

BlueCross BlueShield of Tennessee Network M Quick Reference Guide

Effective: Jan. 1, 2026

Dental Hub

dentalhub.com/webinars

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

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

Provider services

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

- › Dedicated Service Representatives 8 a.m. to 5 p.m. CST
- › Interactive Voice Response System 24/7

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

Authorization/Retro Auth

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

Provider Online Academy

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

Dental claim submissions

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

Claim disputes or adjustments

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

Corrected claims

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

Claims may be submitted electronically through your clearinghouse, within the provider portal or to the mailing addresses here.

Important notes

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

**Dental Benefit
Providers®**

Benefit coverage, limitations, and requirements

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

Important - Implant Coverage Policy

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

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

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

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|---|------------|-----------------------|---------------|---|
| D2663 | Onlay - Resin-Based Composite - Three Surfaces | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident |
| D2664 | Onlay - Resin-Based Composite - Four Or More Surfaces | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident |
| D2710 | Crown - Resin-Based Composite (Indirect) | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2712 | Crown - 3/4 Resin-Based Composite (Indirect) | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2720 | Crown - Resin With High Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2721 | Crown - Resin With Predominantly Base Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2722 | Crown - Resin With Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2740 | Crown - Porcelain/Ceramic | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2750 | Crown - Porcelain Fused To High Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2751 | Crown - Porcelain Fused To Predominantly Base Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2752 | Crown - Porcelain Fused To Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2753 | Crown - Porcelain Fused To Titanium And Titanium Alloys | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2780 | Crown - 3/4 Cast High Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2781 | Crown - 3/4 Cast Predominantly Base Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2782 | Crown - 3/4 Cast Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2783 | Crown - 3/4 Porcelain/Ceramic | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2790 | Crown - Full Cast High Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |

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|-------|---|------------|-----------------------|---------------|---|
| D2791 | Crown - Full Cast Predominantly Base Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2792 | Crown - Full Cast Noble Metal | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2794 | Crown – Titanium and Titanium Alloys | 12-999 | 1 per 5 Rolling Years | Y | Current pre op x-ray, Narrative when decay not evident, Rationale for replacement |
| D2910 | Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration | 12-999 | 1 per 12 Months | | |
| D2915 | Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core | 12-999 | 1 per 12 Months | | |
| D2920 | Re-Cement or Re-Bond Crown | 0-999 | 1 per 12 Months | | |
| D2929 | Prefabricated Porcelain / Ceramic Crown - Primary Tooth | 0-999 | 1 per 36 Months | | |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | 0-999 | 1 per 36 Months | | |
| D2931 | Prefabricated Stainless Steel Crown – Permanent Tooth | 0-999 | 1 per 36 Months | | |
| D2932 | Prefabricated Resin Crown | 0-999 | 1 per 36 Months | | |
| D2933 | Prefabricated Stainless Steel Crown With Resin Window | 0-999 | 1 per 36 Months | | |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | 0-999 | 1 per 36 Months | | |
| D2950 | Core Buildup, Including Any Pins When Required | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2951 | Pin Retention - Per Tooth, In Addition To Restoration | 12-999 | 1 per 5 Rolling Years | | |
| D2952 | Post And Core In Addition To Crown, Indirectly Fabricated | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2953 | Each Additional Indirectly Fabricated Post - Same Tooth | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2954 | Prefabricated Post And Core In Addition To Crown | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2955 | Post Removal | 12-999 | 1 per 5 Rolling Years | | |

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|-------|--|------------|-----------------------|---------------|--|
| D2957 | Each Additional Prefabricated Post - Same Tooth | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Narrative of necessity and/or treatment records when decay is not evident on submitted radiographs |
| D2960 | Labial Veneer (Resin Laminate) - Direct | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable, Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph |
| D2961 | Labial Veneer (Resin Laminate) - Indirect | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable, Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph |
| D2962 | Labial Veneer (Porcelain Laminate) - Indirect | 12-999 | 1 per 5 Rolling Years | Y | Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable, Narrative of necessity and/or treatment records when defect is not evident on submitted radiograph |
| D2971 | Additional procedures to customize a crown to fit under an existing partial dent | 16-999 | 1 per 5 Rolling Years | | |
| D2980 | Crown Repair | 0-999 | 1 per 12 Months | | |
| D2981 | Inlay Repair | 12-999 | 1 per 12 Months | | |
| D2982 | Onlay Repair | 12-999 | 1 per 12 Months | | |
| D2983 | Veneer Repair | 12-999 | 1 per 12 Months | | |
| D2990 | Resin Infiltration of Incipient Smooth Surface Lesions | 0-15 | 1 per 1 Lifetime | | |
| D2999 | Unspecified Restorative Procedure, By Report | 0-999 | | Y | Narrative of necessity, Current x-ray of site |
| D3110 | Pulp Cap - Direct (Excluding Final Restoration) | 0-999 | 1 per 5 Rolling Years | | |
| D3120 | Pulp Cap - Indirect (Excluding Final Restoration) | 0-999 | 1 per 5 Rolling Years | | |
| D3220 | Therapeutic Pulpotomy | 0-999 | 1 per 1 Lifetime | | |
| D3230 | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth | 0-999 | 1 per 1 Lifetime | | |
| D3240 | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth | 0-999 | 1 per 1 Lifetime | | |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | 0-999 | 1 per 1 Lifetime | | |
| D3320 | Endodontic Therapy Premolar Tooth (Excluding Final Restoration) | 0-999 | 1 per 1 Lifetime | | |
| D3330 | Endodontic Therapy, Molar tooth (Excluding Final Restoration) | 0-999 | 1 per 1 Lifetime | | |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|---|------------|-----------------------|---------------|---|
| D3331 | Treatment Of Root Canal Obstruction; Non-Surgical Access | 0-999 | 1 per 5 Rolling Years | | |
| D3333 | Internal Root Repair Of Perforation Defects | 0-999 | 1 per 5 Rolling Years | | |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior | 0-999 | 1 per 1 Lifetime | Y | Current dated pre op x-ray of tooth, Narrative of necessity |
| D3347 | Retreatment Of Previous Root Canal Therapy - Premolar | 0-999 | 1 per 1 Lifetime | Y | Current dated pre op x-ray of tooth, Narrative of necessity |
| D3348 | Retreatment Of Previous Root Canal Therapy - Molar | 0-999 | 1 per 1 Lifetime | Y | Current dated pre op x-ray of tooth, Narrative of necessity |
| D3351 | Apexification / Recalcification - Initial Visit | 0-999 | 1 per 1 Lifetime | | |
| D3352 | Apexification / Recalcification - Interim | 0-999 | 1 per 1 Lifetime | | |
| D3353 | Apexification / Recalcification - Final Visit | 0-999 | 1 per 1 Lifetime | | |
| D3357 | Pulpal Regeneration - Completion Of Treatment | 0-999 | 1 per 1 Lifetime | | |
| D3410 | Apicoectomy - Anterior | 0-999 | 1 per 1 Lifetime | | |
| D3421 | Apicoectomy - Premolar (First Root) | 0-999 | 1 per 1 Lifetime | | |
| D3425 | Apicoectomy - Molar (First Root) | 0-999 | 1 per 1 Lifetime | | |
| D3426 | Apicoectomy - Each Additional Root) | 0-999 | 2 per 1 Lifetime | | |
| D3428 | Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site | 0-999 | 1 per 1 Lifetime | | |
| D3429 | Bone Graft In Conjunction With Periradicular Surgery - Each Additional Tooth | 0-999 | 1 per 1 Lifetime | | |
| D3430 | Retrograde Filling - Per Root | 0-999 | 3 per 1 Lifetime | | |
| D3450 | Root Amputation - Per Root | 0-999 | 1 per 1 Lifetime | Y | Current dated pre-operative radiograph of tooth, Narrative of necessity |
| D3920 | Hemisection (Including Any Root Removal), Not Including Root Canal Therapy | 0-999 | 1 per 1 Lifetime | Y | Current dated pre-operative radiograph of tooth, Narrative of necessity |
| D3999 | Unspecified Endodontic Procedure, By Report | 0-999 | | Y | Current dated pre op x-ray of tooth, Narrative of necessity |
| D4210 | Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth | 0-999 | 1 per 36 Months | | |
| D4211 | Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth | 0-999 | 1 per 36 Months | | |
| D4212 | Gingivectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth | 0-999 | 1 per 36 Months | | |
| D4230 | Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant | 0-999 | 1 per 1 Lifetime | | |
| D4231 | Anatomical Crown Exposure - One To Three Teeth Per Quadrant | 0-999 | 1 per 1 Lifetime | | |
| D4240 | Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth | 0-999 | 1 per 36 Months | | |
| D4241 | Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth | 0-999 | 1 per 36 Months | | |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|---|------------|------------------|---------------|---|
| D4249 | Clinical Crown Lengthening - Hard Tissue | 0-999 | 1 per 1 Lifetime | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4260 | Osseous Surgery (Including Flap And Closure) - Four Or More Teeth | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4261 | Osseous Surgery (Including Flap And Closure) - One To Three Teeth | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4263 | Bone Replacement Graft - First Site In Quadrant | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting |
| D4264 | Bone Replacement Graft - Each Additional Site In Quadrant | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting |
| D4270 | Pedicle Soft Tissue Graft Procedure | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4273 | Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4274 | Distal Or Proximal Wedge Procedure | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4275 | Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4276 | Combined connective tissue and pedicle graft, per tooth | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4277 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|--|------------|-----------------------|---------------|---|
| D4278 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4283 | Autogenous Connective Tissue Graft Procedures, Each Additional | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4285 | Non-Autogenous Connective Tissue Graft, Each Additional | 0-999 | 1 per 36 Months | Y | Current dated pre-operative radiographs of tooth/area of problem, Complete 6-point periodontal charting, Narrative of necessity |
| D4341 | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant | 0-999 | 1 per 24 Months | | |
| D4342 | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant | 0-999 | 1 per 24 Months | | |
| D4346 | Scaling in moderate or severe gingival inflammation | 0-999 | 1 per 1 Lifetime | | |
| D4355 | Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno | 0-999 | 1 per 1 Lifetime | | |
| D4910 | Periodontal Maintenance | 0-999 | 2 per 1 Rolling Year | Y | Hx of D4341, D4342, D4240, D4241, D4260, D4261 at least 90 days prior |
| D4999 | Unspecified Periodontal Procedure, By Report | 0-999 | | Y | Narrative of necessity, and/or current 6 point perio chart, X-rays |
| D5110 | Complete Denture - Maxillary | 16-999 | 1 per 5 Rolling Years | | |
| D5120 | Complete Denture - Mandibular | 16-999 | 1 per 5 Rolling Years | | |
| D5130 | Immediate Denture - Maxillary | 16-999 | 1 per 1 Lifetime | | |
| D5140 | Immediate Denture - Mandibular | 16-999 | 1 per 1 Lifetime | | |
| D5211 | Maxillary Partial Denture - Resin Base | 16-999 | 1 per 5 Rolling Years | | |
| D5212 | Mandibular Partial Denture - Resin Base | 16-999 | 1 per 5 Rolling Years | | |
| D5213 | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases | 16-999 | 1 per 5 Rolling Years | | |
| D5214 | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases | 16-999 | 1 per 5 Rolling Years | | |
| D5221 | Immediate Maxillary Partial Denture – Resin Base | 16-999 | 1 per 5 Rolling Years | | |
| D5222 | Immediate Mandibular Partial Denture – Resin Base | 16-999 | 1 per 5 Rolling Years | | |
| D5223 | Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Base | 16-999 | 1 per 5 Rolling Years | | |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|--|------------|-----------------------|---------------|-------------------------|
| D5224 | Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Base | 16-999 | 1 per 5 Rolling Years | | |
| D5225 | Maxillary Partial Denture - Flexible Base (including retentive/ clasping materials, rests, and teeth) | 16-999 | 1 per 5 Rolling Years | | |
| D5226 | Mandibular Partial Denture - Flexible Base (including retentive/ clasping materials, rests, and teeth) | 16-999 | 1 per 5 Rolling Years | | |
| D5282 | Removable Unilateral Partial Denture - One Piece Cast Metal (including retentive/ clasping materials, rests, and teeth) - Maxillary | 16-999 | 1 per 5 Rolling Years | | |
| D5283 | Removable Unilateral Partial Denture - One Piece Cast Metal (including retentive/ clasping materials, rests, and teeth) - Mandibular | 16-999 | 1 per 5 Rolling Years | | |
| D5284 | Removable Unilateral Partial Denture - One Piece Flexible Base (Including retent | 16-999 | 1 per 5 Rolling Years | | |
| D5286 | Removable Unilateral Partial Denture - One Piece Resin (Including retentive clas | 16-999 | 1 per 5 Rolling Years | | |
| D5410 | Adjust Complete Denture - Maxillary | 16-999 | 1 per 6 Months | | |
| D5411 | Adjust Complete Denture - Mandibular | 16-999 | 1 per 6 Months | | |
| D5421 | Adjust Partial Denture - Maxillary | 16-999 | 1 per 6 Months | | |
| D5422 | Adjust Partial Denture - Mandibular | 16-999 | 1 per 6 Months | | |
| D5511 | Repair Broken Complete Denture Base - Mandibular | 16-999 | 1 per 24 Months | | |
| D5512 | Repair Broken Complete Denture Base - Maxillary | 16-999 | 1 per 24 Months | | |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) – per tooth | 16-999 | 1 per 24 Months | | |
| D5611 | Repair Resin Partial Denture Base, Mandibular | 16-999 | 1 per 24 Months | | |
| D5612 | Repair Resin Partial Denture Base - Maxillary | 16-999 | 1 per 24 Months | | |
| D5621 | Repair Cast Partial Framework - Mandibular | 16-999 | 1 per 24 Months | | |
| D5622 | Repair Cast Partial Framework - Maxillary | 16-999 | 1 per 24 Months | | |
| D5630 | Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth | 16-999 | 1 per 24 Months | | |
| D5640 | Replace missing or broken teeth – partial denture – per tooth | 16-999 | 1 per 24 Months | | |
| D5650 | Add tooth to existing partial denture – per tooth | 16-999 | 1 per 24 Months | | |
| D5660 | Add Clasp To Existing Partial Denture - Per Tooth | 16-999 | 1 per 24 Months | | |
| D5670 | Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary) | 16-999 | 1 per 24 Months | | |
| D5671 | Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular) | 16-999 | 1 per 24 Months | | |
| D5710 | Rebase Complete Maxillary Denture | 16-999 | 1 per 36 Months | | |
| D5711 | Rebase Complete Mandibular Denture | 16-999 | 1 per 36 Months | | |
| D5720 | Rebase Maxillary Partial Denture | 16-999 | 1 per 36 Months | | |
| D5721 | Rebase Mandibular Partial Denture | 16-999 | 1 per 36 Months | | |
| D5730 | Reline Complete Maxillary Denture (Direct) | 16-999 | 1 per 36 Months | | |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|--|------------|-----------------------|---------------|---|
| D5731 | Reline Complete Mandibular Denture (Direct) | 16-999 | 1 per 36 Months | | |
| D5740 | Reline Maxillary Partial Denture (Direct) | 16-999 | 1 per 36 Months | | |
| D5741 | Reline Mandibular Partial Denture (Direct) | 16-999 | 1 per 36 Months | | |
| D5750 | Reline Complete Maxillary Denture (Indirect) | 16-999 | 1 per 36 Months | | |
| D5751 | Reline Complete Mandibular Denture (Indirect) | 16-999 | 1 per 36 Months | | |
| D5760 | Reline Maxillary Partial Denture (Indirect) | 16-999 | 1 per 36 Months | | |
| D5761 | Reline Mandibular Partial Denture (Indirect) | 16-999 | 1 per 36 Months | | |
| D5850 | Tissue Conditioning, Maxillary | 16-999 | 1 per 36 Months | | |
| D5851 | Tissue Conditioning, Mandibular | 16-999 | 1 per 36 Months | | |
| D5899 | Unspecified Removable Prosthodontic Procedure, By Report | 0-999 | | Y | Narrative specifying nature of procedure and medical necessity, Xrays, photos, or clinical chart as needed |
| D6055 | Connecting Bar - Implant Supported Or Abutment Supported | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6056 | Prefabricated Abutment - Includes Modification And Placement | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6057 | Custom Fabricated Abutment - Includes Placement | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6058 | Abutment Supported Porcelain/Ceramic Crown | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6059 | Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6060 | Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6061 | Abutment Supported Porcelain Fused To Metal Crown (Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6062 | Abutment Supported Cast Metal Crown (High Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6063 | Abutment Supported Cast Metal Crown (Predominantly Base Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|---|------------|-----------------------|---------------|---|
| D6064 | Abutment Supported Cast Metal Crown (Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6065 | Implant Supported Porcelain/Ceramic Crown | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6066 | Implant Supported Crown – Porcelain Fused to High Noble Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6067 | Implant Supported Crown – High Noble Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6068 | Abutment Supported Retainer For Porcelain/Ceramic FPD | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6069 | Abutment Supported Retainer For Porcelain Fused To Metal FPD (High Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6070 | Abutment Supported Retainer For Porcelain Fused To Metal FPD (Base Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6071 | Abutment Supported Retainer For Porcelain Fused To Metal FPD (Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6072 | Abutment Supported Retainer For Cast Metal FPD (High Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6073 | Abutment Supported Retainer For Cast Metal FPD (Base Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6074 | Abutment Supported Retainer For Cast Metal FPD (Noble Metal) | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6075 | Implant Supported Retainer For Ceramic FPD | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6076 | Implant Supported Retainer for FPD – Porcelain Fused to High Noble Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|---|------------|-----------------------|---------------|---|
| D6077 | Implant Supported Retainer for Metal FPD – High Noble Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6082 | Implant Supported Crown - Porcelain Fused To Predominately Base Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6083 | Implant Supported Crown - Porcelain Fused To Noble Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6084 | Implant Supported Crown - Porcelain Fused To Titanium and Titanium Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6086 | Implant Supported Crown - Predominately Base Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6087 | Implant Supported Crown - Noble Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6088 | Implant Supported Crown - Titanium and Titanium Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6094 | Abutment Supported Crown – (Titanium) and Titanium Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6097 | Abutment Supported Crown - Porcelain Fused To Titanium and Titanium Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6098 | Implant Supported Retainer - Porcelain Fused To Predominately Base Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6099 | Implant Supported Retainer For FPD - Porcelain Fused To Noble Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6110 | Implant/Abutment Supported Removable Denture For Edentulous Maxillary Arch | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |
| D6111 | Implant/Abutment Supported Removable Denture For Edentulous Mandibular Arch | 16-999 | 1 per 5 Rolling Years | Y | Current dated radiographs of implant in place (post-service) or projected date of implant placement (pre-service) |

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

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

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|--|------------|-----------------------|---------------|--|
| D6548 | Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6549 | Resin Retainer - For Resin Bonded Fixed Prosthesis | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6600 | Retainer Inlay - Porcelain/Ceramic, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6601 | Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6602 | Retainer Inlay - Cast High Noble Metal, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6603 | Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6604 | Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6605 | Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6606 | Retainer Inlay - Cast Noble Metal, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6607 | Retainer Inlay - Cast Noble Metal, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6608 | Retainer Onlay - Porcelain/Ceramic, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6609 | Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6610 | Retainer Onlay - Cast High Noble Metal, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|---|------------|-----------------------|---------------|--|
| D6611 | Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6612 | Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6613 | Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6614 | Retainer Onlay - Cast Noble Metal, Two Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6615 | Retainer Onlay - Cast Noble Metal, Three Or More Surfaces | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6624 | Retainer Inlay - Titanium | 16-999 | 1 per 5 Rolling Years | y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6634 | Retainer Onlay - Titanium | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6710 | Retainer Crown - Indirect Resin Based Composite | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6720 | Retainer Crown - Resin With High Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6721 | Retainer Crown - Resin With Predominantly Base Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6722 | Retainer Crown - Resin With Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6740 | Retainer Crown - Porcelain/Ceramic | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6750 | Retainer Crown - Porcelain Fused To High Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|--|------------|-----------------------|---------------|--|
| D6751 | Retainer Crown - Porcelain Fused To Predominantly Base Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6752 | Retainer Crown - Porcelain Fused To Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6753 | Retainer Crown - Porcelain Fused To Titanium and Titanium Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6780 | Retainer Crown - 3/4 Cast High Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6781 | Retainer Crown - 3/4 Cast Predominantly Base Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6782 | Retainer Crown - 3/4 Cast Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6783 | Retainer Crown - 3/4 Porcelain/Ceramic | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6784 | Retainer Crown - 3/4 Titanium and Titanium Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6790 | Retainer Crown - Full Cast High Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6791 | Retainer Crown - Full Cast Predominantly Base Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6792 | Retainer Crown - Full Cast Noble Metal | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6794 | Retainer Crown – Titanium and Titanium Alloys | 16-999 | 1 per 5 Rolling Years | Y | Current dated full arch pre-operative radiographs, Dental charting indicating missing teeth if not visible on radiograph |
| D6930 | Re-Cement Or Re-Bond Fixed Partial Denture | 16-999 | 1 per 24 Months | | |
| D6980 | Fixed Partial Denture Repair | 16-999 | 1 per 5 Rolling Years | | |

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

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|--|------------|------------------|---------------|--|
| D7450 | Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm | 0-999 | 1 per 1 Day | | |
| D7451 | Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm | 0-999 | 1 per 1 Day | | |
| D7460 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm | 0-999 | 1 per 1 Day | | |
| D7461 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm | 0-999 | 1 per 1 Day | | |
| D7471 | Removal Of Lateral Exostosis (Maxilla Or Mandible) | 0-999 | 1 per 1 Lifetime | | |
| D7472 | Removal Of Torus Palatinus | 0-999 | 1 per 1 Lifetime | | |
| D7473 | Removal of Torus Mandibularis | 0-999 | 1 per 1 Lifetime | | |
| D7485 | Reduction of Osseous Tuberosity | 0-999 | 2 per 1 Lifetime | | |
| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | 0-999 | 1 per 1 Day | | |
| D7511 | Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated | 0-999 | 1 per 1 Day | | |
| D7550 | Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone | 0-999 | 1 per 1 Day | | |
| D7560 | Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body | 0-999 | 1 per 1 Day | | |
| D7610 | Maxilla - Open Reduction (Teeth Immobilized, If Present) | 0-999 | 1 per 1 Day | | |
| D7620 | Maxilla - Closed Reduction (Teeth Immobilized, If Present) | 0-999 | 1 per 1 Day | | |
| D7630 | Mandible - Open Reduction (Teeth Immobilized, If Present) | 0-999 | 1 per 1 Day | | |
| D7640 | Mandible - Closed Reduction (Teeth Immobilized, If Present) | 0-999 | 1 per 1 Day | | |
| D7710 | Maxilla - Open Reduction | 0-999 | 1 per 1 Day | | |
| D7720 | Maxilla - Closed Reduction | 0-999 | 1 per 1 Day | | |
| D7730 | Mandible - Open Reduction | 0-999 | 1 per 1 Day | | |
| D7740 | Mandible - Closed Reduction | 0-999 | 1 per 1 Day | | |
| D7750 | Malar And/Or Zygomatic Arch - Open Reduction | 0-999 | 2 per 1 Day | | |
| D7780 | Facial Bones - Complicated Reduction With Fixation And Multiple Approaches | 0-999 | 1 per 1 Day | | |
| D7910 | Suture Of Recent Small Wounds Up To 5 Cm | 0-999 | 1 per 1 Day | Y | Narrative describing nature and necessity of procedure |
| D7911 | Complicated Suture - Up To 5 Cm | 0-999 | 1 per 1 Day | Y | Narrative describing nature and necessity of procedure |
| D7912 | Complicated Suture - Greater Than 5 Cm | 0-999 | 1 per 1 Day | Y | Narrative describing nature and necessity of procedure |
| D7953 | Bone Replacement Graft For Ridge Preservation - Per Site | 0-999 | 1 per 1 Lifetime | Y | Current dated radiograph of area, Narrative of necessity or chart notes indicating the type of prosthesis placed or type of prosthesis treatment planned and anticipated date of placement |

| Code | Description | Age limits | Frequency limits | Auth required | Auth Required Documents |
|-------|--|------------|-----------------------|---------------|---|
| D7963 | Frenuloplasty | 0-999 | 2 per 1 Day | Y | Narrative of necessity |
| D7970 | Excision Of Hyperplastic Tissue - Per Arch | 0-999 | 1 per 1 Lifetime | Y | Current dated radiographs and/or photographs of area, Narrative of necessity |
| D7971 | Excision Of Pericoronal Gingiva | 0-999 | 1 per 1 Lifetime | | |
| D7972 | Surgical Reduction Of Fibrous Tuberosity | 0-999 | 2 per 1 Lifetime | Y | Current dated radiographs and/or photographs of area, Narrative of necessity |
| D7979 | Non-Surgical Sialolithotomy | 0-999 | 1 per 1 Day | Y | Diagnosis, Previous or anticipated surgical or nonsurgical treatment, Narrative explaining need for procedure |
| D7980 | Surgical Sialolithotomy | 0-999 | 1 per 1 Day | Y | Diagnosis, Previous or anticipated surgical or nonsurgical treatment, Narrative explaining need for procedure |
| D7999 | Unspecified Oral Surgery Procedure, By Report | 0-999 | | Y | Narrative and current x-ray of site |
| D9110 | Palliative (Emergency) Treatment Of Dental Pain - Per Visit | 0-999 | 2 per 1 Rolling Year | | |
| D9120 | Fixed Partial Denture Sectioning | 0-999 | 1 per 5 Rolling Years | | |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes | 0-999 | 1 per 1 Day | Y | Anesthesia/sedation record including start time and stop time, Narrative of necessity |
| D9223 | Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment | 0-999 | | Y | Anesthesia/sedation record including start time and stop time, Narrative of necessity |
| D9239 | Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes | 0-999 | 1 per 1 Day | Y | Anesthesia/sedation record including start time and stop time, Narrative of necessity |
| D9243 | Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute | 0-999 | | Y | Anesthesia/sedation record including start time and stop time, Narrative of necessity |
| D9930 | Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report | 0-999 | | Y | Diagnosis, Previous or anticipated surgical or nonsurgical treatment, Narrative explaining need for procedure |
| D9999 | Unspecified Adjunctive Procedure, By Report | 0-999 | | Y | Narrative of necessity |

