course of prior authorized orthodontic treatment (covered codes only between D8000–D8999). If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment, the Enrollee:
 - a. will not be entitled to a refund of any amounts previously paid, and
 - b. will be responsible for all payments, up to and including the full Cost Share, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.
 9. Should an Enrollee’s coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment (covered codes only between D8000–D8999), the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination, except:

If an Enrollee is receiving ongoing orthodontic treatment at the time of termination, Delta Dental will continue to provide orthodontic Benefits for:

- a. 60 days if the Enrollee is making monthly payments to the Contract Orthodontist; or
- b. until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the Enrollee is making quarterly payments to the Contract Orthodontist.

At the end of 60 days (or at the end of the quarter), the Enrollee's obligation shall be based on the Contract Orthodontist's submitted fee at the beginning of treatment. The Contract Orthodontist will prorate the amount over the number of months to completion of the treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

10. Orthodontics, including oral evaluations and all treatment, (covered codes only between D8000-D8999) must be performed by a licensed dentist or his or her supervised staff, acting within the scope of applicable law.
11. The removal of fixed orthodontic appliances (D8680) for reasons other than completion of treatment is not a covered Benefit.

SCHEDULE C - Information Concerning Benefits Under The DeltaCare® USA Plan

THIS MATRIX IS INTENDED TO BE USED TO COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THIS AMENDMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF PROGRAM BENEFITS AND LIMITATIONS.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|-----------|---------------------|-----------|----------------------|-----------|---------------------|-----------|----------------------|-----------|--|-----------|---------------------------|-----------|--|-----------|---------------------------------|-----------|--------------------------------|-----------|--|-----------|-----------------------------|-----------|
| (A) Deductibles | None | | | | | | | | | | | | | | | | | | | | | | | | |
| (B) Lifetime Maximums | None | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) Out-of-Pocket Maximum | Covered pediatric dental services apply to the out-of-pocket maximum in your Sharp Health Plan EOC See your Sharp Health Plan EOC for information about your out-of-pocket maximum. | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) Professional Services | <p>An Enrollee may be required to pay a Cost Share amount for each procedure as shown in the Description of Benefits and Cost Share, subject to the limitations and exclusions of the plan.</p> <p>Cost Share ranges by category of service. Examples are as follows:</p> <table border="0"> <tr> <td>Diagnostic Services</td> <td>No Charge</td> </tr> <tr> <td>Preventive Services</td> <td>No Charge</td> </tr> <tr> <td>Restorative Services</td> <td>No Charge</td> </tr> <tr> <td>Endodontic Services</td> <td>No Charge</td> </tr> <tr> <td>Periodontic Services</td> <td>No Charge</td> </tr> <tr> <td>Prosthodontic Services, (removable)</td> <td>No Charge</td> </tr> <tr> <td>Maxillofacial Prosthetics</td> <td>No Charge</td> </tr> <tr> <td>Implant Services (medically necessary only)</td> <td>No Charge</td> </tr> <tr> <td>Prosthodontic Services, (fixed)</td> <td>No Charge</td> </tr> <tr> <td>Oral and Maxillofacial Surgery</td> <td>No Charge</td> </tr> <tr> <td>Orthodontic Services (medically necessary only)</td> <td>No Charge</td> </tr> <tr> <td>Adjunctive General Services</td> <td>No Charge</td> </tr> </table> <p>NOTE: Limitations apply to the frequency with which some services may be obtained. For example: cleanings are limited to one in a 6-month period.</p> | Diagnostic Services | No Charge | Preventive Services | No Charge | Restorative Services | No Charge | Endodontic Services | No Charge | Periodontic Services | No Charge | Prosthodontic Services, (removable) | No Charge | Maxillofacial Prosthetics | No Charge | Implant Services (medically necessary only) | No Charge | Prosthodontic Services, (fixed) | No Charge | Oral and Maxillofacial Surgery | No Charge | Orthodontic Services (medically necessary only) | No Charge | Adjunctive General Services | No Charge |
| Diagnostic Services | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Preventive Services | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Restorative Services | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Endodontic Services | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Periodontic Services | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Prosthodontic Services, (removable) | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Maxillofacial Prosthetics | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Implant Services (medically necessary only) | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Prosthodontic Services, (fixed) | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Oral and Maxillofacial Surgery | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthodontic Services (medically necessary only) | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjunctive General Services | No Charge | | | | | | | | | | | | | | | | | | | | | | | | |
| (E) Outpatient Services | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (F) Hospitalization Services | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (G) Emergency Dental Coverage | Benefits for Emergency Pediatric Dental Services by an Out-of-Network Dentist are limited to necessary care to stabilize the Enrollee's condition and/or provide palliative relief. | | | | | | | | | | | | | | | | | | | | | | | | |
| (H) Ambulance Services | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (I) Prescription Drug Services | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (J) Durable Medical Equipment | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (K) Mental Health Services | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (L) Chemical Dependency Services | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (M) Home Health Services | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |
| (N) Other | Not Covered | | | | | | | | | | | | | | | | | | | | | | | | |

Each individual procedure within each category listed above, and that is covered under the plan, has a specific Cost Share that is shown in the *Description of Benefits and Cost Share for Pediatric Benefits* in this Amendment.