DentaQuest
a Sun Life company
*Serving Health Safety Net**

MassHealth
Dental Program

Health Safety Net

Commonwealth of Massachusetts

August 12, 2026

For Health Safety Net (HSN) eligible CHC's, HLHC's, & Acute Hospital Outpatient Departments

MassHealth-Under 21 HSN Only
MassHealth-Adult HSN Only
MassHealth-Under 21 HSN Limited Wrap
MassHealth-Adult HSN Limited Wrap
MassHealth-HSN Children's Medical Security Plan

866-616-2699

MassHealthProviderEngagement@DentaQuest.com

masshealth-dental.org

Quick Reference Directory

Provider Services	Phone Number	E-mail Address	Mailing Address
Member Dental Eligibility & Benefits	866-616-2699	MassHealthProviderEngagement@dentquest.com	MassHealth Dental - Eligibility & Benefits P.O. Box 2906 Milwaukee, WI 53201-2906
TDD (Hearing Impaired)	800-466-7566		
MassHealth Medical Customer Service (Oral Surgeons)			
MassHealth Medical Eligibility & Benefits	800-841-2900	provider@masshealthquestions.com	
MassHealth Medical Fax Inquiries	617-988-8910		
Health Safet Net (HSN) Help Desk			
For questions about HSN policy, INET, HSN remittances on HSN claim payments	877-910-2100	HSNhelpdesk@state.ma.us	1 Enterprise Drive, 4th floor ATTN: HSN Help Desk Quincy, MA 02171
Authorizations			
Prior Authorizations (PA)	866-616-2699		MassHealth Dental – PA P.O. Box 2906 Milwaukee, WI 53201-2906
Claims			
Paper Claims Submission	866-616-2699		MassHealth Dental – Claims P.O. Box 2906 Milwaukee, WI 53201-2906
90 Day Waiver/Final Deadline Appeals Request	866-616-2699		MassHealth Dental – 90 Day MassHealth Waiver/Final Deadline Appeals P.O. Box 2906 Milwaukee, WI 53201-2906
Electronic Claims			
EDI Claims Submission (837 Transactions) and Remittance Advice	866-616-2699		MassHealth Dental – Claims P.O. Box 2906 Milwaukee, WI 53201-2906
Via Website at masshealth-dental.org Via Clearinghouse Payer ID **CKMA1**	866-616-2699	EDIteam@dentaquest.com	
The Health Safety Net offers you the ability to submit HIPAA-compliant claims to: masshealth-dental.org. You may also submit claims through an approved clearinghouse trading partner. Please contact your software vendor to ensure that the Health Safety Net is listed as a payer. The HSN is CKMA1. For more information, please contact Customer Service at 866-616-2699 or your Provider Relations Representative.			
Provider Complaints and Fraud			
Provider Complaints	866-616-2699		MassHealth Dental – Claims
Fraud Hotline	800-237-9139		P.O. Box 2906 Milwaukee, WI 53201-2906
Provider Enrollment			
Provider Enrollment	866-616-2699	MassHealthEnrollment&Credentialing@dentaquest.com	MassHealth Dental – PEC P.O. Box 2906 Milwaukee, WI 53201-2906

Thank you to all providers who currently participate with the Health Safety Net. Your commitment to serving your community and providing the best possible care to our members is greatly appreciated. Our goal is to continue to raise the bar in terms of customer service. Please contact us if you have concerns, suggestions, or praise, as we continue to work together to promote oral health within the Commonwealth of Massachusetts.

Sincerely,
The Health Safety Net Team at DentaQuest
*DentaQuest is the subcontractor to Dental Service of Massachusetts, Inc.

Appendix A - Health Safety Net Reimbursable Health Services (See Exhibits A-E)

This appendix identifies Health Safety Net reimbursable health services, provides specific criteria for coverage and defines individual age and service limitations. **Providers with questions should contact the Health Safety Net's Dental Provider Services Department directly at 866-616-2699.**

The Health Safety Net recognizes tooth letters "A" through "T" for primary teeth and tooth numbers "1" to "32" for permanent teeth. Supernumerary teeth should be designated by "AS through TS" for primary teeth and tooth numbers "51" to "82" for permanent teeth. These codes must be referenced in the patient's file for record retention and review.

The Health Safety Net claim system will only process claims with the CDT service codes as described in 130 CMR 420.000: *Dental Services* and Exhibits A-E. All other claims with service codes not contained in the following tables will be rejected when submitted for payment. A complete, copy of the CDT book can be purchased from the American Dental Association:

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
800-947-4746
ada.org/publications/ada-store-products

Furthermore, the Health Safety Net subscribes to the definition of services performed as described in the CDT manual.

The covered CDT services tables (Exhibits A-E) are all inclusive. Each category of service is contained in a separate table and lists:

1. the ADA approved service code to submit when billing,
2. brief description of the covered service,
3. any age limits imposed on coverage,
4. a description of documentation, in addition to a completed claim must be submitted when a claim or request for prior authorization is submitted,
5. An indicator of whether or not the service is subject to prior authorization, retrospective review, prepayment claim review, or any other applicable limitations.

Refer to Subchapter 6 of the *Dental Manual* for covered CPT codes.

Exhibit A Benefits Covered for Under 21 HSN Only

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	0-20		No	Two of (D0120, D0145) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110 by same provider or provider group on same date of service.	
D0140	limited oral evaluation - problem focused	0-20		No	Two of (D0140) per 1 Calendar year(s) Per patient. Not covered with D9110, D0160, D0180 by same provider or provider group on same date of service.	
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0-3		No	Two of (D0120, D0145, D0180) per 1 Calendar year(s) Per Provider OR Location. Cannot be billed on the same date of service as D0150.	
D0150	comprehensive oral evaluation - new or established patient	0-20		No	One of (D0150, D0180) per 1 Lifetime Per Provider OR Location. Cannot be billed on the same date of service as D0145.	
D0180	comprehensive periodontal evaluation – new or established patient	0-20		No	One of (D0180) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110, D0140, D0145, D0150 by same provider or provider group on same date of service.	
D0190	screening of a patient	0-20		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	
D0191	Assessment of a patient	0-20		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	

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Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0210	intraoral – comprehensive series of radiographic images	6 - 20		No	One of (D0210) per 3 Calendar year(s) Per Provider OR Location. One complete series every three calendar years per patient per dentist or dental group. Any combination of radiographs that exceedsthe maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0220	intraoral - periapical first radiographic image	0-20		No	One of (D0220) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of one per visit. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0230	intraoral - periapical each additional radiographic image	0-20		No	Three of (D0230) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of three per visit. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0240	intraoral - occlusal radiographic image	0-4		No	Two of (D0240) per 1 Calendar year(s) Per Provider OR Location.	
D0270	bitewing - single radiographic image	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	

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Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0272	bitewings - two radiographic images	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0273	bitewings - three radiographic images	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0274	bitewings - four radiographic images	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0330	panoramic radiographic image	0-20		No	One of (D0330) per 3 Year(s) Per Provider OR Location. (Not covered when billed with services related to Crowns, Endodontics, Periodontics, Restorations and Orthodontics).Not covered when the treating dentist is an orthodontist, endodontist, prosthodontist and periodontist.Non-surgical conditions. Surgical conditions are payable in excess of the 3 year limitation when used as a diagnostic tool. Any combination of radiographs thatexceeds the max allowable for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	

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Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0-20		No	Non-orthodontic procedures. Only payable to a dental provider with a specialty in oral surgery.	

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Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	14 - 20		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. Includes minor scaling procedures.	
D1120	prophylaxis - child	0-13		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. Includes minor scaling procedures.	
D1206	topical application of fluoride varnish	0-20		No	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Cannot be billed with D1208 on same date of service by the same provider or location.	
D1208	topical application of fluoride – excluding varnish	0-20		No	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Cannot be billed with D1206 on same date of service by the same provider or location.	
D1351	sealant - per tooth	0-16	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351) per 3 Year(s) Per Provider OR Location per tooth. Permanent first and second non-carious (occlusal surface) molars and non-carious (occlusal surface)third molars.	
D1354	application of caries arresting medicament – per tooth	0-20	Teeth 1 - 32, A - T	No	Two of (D1354) per 1 Lifetime Per patient per tooth.	
D1510	space maintainer - fixed, unilateral – per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	
D1516	space maintainer - fixed - bilateral, maxillary	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	

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Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1517	space maintainer - fixed - bilateral, mandibular	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1520	space maintainer - removable, unilateral - per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1526	space maintainer - removable - bilateral, maxillary	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1527	space maintainer - removable - bilateral, mandibular	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	0-20		No	One of (D1701) per 1 Lifetime Per patient.	
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	0-20		No	One of (D1702) per 1 Lifetime Per patient.	
D1703	Moderna Covid-19 vaccine administration – first dose	0-20		No	One of (D1703) per 1 Lifetime Per patient.	

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Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1704	Moderna Covid-19 vaccine administration – second dose	0-20		No	One of (D1704) per 1 Lifetime Per patient.	
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE These dental procedure codes	0-20		No	One of (D1707) per 1 Lifetime Per patient.	
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	0-20		No	One of (D1708) per 1 Lifetime Per patient.	
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	0-20		No		
D1710	Moderna Covid-19 vaccine administration – third dose	0-20		No	One of (D1710) per 1 Lifetime Per patient.	
D1711	Moderna Covid-19 vaccine administration – booster dose	0-20		No		
D1712	Janssen Covid-19 vaccine administration - booster dose	0-20		No		
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	0-20		No	One of (D1713) per 1 Lifetime Per patient.	
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	0-20		No	One of (D1714) per 1 Lifetime Per patient.	

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2150	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2160	amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2161	amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2330	resin-based composite - one surface, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2331	resin-based composite - two surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2332	resin-based composite - three surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2335	resin-based composite - four or more surfaces (anterior)	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2390	resin-based composite crown, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2390) per 12 Month(s) Per patient per tooth.	
D2391	resin-based composite – one surface, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2392	resin-based composite - two surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2393	resin-based composite - three surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2394	resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2710	crown - resin-based composite (indirect)	0-20	Teeth 3 - 14, 19 - 30	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2740	crown - porcelain/ceramic	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2750	crown - porcelain fused to high noble metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2752	crown - porcelain fused to noble metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2790	crown - full cast high noble metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	Teeth 2 - 15, 18 - 31	No	Not covered within 6 months of initial placement.	
D2920	re-cement or re-bond crown	0-20	Teeth 2 - 15, 18 - 31, A - T	No	Not covered within 6 months of initial placement.	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-20	Teeth C - H, M - R	No		
D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No		
D2931	prefabricated stainless steel crown - permanent tooth	0-20	Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31	No		
D2932	prefabricated resin crown	0-20	Teeth 1 - 32, A - T	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth C - H, M - R	No		
D2950	core buildup, including any pins when required	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	0-20	Teeth 2 - 15, 18 - 31	No	Must be billed with a two-or-more surface restoration on a permanent tooth.	

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2954	prefabricated post and core in addition to crown	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2980	crown repair necessitated by restorative material failure	0-20	Teeth 2 - 15, 18 - 31	No	Chairside	

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Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3120	pulp cap - indirect (excluding final restoration)	0-20	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals on same date of service. (D3310, D3320 or D3330).	
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals (D3310, D3320 or D3330).	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth. No limitation on number performed per treatment. Cannot be billed in conjunction with D3120 on the same date of service.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3346	retreatment of previous root canal therapy - anterior	0-20	Teeth 6 - 11, 22 - 27	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3347	retreatment of previous root canal therapy - premolar	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3348	retreatment of previous root canal therapy - molar	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3410	apicoectomy - anterior	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	pre-operative x-ray(s)
D3421	apicoectomy - premolar (first root)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	pre-operative x-ray(s)
D3425	apicoectomy - molar (first root)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	

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Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3426	apicoectomy (each additional root)	0-20	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth for Bicuspids. Two of (D3426) per 1 Lifetime Per patient per tooth for First and Second Molars. Includes retrograde filling.	

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4211) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. A minimum of four (4) affected teeth in the quadrant. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting,appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member'speriodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity

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Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4342	periodontal scaling and root planing - one to three teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0-20		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	0-20		No	One of (D5110) per 84 Month(s) Per patient.	
D5120	complete denture - mandibular	0-20		No	One of (D5120) per 84 Month(s) Per patient.	
D5130	immediate denture - maxillary	0-20		No	One of (D5130) per 1 Lifetime Per patient.	
D5140	immediate denture - mandibular	0-20		No	One of (D5140) per 1 Lifetime Per patient.	
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5211) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5212) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		No	One of (D5213) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		No	One of (D5214) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5225) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5226) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5511	repair broken complete denture base, mandibular	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5512	repair broken complete denture base, maxillary	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5520	replace missing or broken teeth – complete denture – per tooth	0-20	Teeth 1 - 32	No	Three of (D5520) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5611	repair resin partial denture base, mandibular	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5612	repair resin partial denture base, maxillary	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5621	repair cast partial framework, mandibular	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5622	repair cast partial framework, maxillary	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5630	repair or replace broken retentive clasping materials – per tooth	0-20	Teeth 1 - 32	No	One of (D5630) per 6 Month(s) Per patient per tooth. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5640	Replace missing or broken teeth – partial denture – per tooth	0-20	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5650	Add tooth to existing partial denture – per tooth	0-20	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5660	add clasp to existing partial denture - per tooth	0-20	Teeth 1 - 32	No	Per tooth, add clasp to existing partial denture. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5730	reline complete maxillary denture (direct)	0-20		No	One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5731	reline complete mandibular denture (direct)	0-20		No	One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5740	reline maxillary partial denture (direct)	0-20		No	One of (D5740, D5760) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5741	reline mandibular partial denture (direct)	0-20		No	One of (D5741, D5761) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5750	reline complete maxillary denture (indirect)	0-20		No	One of (D5750) per 24 Month(s) Per patient. One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5751	reline complete mandibular denture (indirect)	0-20		No	One of (D5751) per 24 Month(s) Per patient. One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5760	reline maxillary partial denture (indirect)	0-20		No	One of (D5760) per 24 Month(s) Per patient. One of (D5740, D5760) per 24 Month(s) Per patient. Fee for partial denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5761	reline mandibular partial denture (indirect)	0-20		No	One of (D5761) per 24 Month(s) Per patient. One of (D5741, D5761) per 24 Month(s) Per patient. Fee for partial denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

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Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6241	pontic - porcelain fused to predominantly base metal	0-20	Teeth 6 - 11, 22 - 27	No	One of (D6241) per 60 Month(s) Per patient per tooth.	
D6751	retainer crown - porcelain fused to predominantly base metal	0-20	Teeth 6 - 11, 22 - 27	No	One of (D6751) per 60 Month(s) Per patient per tooth.	
D6930	re-cement or re-bond fixed partial denture	0-20		No	Not covered within 6 months of placement.	
D6980	fixed partial denture repair necessitated by restorative material failure	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		

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Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7111	extraction, coronal remnants – primary tooth	0-20	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Erupted surgical extractions are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure.	
D7220	removal of impacted tooth - soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7230	removal of impacted tooth - partially bony	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7240	removal of impacted tooth - completely bony	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Removal of asymptomatic tooth not covered.	Narr of med necessity & full mouth xrays
D7250	removal of residual tooth roots (cutting procedure)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	

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Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7251	coronectomy – intentional partial tooth removal, impacted teeth only	0-20	Teeth 1, 16, 17, 32	No	One of (D7251) per 1 Lifetime Per patient per tooth. Cannot be billed on same date of service with codes D7111, D7140, D7210, D7220, D7230, D7240, D7250, D7241. If D7251 is billed following any history of D7111, D7210, D7140, D7241, D7220, D7230, D7240, D7250 billed on the same tooth as code D7251, then deduct what was paid for D7251 from payment of new code.	
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	No		
D7280	exposure of an unerupted tooth	0-20	Teeth 1 - 32	No	Cannot be billed in conjunction with an adjacent impacted extraction, including D7220, D7230, D7240, D7241.	
D7283	placement of device to facilitate eruption of impacted tooth	0-20	Teeth 1 - 32	No		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7311) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed in edentulous area. Limited to one per quadrant when the second procedure follows the first within 6 months.	narrative of medical necessity

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Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7321) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed on edentulous area. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0-20	Per Arch (01, 02, LA, UA)	Yes		narrative of medical necessity
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0-20	Per Arch (01, 02, LA, UA)	No	Only payable to a dental provider with a specialty in oral surgery	
D7410	excision of benign lesion up to 1.25 cm	0-20		No		
D7411	excision of benign lesion greater than 1.25 cm	0-20		No		
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0-20		No	Pathology report.	
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0-20		No	Pathology report.	
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	0-20		No	Pathology report.	
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0-20		No	Pathology report.	
D7471	removal of lateral exostosis (maxilla or mandible)	0-20	Per Arch (01, 02, LA, UA)	No	One of (D7471) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7472	removal of torus palatinus	0-20		No	One of (D7472) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	

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Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7473	removal of torus mandibularis	0-20		No	One of (D7473) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7961	buccal / labial frenectomy (frenulectomy)	0-20	Per Arch (01, 02, LA, UA)	No	One of (D7961) per 1 Lifetime Per patient per arch. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7962	lingual frenectomy (frenulectomy)	0-20		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7963	frenuloplasty	0-20		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7970	excision of hyperplastic tissue - per arch	0-20	Per Arch (01, 02, LA, UA)	No	Not payable on the same date of service as an extraction (D7111 - D7240) of the same tooth.	

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Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8010	limited orthodontic treatment of the primary dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8020	limited orthodontic treatment of the transitional dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8030	limited orthodontic treatment of the adolescent dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8040	limited orthodontic treatment of the adult dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8070	comprehensive orthodontic treatment of the transitional dentition	6 - 20		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8080	comprehensive orthodontic treatment of the adolescent dentition	6 - 20		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8091	comprehensive orthodontic treatment with orthognathic surgery	6 - 20		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. The first adjustment (D8671) may not be billed in the same calendar month as banding (D8080, D8070). Only payable to a dental provider with a specialty of Orthodontics.	

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Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8660	pre-orthodontic treatment examination to monitor growth and development	6-20		Yes	One of (D8660) per 6 Month(s) Per Provider OR Location. Not billable after D8080, D8070, D8090, D8670, D8680 has been paid. Only payable to a dental provider with a speciality in orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8670	periodic orthodontic treatment visit	6 - 20		Yes	One per 90 Day(s) Per patient. Allowed as quarterly treatment visits. May not be billed less than 90 days from previous periodic orthodontic treatment visit. (D8670). May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	0-20		Yes	One of (D8671) per 90 Day(s) Per patient. Only covered for member whose comprehensive treatment had begun prior to age 21. Allowed as quarterly treatment visit. May not be billed less than 90 days from previous periodic orthodontic treatment visit. May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics.	
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	6 - 20		No	Five of (D8680) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in Section 16 of the Office Reference Manual.	
D8703	replacement of lost or broken retainer – maxillary	8 - 20		Yes	One of (D8703) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	

Exhibit A Benefits Covered for Under 21 HSN Only

Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8704	replacement of lost or broken retainer – mandibular	8 - 20		Yes	One of (D8704) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	
D8999	unspecified orthodontic procedure, by report	6-14		Yes	Five of (D8999) per 1 Lifetime Per patient. This code is used exclusively for interceptive orthodontic adjustments and units. Please see billing instructions in section 16 of the Office Reference Manual.	

Exhibit A Benefits Covered for Under 21 HSN Only

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9110	Palliative treatment of dental pain – per visit	0-20		No	Other non-emergency medically necessary treatment may be provided during the same visit. Not covered with D0120,D0140,D0160, D0180 by same provider or provider group on same date of service.	
D9222	administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	0-20		No		
D9223	administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	0-20		No		
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	0-20		No	One of (D9224) per 1 Day(s) Per patient.	
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	0-20		No		
D9230	administration of nitrous oxide	0-20		No	The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment	
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	0-20		No		
D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	0-20		No	Five of (D9243) per 1 Day(s) Per patient.	
D9244	in-office administration of minimal sedation – single drug – enteral	0-20		No	One of (D9244) per 1 Day(s) Per patient.	
D9245	administration of moderate sedation – enteral	0-20		No		

Exhibit A Benefits Covered for Under 21 HSN Only

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	0-20		No		
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	6-20		No	Two of (D9310) per 1 Calendar year(s) Per patient. Not billable after D8080, D8070, D8090, D8670, D8680 has paid. Provider should submit narrative describing the treatment to referring provider. Please see billing instructions in section 16 of the Office Reference Manual.	
D9450	case presentation, subsequent to detailed and extensive treatment planning	0-20		No	One of (D9450) per 1 Day(s) Per Provider. Per Member. Only payable when submitted with another payable service.	
D9920	behavior management, by report	0-20		Yes	One of (D9920) per 1 Day(s) Per Provider OR Location. Include a description of the members illness or disability and types of services to be furnished.	narrative of medical necessity
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	0-20		No	Include with claim the date, the location of the original surgery and the type of procedure.	narrative of medical necessity
D9941	fabrication of athletic mouthguard	0-20		No	One of (D9941) per 1 Calendar year(s) Per patient.	
D9944	occlusal guard – hard appliance, full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	
D9945	occlusal guard – soft appliance, full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	
D9946	occlusal guard – hard appliance, partial arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	

Exhibit B Benefits Covered for Adult HSN Only

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	21 and older		No	Two of (D0120, D0145) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110 by same provider or provider group on same date of service.	
D0140	limited oral evaluation - problem focused	21 and older		No	Two of (D0140) per 1 Calendar year(s) Per patient. Not covered with D9110, D0160, D0180 by same provider or provider group on same date of service.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One of (D0150, D0180) per 1 Lifetime Per Provider OR Location.	
D0180	comprehensive periodontal evaluation – new or established patient	21 and older		No	One of (D0180) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110, D0140, D0145, D0150 by same provider or provider group on same date of service.	
D0190	screening of a patient	21 and older		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	
D0191	Assessment of a patient	21 and older		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	
D0210	intraoral – comprehensive series of radiographic images	21 and older		No	One of (D0210) per 3 Calendar year(s) Per Provider OR Location. One complete series every three calendar years per patient, per provider or location. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate.	

Exhibit B Benefits Covered for Adult HSN Only

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0220	intraoral - periapical first radiographic image	21 and older		No	One of (D0220) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of one per 1 day per patient per (Provider or Location). Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate.	
D0230	intraoral - periapical each additional radiographic image	21 and older		No	Three of (D0230) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of 3 per day per patient per (Provider or Location). Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate.	
D0270	bitewing - single radiographic image	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0272	bitewings - two radiographic images	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	

Exhibit B Benefits Covered for Adult HSN Only

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0273	bitewings - three radiographic images	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0274	bitewings - four radiographic images	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0330	panoramic radiographic image	21 and older		No	One of (D0330) per 3 Year(s) Per Provider OR Location. (Not covered when billed with services related to Crowns, Endodontics, Periodontics, Restorations and Orthodontics).Not covered when the treating dentist is an orthodontist, endodontist, prosthodontist and periodontist.Non-surgical conditions. Surgical conditions are payable in excess of the 3 year limitation when used as a diagnostic tool. Any combination of radiographs thatexceeds the max allowable for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	narrative of medical necessity
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	21 and older		Yes	Reimbursable when used in conjunction with surgical condition, including status post-facial trauma such as LaFort, mandibular fractures and jaw dislocation. narrative of medical necessity. Non-orthodontic procedures. Only payable to a dental provider with a specialty in oral surgery.	narrative of medical necessity

Exhibit B Benefits Covered for Adult HSN Only

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Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	21 and older		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	
D1206	topical application of fluoride varnish	21 and older		Yes	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Only allowed for members 21 & older who have medical \ dental conditions that significantly interrupt the flow of saliva.	narrative of medical necessity
D1208	topical application of fluoride – excluding varnish	21 and older		Yes	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Only allowed for members 21 & older who have medical \ dental conditions that significantly interrupt the flow of saliva.	narrative of medical necessity
D1354	application of caries arresting medicament – per tooth	21 and older	Teeth 1 - 32, A - T	No	Two of (D1354) per 1 Lifetime Per patient per tooth.	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	21 and older		No	One of (D1701) per 1 Lifetime Per patient.	
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	21 and older		No	One of (D1702) per 1 Lifetime Per patient.	
D1703	Moderna Covid-19 vaccine administration – first dose	21 and older		No	One of (D1703) per 1 Lifetime Per patient.	
D1704	Moderna Covid-19 vaccine administration – second dose	21 and older		No	One of (D1704) per 1 Lifetime Per patient.	
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE These dental procedure codes	21 and older		No	One of (D1707) per 1 Lifetime Per patient.	
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	21 and older		No	One of (D1708) per 1 Lifetime Per patient.	
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	21 and older		No		
D1710	Moderna Covid-19 vaccine administration – third dose	21 and older		No	One of (D1710) per 1 Lifetime Per patient.	
D1711	Moderna Covid-19 vaccine administration – booster dose	21 and older		No		

Exhibit B Benefits Covered for Adult HSN Only

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1712	Janssen Covid-19 vaccine administration - booster dose	21 and older		No		
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	21 and older		No	One of (D1713) per 1 Lifetime Per patient.	
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	21 and older		No	One of (D1714) per 1 Lifetime Per patient.	

Exhibit B Benefits Covered for Adult HSN Only

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

Exhibit B Benefits Covered for Adult HSN Only

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2335	resin-based composite - four or more surfaces (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2391	resin-based composite – one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

Exhibit B Benefits Covered for Adult HSN Only

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2740	crown - porcelain/ceramic	21 and older	Teeth 2 - 15, 18 - 31	Yes	One of (D2740, D2751) per 60 Month(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 2 - 15, 18 - 31	No	Not covered within 6 months of initial placement.	
D2920	re-cement or re-bond crown	21 and older	Teeth 2 - 15, 18 - 31, A - T	No	Not covered within 6 months of initial placement.	
D2950	core buildup, including any pins when required	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 2 - 15, 18 - 31	No	Must be billed with a two-or-more surface restoration on a permanent tooth.	
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2980	crown repair necessitated by restorative material failure	21 and older	Teeth 2 - 15, 18 - 31	No		

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Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3120	pulp cap - indirect (excluding final restoration)	21 and older	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals on same date of service. (D3310, D3320 or D3330).	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth. No limitation on number performed per treatment period. Total diagnosis and treatment plan supported by radiograph of remaining teeth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	21 and older	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3346	retreatment of previous root canal therapy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	Not payable to the same provider who performed the original endodontic therapy (D3310,D3320 or D3330) within 24 months. Include periapical film of the tooth and date of original root canal treatment.	
D3347	retreatment of previous root canal therapy - premolar	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3348	retreatment of previous root canal therapy - molar	21 and older	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3410	apicoectomy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	
D3421	apicoectomy - premolar (first root)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	
D3425	apicoectomy - molar (first root)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	

Exhibit B Benefits Covered for Adult HSN Only

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3426	apicoectomy (each additional root)	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth for Bicuspids. Two of (D3426) per 1 Lifetime Per patient per tooth for First and Second Molars. Includes retrograde filling.	

Exhibit B Benefits Covered for Adult HSN Only

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Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4211) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. A minimum of four (4) affected teeth in the quadrant. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting,appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member'speriodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity

Exhibit B Benefits Covered for Adult HSN Only

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4342	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	21 and older		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	21 and older		No	One of (D5110) per 84 Month(s) Per patient. Complete treatment plan and prosthetic history. If the member still has natural teeth, a current series of periapical and bitewing films. X-rays are not required if the patient is edentulous.	
D5120	complete denture - mandibular	21 and older		No	One of (D5120) per 84 Month(s) Per patient. Complete treatment plan and prosthetic history. If the member still has natural teeth, a current series of periapical and bitewing films. X-rays are not required if the patient is edentulous.	
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5211) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5212) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	
D5511	repair broken complete denture base, mandibular	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5512	repair broken complete denture base, maxillary	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

Exhibit B Benefits Covered for Adult HSN Only

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5520	replace missing or broken teeth – complete denture – per tooth	21 and older	Teeth 1 - 32	No	Three of (D5520) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5611	repair resin partial denture base, mandibular	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5612	repair resin partial denture base, maxillary	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5621	repair cast partial framework, mandibular	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5622	repair cast partial framework, maxillary	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5630	repair or replace broken retentive clasping materials – per tooth	21 and older	Teeth 1 - 32	No	One of (D5630) per 6 Month(s) Per patient per tooth. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

Exhibit B Benefits Covered for Adult HSN Only

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5640	Replace missing or broken teeth – partial denture – per tooth	21 and older	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5650	Add tooth to existing partial denture – per tooth	21 and older	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5660	add clasp to existing partial denture - per tooth	21 and older	Teeth 1 - 32	No	Per tooth, add clasp to existing partial denture. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5730	reline complete maxillary denture (direct)	21 and older		No	One of (D5730, D5750) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5731	reline complete mandibular denture (direct)	21 and older		No	One of (D5731, D5751) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5750	reline complete maxillary denture (indirect)	21 and older		No	One of (D5750) per 24 Month(s) Per patient. One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5751	reline complete mandibular denture (indirect)	21 and older		No	One of (D5751) per 24 Month(s) Per patient. One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

Exhibit B Benefits Covered for Adult HSN Only

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Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7111	extraction, coronal remnants – primary tooth	21 and older	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Erupted surgical extractions are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure.	
D7220	removal of impacted tooth - soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7230	removal of impacted tooth - partially bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7240	removal of impacted tooth - completely bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Removal of asymptomatic tooth not covered.	Narr of med necessity & full mouth xrays
D7250	removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	

Exhibit B Benefits Covered for Adult HSN Only

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7251	coronectomy – intentional partial tooth removal, impacted teeth only	21 and older	Teeth 1, 16, 17, 32	No	One of (D7251) per 1 Lifetime Per patient per tooth. Cannot be billed on same date of service with codes D7111, D7140, D7210, D7220, D7230, D7240, D7250, D7241. If D7251 is billed following any history of D7111, D7210, D7140, D7241, D7220, D7230, D7240, D7250 billed on the same tooth as code D7251, then deduct what was paid for D7251 from payment of new code.	
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	21 and older	Teeth 1 - 32	No		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoloplasty.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7311) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoloplasty. Up to 3 teeth\tooth spaces per quad.	narrative of medical necessity
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed in edentulous area. Limited to two per quadrant when the second procedure follows the first within 6 months.	narrative of medical necessity
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7321) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoloplasty. Up to 3 teeth\tooth spaces per quad.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	21 and older	Per Arch (01, 02, LA, UA)	Yes	Include justification of the surgical procedure designed to increase alveolar ridge height.	narrative of medical necessity

Exhibit B Benefits Covered for Adult HSN Only

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	21 and older	Per Arch (01, 02, LA, UA)	Yes	Only payable to dental provider w\specialty in oral surgery.	
D7410	excision of benign lesion up to 1.25 cm	21 and older		No		
D7411	excision of benign lesion greater than 1.25 cm	21 and older		No		
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		No		Pathology report
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		No		Pathology report
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		No		Pathology report
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		No		Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7471) per 1 Lifetime Per patient per arch. Only payable to dental provider w\specialty in oral surgery.	
D7472	removal of torus palatinus	21 and older		No	One of (D7472) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7473	removal of torus mandibularis	21 and older		No	One of (D7473) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7961	buccal / labial frenectomy (frenulectomy)	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7961) per 1 Lifetime Per patient per arch. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	

Exhibit B Benefits Covered for Adult HSN Only

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7962	lingual frenectomy (frenulectomy)	21 and older		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7963	frenuloplasty	21 and older		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7970	excision of hyperplastic tissue - per arch	21 and older	Per Arch (01, 02, LA, UA)	No	Not payable on the same date of service as an extraction (D7111 - D7240) of the same tooth.	narrative of medical necessity

Exhibit B Benefits Covered for Adult HSN Only

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Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8670	periodic orthodontic treatment visit	21 and older		Yes	Only covered for member whose comprehensive treatment had begun prior to age 21. One per 90 Day(s) Per patient. Allowed as quarterly treatment visit. (D8670). May not be billed less than 90 days from previous periodic orthodontic treatment visit. (D8670). May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090.Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	21 and older		Yes	One of (D8671) per 90 Day(s) Per patient. Only covered for member whose comprehensive treatment had begun prior to age 21. Allowed as quarterly treatment visit. May not be billed less than 90 days from previous periodic orthodontic treatment visit. May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics.	
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	21 and older		Yes	Five of (D8680) per 1 Lifetime Per patient. Only covered for member whose comprehensive treatment had begun prior to age 21. Only payable to dental provider with a specialty of Orthodontics. Please see billing instructions in Section 16 of the Office Reference Manual.	
D8703	replacement of lost or broken retainer – maxillary	21 and older		Yes	One of (D8703) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	

Exhibit B Benefits Covered for Adult HSN Only

Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8704	replacement of lost or broken retainer – mandibular	21 and older		Yes	One of (D8704) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	

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Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9110	Palliative treatment of dental pain – per visit	21 and older		No	Other non-emergency medically necessary treatment may be provided during the same visit. Not covered with D0120,D0140,D0160, D0180 by same provider or provider group on same date of service.	
D9222	administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	21 and older		No		
D9223	administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	21 and older		No		
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	21 and older		No	One of (D9224) per 1 Day(s) Per patient.	
D9230	administration of nitrous oxide	21 and older		No		
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	21 and older		No		
D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	21 and older		No	Five of (D9243) per 1 Day(s) Per patient.	
D9244	in-office administration of minimal sedation – single drug – enteral	21 and older		No	One of (D9244) per 1 Day(s) Per patient.	
D9245	administration of moderate sedation – enteral	21 and older		No		
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	21 and older		No		

Exhibit B Benefits Covered for Adult HSN Only

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	21 and older		No	Two of (D9310) per 1 Calendar year(s) Per patient. Not billable after D8080, D8070, D8090, D8670, D8680 has paid. Provider should submit narrative describing the treatment to referring provider. Please see billing instructions in section 16 of the Office Reference Manual.	
D9450	case presentation, subsequent to detailed and extensive treatment planning	21 and older		No	One of (D9450) per 1 Day(s) Per Provider. Per Member. Only payable when submitted with another payable service.	
D9920	behavior management, by report	21 and older		Yes	One of (D9920) per 1 Day(s) Per Provider OR Location. Narrative of medical necessity. Include a description of the members illness or disability and types of services to be furnished.	narrative of medical necessity
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	21 and older		No	Include with claim the date, the location of the original surgery and the type of procedure.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	0-20		No	Two of (D0120, D0145) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110 by same provider or provider group on same date of service.	
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0-3		No	Two of (D0120, D0145, D0180) per 1 Calendar year(s) Per Provider OR Location. Cannot be billed on the same date of service as D0150.	
D0150	comprehensive oral evaluation - new or established patient	0-20		No	One of (D0150, D0180) per 1 Lifetime Per Provider OR Location. Cannot be billed on the same date of service as D0145.	
D0180	comprehensive periodontal evaluation – new or established patient	0-20		No	One of (D0180) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110, D0140, D0145, D0150 by same provider or provider group on same date of service.	
D0190	screening of a patient	0-20		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	
D0191	Assessment of a patient	0-20		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0210	intraoral – comprehensive series of radiographic images	6 - 20		No	One of (D0210) per 3 Calendar year(s) Per Provider OR Location. One complete series every three calendar years per patient per dentist or dental group. Any combination of radiographs that exceedsthe maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0240	intraoral - occlusal radiographic image	0-4		No	Two of (D0240) per 1 Calendar year(s) Per Provider OR Location.	
D0270	bitewing - single radiographic image	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0272	bitewings - two radiographic images	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0273	bitewings - three radiographic images	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0274	bitewings - four radiographic images	0-20		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0-20		No	Non-orthodontic procedures. Only payable to a dental provider with a specialty in oral surgery.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	14 - 20		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. Includes minor scaling procedures.	
D1120	prophylaxis - child	0-13		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. Includes minor scaling procedures.	
D1206	topical application of fluoride varnish	0-20		No	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Cannot be billed with D1208 on same date of service by the same provider or location.	
D1208	topical application of fluoride – excluding varnish	0-20		No	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Cannot be billed with D1206 on same date of service by the same provider or location.	
D1351	sealant - per tooth	0-16	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351) per 3 Year(s) Per Provider OR Location per tooth. Permanent first and second non-carious (occlusal surface) molars and non-carious (occlusal surface)third molars.	
D1354	application of caries arresting medicament – per tooth	0-20	Teeth 1 - 32, A - T	No	Two of (D1354) per 1 Lifetime Per patient per tooth.	
D1510	space maintainer - fixed, unilateral – per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	
D1516	space maintainer - fixed - bilateral, maxillary	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1517	space maintainer - fixed - bilateral, mandibular	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1520	space maintainer - removable, unilateral - per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1526	space maintainer - removable - bilateral, maxillary	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1527	space maintainer - removable - bilateral, mandibular	0-20		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	0-20		No	One of (D1701) per 1 Lifetime Per patient.	
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	0-20		No	One of (D1702) per 1 Lifetime Per patient.	
D1703	Moderna Covid-19 vaccine administration – first dose	0-20		No	One of (D1703) per 1 Lifetime Per patient.	

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Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1704	Moderna Covid-19 vaccine administration – second dose	0-20		No	One of (D1704) per 1 Lifetime Per patient.	
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE These dental procedure codes	0-20		No	One of (D1707) per 1 Lifetime Per patient.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2150	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2160	amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2161	amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2330	resin-based composite - one surface, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2331	resin-based composite - two surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2332	resin-based composite - three surfaces, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2335	resin-based composite - four or more surfaces (anterior)	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2390	resin-based composite crown, anterior	0-20	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2390) per 12 Month(s) Per patient per tooth.	
D2391	resin-based composite – one surface, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2392	resin-based composite - two surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2393	resin-based composite - three surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2394	resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2710	crown - resin-based composite (indirect)	0-20	Teeth 3 - 14, 19 - 30	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2740	crown - porcelain/ceramic	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2750	crown - porcelain fused to high noble metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2752	crown - porcelain fused to noble metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2790	crown - full cast high noble metal	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	Teeth 2 - 15, 18 - 31	No	Not covered within 6 months of initial placement.	
D2920	re-cement or re-bond crown	0-20	Teeth 2 - 15, 18 - 31, A - T	No	Not covered within 6 months of initial placement.	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-20	Teeth C - H, M - R	No		
D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth A - T	No		
D2931	prefabricated stainless steel crown - permanent tooth	0-20	Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31	No		
D2932	prefabricated resin crown	0-20	Teeth 1 - 32, A - T	No		

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth C - H, M - R	No		
D2950	core buildup, including any pins when required	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	0-20	Teeth 2 - 15, 18 - 31	No	Must be billed with a two-or-more surface restoration on a permanent tooth.	
D2954	prefabricated post and core in addition to crown	0-20	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2980	crown repair necessitated by restorative material failure	0-20	Teeth 2 - 15, 18 - 31	No	Chairside	

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Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3120	pulp cap - indirect (excluding final restoration)	0-20	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals on same date of service. (D3310, D3320 or D3330).	
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals (D3310, D3320 or D3330).	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth. No limitation on number performed per treatment. Cannot be billed in conjunction with D3120 on the same date of service.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3346	retreatment of previous root canal therapy - anterior	0-20	Teeth 6 - 11, 22 - 27	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3347	retreatment of previous root canal therapy - premolar	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3348	retreatment of previous root canal therapy - molar	0-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3410	apicoectomy - anterior	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	pre-operative x-ray(s)
D3421	apicoectomy - premolar (first root)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	pre-operative x-ray(s)
D3425	apicoectomy - molar (first root)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	

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Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3426	apicoectomy (each additional root)	0-20	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth for Bicuspids. Two of (D3426) per 1 Lifetime Per patient per tooth for First and Second Molars. Includes retrograde filling.	

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Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4211) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. A minimum of four (4) affected teeth in the quadrant. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting,appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member'speriodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity

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Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4342	periodontal scaling and root planing - one to three teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0-20		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	0-20		No	One of (D5110) per 84 Month(s) Per patient.	
D5120	complete denture - mandibular	0-20		No	One of (D5120) per 84 Month(s) Per patient.	
D5130	immediate denture - maxillary	0-20		No	One of (D5130) per 1 Lifetime Per patient.	
D5140	immediate denture - mandibular	0-20		No	One of (D5140) per 1 Lifetime Per patient.	
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5211) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5212) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		No	One of (D5213) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		No	One of (D5214) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5225) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-20		No	One of (D5226) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5511	repair broken complete denture base, mandibular	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5512	repair broken complete denture base, maxillary	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5520	replace missing or broken teeth – complete denture – per tooth	0-20	Teeth 1 - 32	No	Three of (D5520) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5611	repair resin partial denture base, mandibular	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5612	repair resin partial denture base, maxillary	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5621	repair cast partial framework, mandibular	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5622	repair cast partial framework, maxillary	0-20		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5630	repair or replace broken retentive clasping materials – per tooth	0-20	Teeth 1 - 32	No	One of (D5630) per 6 Month(s) Per patient per tooth. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5640	Replace missing or broken teeth – partial denture – per tooth	0-20	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5650	Add tooth to existing partial denture – per tooth	0-20	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5660	add clasp to existing partial denture - per tooth	0-20	Teeth 1 - 32	No	Per tooth, add clasp to existing partial denture. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5730	reline complete maxillary denture (direct)	0-20		No	One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5731	reline complete mandibular denture (direct)	0-20		No	One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5740	reline maxillary partial denture (direct)	0-20		No	One of (D5740, D5760) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5741	reline mandibular partial denture (direct)	0-20		No	One of (D5741, D5761) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5750	reline complete maxillary denture (indirect)	0-20		No	One of (D5750) per 24 Month(s) Per patient. One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5751	reline complete mandibular denture (indirect)	0-20		No	One of (D5751) per 24 Month(s) Per patient. One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5760	reline maxillary partial denture (indirect)	0-20		No	One of (D5760) per 24 Month(s) Per patient. One of (D5740, D5760) per 24 Month(s) Per patient. Fee for partial denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5761	reline mandibular partial denture (indirect)	0-20		No	One of (D5761) per 24 Month(s) Per patient. One of (D5741, D5761) per 24 Month(s) Per patient. Fee for partial denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6241	pontic - porcelain fused to predominantly base metal	0-20	Teeth 6 - 11, 22 - 27	No	One of (D6241) per 60 Month(s) Per patient per tooth.	
D6751	retainer crown - porcelain fused to predominantly base metal	0-20	Teeth 6 - 11, 22 - 27	No	One of (D6751) per 60 Month(s) Per patient per tooth.	
D6930	re-cement or re-bond fixed partial denture	0-20		No	Not covered within 6 months of placement.	
D6980	fixed partial denture repair necessitated by restorative material failure	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7111	extraction, coronal remnants – primary tooth	0-20	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7220	removal of impacted tooth - soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7230	removal of impacted tooth - partially bony	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7240	removal of impacted tooth - completely bony	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Removal of asymptomatic tooth not covered.	Narr of med necessity & full mouth xrays
D7250	removal of residual tooth roots (cutting procedure)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7251	coronectomy – intentional partial tooth removal, impacted teeth only	0-20	Teeth 1, 16, 17, 32	No	One of (D7251) per 1 Lifetime Per patient per tooth. Cannot be billed on same date of service with codes D7111, D7140, D7210, D7220, D7230, D7240, D7250, D7241. If D7251 is billed following any history of D7111, D7210, D7140, D7241, D7220, D7230, D7240, D7250 billed on the same tooth as code D7251, then deduct what was paid for D7251 from payment of new code.	
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	No		
D7280	exposure of an unerupted tooth	0-20	Teeth 1 - 32	No	Cannot be billed in conjunction with an adjacent impacted extraction, including D7220, D7230, D7240, D7241.	

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7283	placement of device to facilitate eruption of impacted tooth	0-20	Teeth 1 - 32	No		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7311) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed in edentulous area. Limited to one per quadrant when the second procedure follows the first within 6 months.	narrative of medical necessity
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7321) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed on edentulous area. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0-20	Per Arch (01, 02, LA, UA)	Yes		narrative of medical necessity
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0-20	Per Arch (01, 02, LA, UA)	No	Only payable to a dental provider with a specialty in oral surgery	
D7410	excision of benign lesion up to 1.25 cm	0-20		No		
D7411	excision of benign lesion greater than 1.25 cm	0-20		No		

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0-20		No	Pathology report.	
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0-20		No	Pathology report.	
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	0-20		No	Pathology report.	
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0-20		No	Pathology report.	
D7471	removal of lateral exostosis (maxilla or mandible)	0-20	Per Arch (01, 02, LA, UA)	No	One of (D7471) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7472	removal of torus palatinus	0-20		No	One of (D7472) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7473	removal of torus mandibularis	0-20		No	One of (D7473) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7961	buccal / labial frenectomy (frenulectomy)	0-20	Per Arch (01, 02, LA, UA)	No	One of (D7961) per 1 Lifetime Per patient per arch. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7962	lingual frenectomy (frenulectomy)	0-20		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7963	frenuloplasty	0-20		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7970	excision of hyperplastic tissue - per arch	0-20	Per Arch (01, 02, LA, UA)	No	Not payable on the same date of service as an extraction (D7111 - D7240) of the same tooth.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8010	limited orthodontic treatment of the primary dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8020	limited orthodontic treatment of the transitional dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8030	limited orthodontic treatment of the adolescent dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8040	limited orthodontic treatment of the adult dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8070	comprehensive orthodontic treatment of the transitional dentition	6 - 20		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8080	comprehensive orthodontic treatment of the adolescent dentition	6 - 20		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8091	comprehensive orthodontic treatment with orthognathic surgery	6 - 20		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. The first adjustment (D8671) may not be billed in the same calendar month as banding (D8080, D8070). Only payable to a dental provider with a specialty of Orthodontics.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8660	pre-orthodontic treatment examination to monitor growth and development	6-20		Yes	One of (D8660) per 6 Month(s) Per Provider OR Location. Not billable after D8080, D8070, D8090, D8670, D8680 has been paid. Only payable to a dental provider with a speciality in orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8670	periodic orthodontic treatment visit	0-20		Yes	One per 90 Day(s) Per patient. Allowed as quarterly treatment visits. May not be billed less than 90 days from previous periodic orthodontic treatment visit. (D8670). May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	0-20		Yes	One of (D8671) per 90 Day(s) Per patient. Only covered for member whose comprehensive treatment had begun prior to age 21. Allowed as quarterly treatment visit. May not be billed less than 90 days from previous periodic orthodontic treatment visit. May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics.	
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	6 - 20		No	Five of (D8680) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in Section 16 of the Office Reference Manual.	
D8703	replacement of lost or broken retainer – maxillary	0-20		Yes	One of (D8703) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8704	replacement of lost or broken retainer – mandibular	0-20		Yes	One of (D8704) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	
D8999	unspecified orthodontic procedure, by report	0-20		Yes	Five of (D8999) per 1 Lifetime Per patient. This code is used exclusively for interceptive orthodontic adjustments and units. Please see billing instructions in section 16 of the Office Reference Manual.	

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9222	administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	0-20		No		
D9223	administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	0-20		No		
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	0-20		No	One of (D9224) per 1 Day(s) Per patient.	
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	0-20		No		
D9230	administration of nitrous oxide	0-20		No	The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment	
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	0-20		No		
D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	0-20		No	Five of (D9243) per 1 Day(s) Per patient.	
D9244	in-office administration of minimal sedation – single drug – enteral	0-20		No	One of (D9244) per 1 Day(s) Per patient.	
D9245	administration of moderate sedation – enteral	0-20		No		
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	0-20		No		

Exhibit C Benefits Covered for Under 21 HSN Limited Wrap

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	6-20		No	Two of (D9310) per 1 Calendar year(s) Per patient. Not billable after D8080, D8070, D8090, D8670, D8680 has paid. Provider should submit narrative describing the treatment to referring provider. Please see billing instructions in section 16 of the Office Reference Manual.	
D9450	case presentation, subsequent to detailed and extensive treatment planning	0-20		No	One of (D9450) per 1 Day(s) Per Provider. Per Member. Only payable when submitted with another payable service.	
D9920	behavior management, by report	0-20		Yes	One of (D9920) per 1 Day(s) Per Provider OR Location. Include a description of the members illness or disability and types of services to be furnished.	narrative of medical necessity
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	0-20		No		narrative of medical necessity
D9941	fabrication of athletic mouthguard	0-20		No	One of (D9941) per 1 Calendar year(s) Per patient.	
D9944	occlusal guard – hard appliance, full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	
D9945	occlusal guard – soft appliance, full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	
D9946	occlusal guard – hard appliance, partial arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	21 and older		No	Two of (D0120, D0145) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110 by same provider or provider group on same date of service.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One of (D0150, D0180) per 1 Lifetime Per Provider OR Location.	
D0180	comprehensive periodontal evaluation – new or established patient	21 and older		No	One of (D0180) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110, D0140, D0145, D0150 by same provider or provider group on same date of service.	
D0190	screening of a patient	21 and older		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	
D0191	Assessment of a patient	21 and older		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	
D0210	intraoral – comprehensive series of radiographic images	21 and older		No	One of (D0210) per 3 Calendar year(s) Per Provider OR Location. One complete series every three calendar years per patient, per provider or location. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0270	bitewing - single radiographic image	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0272	bitewings - two radiographic images	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0273	bitewings - three radiographic images	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0274	bitewings - four radiographic images	21 and older		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	21 and older		Yes	Reimbursable when used in conjunction with surgical condition, including status post-facial trauma such as LaFort, mandibular fractures and jaw dislocation. narrative of medical necessity. Non-orthodontic procedures. Only payable to a dental provider with a specialty in oral surgery.	narrative of medical necessity

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	21 and older		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	
D1206	topical application of fluoride varnish	21 and older		Yes	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Only allowed for members 21 & older who have medical \ dental conditions that significantly interrupt the flow of saliva.	narrative of medical necessity
D1208	topical application of fluoride – excluding varnish	21 and older		Yes	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Only allowed for members 21 & older who have medical \ dental conditions that significantly interrupt the flow of saliva.	narrative of medical necessity
D1354	application of caries arresting medicament – per tooth	21 and older	Teeth 1 - 32, A - T	No	Two of (D1354) per 1 Lifetime Per patient per tooth.	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	21 and older		No	One of (D1701) per 1 Lifetime Per patient.	
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	21 and older		No	One of (D1702) per 1 Lifetime Per patient.	
D1703	Moderna Covid-19 vaccine administration – first dose	21 and older		No	One of (D1703) per 1 Lifetime Per patient.	
D1704	Moderna Covid-19 vaccine administration – second dose	21 and older		No	One of (D1704) per 1 Lifetime Per patient.	
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE These dental procedure codes	21 and older		No	One of (D1707) per 1 Lifetime Per patient.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2335	resin-based composite - four or more surfaces (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2391	resin-based composite – one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2740	crown - porcelain/ceramic	21 and older	Teeth 2 - 15, 18 - 31	Yes	One of (D2740, D2751) per 60 Month(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 2 - 15, 18 - 31	No	Not covered within 6 months of initial placement.	
D2920	re-cement or re-bond crown	21 and older	Teeth 2 - 15, 18 - 31, A - T	No	Not covered within 6 months of initial placement.	
D2950	core buildup, including any pins when required	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 2 - 15, 18 - 31	No	Must be billed with a two-or-more surface restoration on a permanent tooth.	
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2980	crown repair necessitated by restorative material failure	21 and older	Teeth 2 - 15, 18 - 31	No		

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3120	pulp cap - indirect (excluding final restoration)	21 and older	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals on same date of service. (D3310, D3320 or D3330).	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth. No limitation on number performed per treatment. Cannot be billed in conjunction with D3120 on the same date of service.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	21 and older	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3346	retreatment of previous root canal therapy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	Not payable to the same provider who performed the original endodontic therapy (D3310,D3320 or D3330) within 24 months. Include periapical film of the tooth and date of original root canal treatment.	
D3347	retreatment of previous root canal therapy - premolar	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3348	retreatment of previous root canal therapy - molar	21 and older	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3410	apicoectomy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	
D3421	apicoectomy - premolar (first root)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	
D3425	apicoectomy - molar (first root)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	pre-operative x-ray(s)
D3426	apicoectomy (each additional root)	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth for Bicuspids. Two of (D3426) per 1 Lifetime Per patient per tooth for First and Second Molars. Includes retrograde filling.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4211) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. A minimum of four (4) affected teeth in the quadrant. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting,appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member'speriodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4342	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	21 and older		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	21 and older		No	One of (D5110) per 84 Month(s) Per patient. Complete treatment plan and prosthetic history. If the member still has natural teeth, a current series of periapical and bitewing films. X-rays are not required if the patient is edentulous.	
D5120	complete denture - mandibular	21 and older		No	One of (D5120) per 84 Month(s) Per patient. Complete treatment plan and prosthetic history. If the member still has natural teeth, a current series of periapical and bitewing films. X-rays are not required if the patient is edentulous.	
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5211) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5212) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	
D5511	repair broken complete denture base, mandibular	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5512	repair broken complete denture base, maxillary	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5520	replace missing or broken teeth – complete denture – per tooth	21 and older	Teeth 1 - 32	No	Three of (D5520) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5611	repair resin partial denture base, mandibular	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5612	repair resin partial denture base, maxillary	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5621	repair cast partial framework, mandibular	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5622	repair cast partial framework, maxillary	21 and older		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5630	repair or replace broken retentive clasping materials – per tooth	21 and older	Teeth 1 - 32	No	One of (D5630) per 6 Month(s) Per patient per tooth. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5640	Replace missing or broken teeth – partial denture – per tooth	21 and older	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5650	Add tooth to existing partial denture – per tooth	21 and older	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5660	add clasp to existing partial denture - per tooth	21 and older	Teeth 1 - 32	No	Per tooth, add clasp to existing partial denture. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5730	reline complete maxillary denture (direct)	21 and older		No	One of (D5730, D5750) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5731	reline complete mandibular denture (direct)	21 and older		No	One of (D5731, D5751) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5750	reline complete maxillary denture (indirect)	21 and older		No	One of (D5750) per 24 Month(s) Per patient. One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5751	reline complete mandibular denture (indirect)	21 and older		No	One of (D5751) per 24 Month(s) Per patient. One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7111	extraction, coronal remnants – primary tooth	21 and older	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7220	removal of impacted tooth - soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7230	removal of impacted tooth - partially bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7240	removal of impacted tooth - completely bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Removal of asymptomatic tooth not covered.	Narr of med necessity & full mouth xrays
D7250	removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7251	coronectomy – intentional partial tooth removal, impacted teeth only	21 and older	Teeth 1, 16, 17, 32	No	One of (D7251) per 1 Lifetime Per patient per tooth. Cannot be billed on same date of service with codes D7111, D7140, D7210, D7220, D7230, D7240, D7250, D7241. If D7251 is billed following any history of D7111, D7210, D7140, D7241, D7220, D7230, D7240, D7250 billed on the same tooth as code D7251, then deduct what was paid for D7251 from payment of new code.	
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	21 and older	Teeth 1 - 32	No		

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoloplasty.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7311) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoloplasty. Up to 3 teeth\tooth spaces per quad.	narrative of medical necessity
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed in edentulous area. Limited to two per quadrant when the second procedure follows the first within 6 months.	narrative of medical necessity
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7321) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoloplasty. Up to 3 teeth\tooth spaces per quad.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	21 and older	Per Arch (01, 02, LA, UA)	Yes	Include justification of the surgical procedure designed to increase alveolar ridge height.	narrative of medical necessity
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	21 and older	Per Arch (01, 02, LA, UA)	Yes	Only payable to dental provider w\specialty in oral surgery.	
D7410	excision of benign lesion up to 1.25 cm	21 and older		No		
D7411	excision of benign lesion greater than 1.25 cm	21 and older		No		

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		No		Pathology report
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		No		Pathology report
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		No		Pathology report
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		No		Pathology report
D7471	removal of lateral exostosis (maxilla or mandible)	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7471) per 1 Lifetime Per patient per arch. Only payable to dental provider w\specialty in oral surgery.	
D7472	removal of torus palatinus	21 and older		No	One of (D7472) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7473	removal of torus mandibularis	21 and older		No	One of (D7473) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7961	buccal / labial frenectomy (frenulectomy)	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7961) per 1 Lifetime Per patient per arch. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7962	lingual frenectomy (frenulectomy)	21 and older		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7963	frenuloplasty	21 and older		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7970	excision of hyperplastic tissue - per arch	21 and older	Per Arch (01, 02, LA, UA)	No	Not payable on the same date of service as an extraction (D7111-D7240) of the same tooth.	narrative of medical necessity

Exhibit D Benefits Covered for Adult HSN Limited Wrap

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Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8670	periodic orthodontic treatment visit	21 and older		Yes	Only covered for member whose comprehensive treatment had begun prior to age 21. One per 90 Day(s) Per patient. Allowed as quarterly treatment visit. (D8670). May not be billed less than 90 days from previous periodic orthodontic treatment visit. (D8670). May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090.Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	21 and older		Yes	One of (D8671) per 90 Day(s) Per patient. Only covered for member whose comprehensive treatment had begun prior to age 21. Allowed as quarterly treatment visit. May not be billed less than 90 days from previous periodic orthodontic treatment visit. May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics.	
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	21 and older		Yes	Five of (D8680) per 1 Lifetime Per patient. Only covered for member whose comprehensive treatment had begun prior to age 21. Only payable to dental provider with a specialty of Orthodontics. Please see billing instructions in Section 16 of the Office Reference Manual.	
D8703	replacement of lost or broken retainer – maxillary	21 and older		Yes	One of (D8703) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8704	replacement of lost or broken retainer – mandibular	21 and older		Yes	One of (D8704) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	

Exhibit D Benefits Covered for Adult HSN Limited Wrap

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Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9222	administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	21 and older		No		
D9223	administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	21 and older		No		
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	21 and older		No	One of (D9224) per 1 Day(s) Per patient.	
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	21 and older		No		
D9230	administration of nitrous oxide	21 and older		No		
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	21 and older		No		
D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	21 and older		No	Five of (D9243) per 1 Day(s) Per patient.	
D9244	in-office administration of minimal sedation – single drug – enteral	21 and older		No	One of (D9244) per 1 Day(s) Per patient.	
D9245	administration of moderate sedation – enteral	21 and older		No		
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	21 and older		No		

Exhibit D Benefits Covered for Adult HSN Limited Wrap

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	21 and older		No	Two of (D9310) per 1 Calendar year(s) Per patient. Not billable after D8080, D8070, D8090, D8670, D8680 has paid. Provider should submit narrative describing the treatment to referring provider. Please see billing instructions in section 16 of the Office Reference Manual.	
D9450	case presentation, subsequent to detailed and extensive treatment planning	21 and older		No	One of (D9450) per 1 Day(s) Per Provider. Per Member. Only payable when submitted with another payable service.	
D9920	behavior management, by report	21 and older		Yes	One of (D9920) per 1 Day(s) Per Provider OR Location. Narrative of medical necessity. Include a description of the members illness or disability and types of services to be furnished.	narrative of medical necessity
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	21 and older		No	Include with claim the date, the location of the original surgery and the type of procedure.	narrative of medical necessity

Exhibit E Benefits Covered for Childrens Medical Security Plan

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	0-18		No	Two of (D0120, D0145) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110 by same provider or provider group on same date of service.	
D0140	limited oral evaluation - problem focused	0-18		No	Two of (D0140) per 1 Calendar year(s) Per patient. Not covered with D9110, D0160, D0180 by same provider or provider group on same date of service.	
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0-3		No	Two of (D0120, D0145, D0180) per 1 Calendar year(s) Per Provider OR Location. Cannot be billed on the same date of service as D0150.	
D0150	comprehensive oral evaluation - new or established patient	0-18		No	One of (D0150, D0180) per 1 Lifetime Per Provider OR Location. Cannot be billed on the same date of service as D0145.	
D0180	comprehensive periodontal evaluation – new or established patient	0-18		No	One of (D0180) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110, D0140, D0145, D0150 by same provider or provider group on same date of service.	
D0190	screening of a patient	0-18		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	
D0191	Assessment of a patient	0-18		No	Two of (D0190, D0191) per 1 Calendar year(s) Per Provider OR Location. Only payable to a Public Health Dental Hygienist in a public health setting. Not covered with D9110, D0191 by same provider or provider group on same date of service. Excludes place of service (POS) codes 02, 10, 11, 21, 23, 24, 49, 50, 66.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0210	intraoral – comprehensive series of radiographic images	6 - 18		No	One of (D0210) per 3 Calendar year(s) Per Provider OR Location. One complete series every three calendar years per patient per dentist or dental group. Any combination of radiographs that exceedsthe maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0220	intraoral - periapical first radiographic image	0-18		No	One of (D0220) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of one per visit. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0230	intraoral - periapical each additional radiographic image	0-18		No	Three of (D0230) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of three per visit. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0240	intraoral - occlusal radiographic image	0-4		No	Two of (D0240) per 1 Calendar year(s) Per Provider OR Location.	
D0270	bitewing - single radiographic image	0-18		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0272	bitewings - two radiographic images	0-18		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0273	bitewings - three radiographic images	0-18		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0274	bitewings - four radiographic images	0-18		No	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	
D0330	panoramic radiographic image	0-18		No	One of (D0330) per 3 Year(s) Per Provider OR Location. (Not covered when billed with services related to Crowns, Endodontics, Periodontics, Restorations and Orthodontics).Not covered when the treating dentist is an orthodontist, endodontist, prosthodontist and periodontist.Non-surgical conditions. Surgical conditions are payable in excess of the 3 year limitation when used as a diagnostic tool. Any combination of radiographs thatexceeds the max allowable for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0-18		No	Non-orthodontic procedures. Only payable to a dental provider with a specialty in oral surgery.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

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Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	14 - 18		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. Includes minor scaling procedures.	
D1120	prophylaxis - child	0-13		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. Includes minor scaling procedures.	
D1206	topical application of fluoride varnish	0-18		No	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Cannot be billed with D1208 on same date of service by the same provider or location.	
D1208	topical application of fluoride – excluding varnish	0-18		No	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Cannot be billed with D1206 on same date of service by the same provider or location.	
D1351	sealant - per tooth	0-16	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351) per 3 Year(s) Per Provider OR Location per tooth. Permanent first and second non-carious (occlusal surface) molars and non-carious (occlusal surface)third molars.	
D1354	application of caries arresting medicament – per tooth	0-18	Teeth 1 - 32, A - T	No	Two of (D1354) per 1 Lifetime Per patient per tooth.	
D1510	space maintainer - fixed, unilateral – per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	
D1516	space maintainer - fixed - bilateral, maxillary	0-18		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1517	space maintainer - fixed - bilateral, mandibular	0-18		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	
D1520	space maintainer - removable, unilateral - per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	
D1526	space maintainer - removable - bilateral, maxillary	0-18		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	
D1527	space maintainer - removable - bilateral, mandibular	0-18		No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred. Excludes a Distal Shoe Maintainer.	
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) per 1 Lifetime Per patient. Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that the migration of the adjacent tooth has already occurred.	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	0-18		No	One of (D1701) per 1 Lifetime Per patient.	
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	0-18		No	One of (D1702) per 1 Lifetime Per patient.	
D1703	Moderna Covid-19 vaccine administration – first dose	0-18		No	One of (D1703) per 1 Lifetime Per patient.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1704	Moderna Covid-19 vaccine administration – second dose	0-18		No	One of (D1704) per 1 Lifetime Per patient.	
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE These dental procedure codes	0-18		No	One of (D1707) per 1 Lifetime Per patient.	
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	0-18		No	One of (D1708) per 1 Lifetime Per patient.	
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	0-18		No		
D1710	Moderna Covid-19 vaccine administration – third dose	0-18		No	One of (D1710) per 1 Lifetime Per patient.	
D1711	Moderna Covid-19 vaccine administration – booster dose	0-18		No		
D1712	Janssen Covid-19 vaccine administration - booster dose	0-18		No		
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	0-18		No	One of (D1713) per 1 Lifetime Per patient.	
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	0-18		No	One of (D1714) per 1 Lifetime Per patient.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	0-18	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2150	Amalgam - two surfaces, primary or permanent	0-18	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2160	amalgam - three surfaces, primary or permanent	0-18	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2161	amalgam - four or more surfaces, primary or permanent	0-18	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2330	resin-based composite - one surface, anterior	0-18	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2331	resin-based composite - two surfaces, anterior	0-18	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2332	resin-based composite - three surfaces, anterior	0-18	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2335	resin-based composite - four or more surfaces (anterior)	0-18	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2390	resin-based composite crown, anterior	0-18	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2390) per 12 Month(s) Per patient per tooth.	
D2391	resin-based composite – one surface, posterior	0-18	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2392	resin-based composite - two surfaces, posterior	0-18	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2393	resin-based composite - three surfaces, posterior	0-18	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2394	resin-based composite - four or more surfaces, posterior	0-18	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per Business per tooth, per surface. MH will not pay more than the multisurface rate for a restoration greater than 1 surface.	
D2710	crown - resin-based composite (indirect)	0-18	Teeth 3 - 14, 19 - 30	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2740	crown - porcelain/ceramic	0-18	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2750	crown - porcelain fused to high noble metal	0-18	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	0-18	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2752	crown - porcelain fused to noble metal	0-18	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2790	crown - full cast high noble metal	0-18	Teeth 2 - 15, 18 - 31	No	One of (D2710, D2740, D2750, D2751, D2752, D2790) per 60 Month(s) Per patient per tooth.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-18	Teeth 2 - 15, 18 - 31	No	Not covered within 6 months of initial placement.	
D2920	re-cement or re-bond crown	0-18	Teeth 2 - 15, 18 - 31, A - T	No	Not covered within 6 months of initial placement.	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-18	Teeth C - H, M - R	No		
D2930	prefabricated stainless steel crown - primary tooth	0-18	Teeth A - T	No		
D2931	prefabricated stainless steel crown - permanent tooth	0-18	Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31	No		
D2932	prefabricated resin crown	0-18	Teeth 1 - 32, A - T	No		

Exhibit E Benefits Covered for Childrens Medical Security Plan

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-18	Teeth C - H, M - R	No		
D2950	core buildup, including any pins when required	0-18	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	0-18	Teeth 2 - 15, 18 - 31	No	Must be billed with a two-or-more surface restoration on a permanent tooth.	
D2954	prefabricated post and core in addition to crown	0-18	Teeth 2 - 15, 18 - 31	No	One of (D2950, D2954) per 60 Month(s) Per patient per tooth.	
D2980	crown repair necessitated by restorative material failure	0-18	Teeth 2 - 15, 18 - 31	No	Chairside	

Exhibit E Benefits Covered for Childrens Medical Security Plan

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Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3120	pulp cap - indirect (excluding final restoration)	0-18	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals on same date of service. (D3310, D3320 or D3330).	
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-18	Teeth 1 - 32, A - T	No	Cannot be billed in conjunction with root canals (D3310, D3320 or D3330).	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-18	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth. No limitation on number performed per treatment. Cannot be billed in conjunction with D3120 on the same date of service.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-18	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-18	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	
D3346	retreatment of previous root canal therapy - anterior	0-18	Teeth 6 - 11, 22 - 27	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3347	retreatment of previous root canal therapy - premolar	0-18	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3348	retreatment of previous root canal therapy - molar	0-18	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320, or D3330) within 24 months.	
D3410	apicoectomy - anterior	0-18	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	pre-operative x-ray(s)
D3421	apicoectomy - premolar (first root)	0-18	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	pre-operative x-ray(s)
D3425	apicoectomy - molar (first root)	0-18	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3426	apicoectomy (each additional root)	0-18	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth for Bicuspids. Two of (D3426) per 1 Lifetime Per patient per tooth for First and Second Molars. Includes retrograde filling.	

Exhibit E Benefits Covered for Childrens Medical Security Plan

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Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4211) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. A minimum of four (4) affected teeth in the quadrant. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting,appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member'speriodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity

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Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4342	periodontal scaling and root planing - one to three teeth per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition.	Perio Charting, pre-op radiographs and narr of med necessity
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0-18		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	0-18		No	One of (D5110) per 84 Month(s) Per patient.	
D5120	complete denture - mandibular	0-18		No	One of (D5120) per 84 Month(s) Per patient.	
D5130	immediate denture - maxillary	0-18		No	One of (D5130) per 1 Lifetime Per patient.	
D5140	immediate denture - mandibular	0-18		No	One of (D5140) per 1 Lifetime Per patient.	
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0-18		No	One of (D5211) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0-18		No	One of (D5212) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-18		No	One of (D5213) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-18		No	One of (D5214) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-18		No	One of (D5225) per 84 Month(s) Per patient. One of (D5211, D5213, D5225) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	0-18		No	One of (D5226) per 84 Month(s) Per patient. One of (D5212, D5214, D5226) per 84 Month(s) Per patient. Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.	pre-operative x-ray(s)
D5511	repair broken complete denture base, mandibular	0-18		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5512	repair broken complete denture base, maxillary	0-18		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5520	replace missing or broken teeth – complete denture – per tooth	0-18	Teeth 1 - 32	No	Three of (D5520) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5611	repair resin partial denture base, mandibular	0-18		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5612	repair resin partial denture base, maxillary	0-18		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5621	repair cast partial framework, mandibular	0-18		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5622	repair cast partial framework, maxillary	0-18		No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5630	repair or replace broken retentive clasping materials – per tooth	0-18	Teeth 1 - 32	No	One of (D5630) per 6 Month(s) Per patient per tooth. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5640	Replace missing or broken teeth – partial denture – per tooth	0-18	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5650	Add tooth to existing partial denture – per tooth	0-18	Teeth 1 - 32	No	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5660	add clasp to existing partial denture - per tooth	0-18	Teeth 1 - 32	No	Per tooth, add clasp to existing partial denture. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	
D5730	reline complete maxillary denture (direct)	0-18		No	One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5731	reline complete mandibular denture (direct)	0-18		No	One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5740	reline maxillary partial denture (direct)	0-18		No	One of (D5740, D5760) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5741	reline mandibular partial denture (direct)	0-18		No	One of (D5741, D5761) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

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Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5750	reline complete maxillary denture (indirect)	0-18		No	One of (D5750) per 24 Month(s) Per patient. One of (D5730, D5750) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5751	reline complete mandibular denture (indirect)	0-18		No	One of (D5751) per 24 Month(s) Per patient. One of (D5731, D5751) per 24 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5760	reline maxillary partial denture (indirect)	0-18		No	One of (D5760) per 24 Month(s) Per patient. One of (D5740, D5760) per 24 Month(s) Per patient. Fee for partial denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	
D5761	reline mandibular partial denture (indirect)	0-18		No	One of (D5761) per 24 Month(s) Per patient. One of (D5741, D5761) per 24 Month(s) Per patient. Fee for partial denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	

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Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6241	pontic - porcelain fused to predominantly base metal	0-18	Teeth 6 - 11, 22 - 27	No	One of (D6241) per 60 Month(s) Per patient per tooth.	
D6751	retainer crown - porcelain fused to predominantly base metal	0-18	Teeth 6 - 11, 22 - 27	No	One of (D6751) per 60 Month(s) Per patient per tooth.	
D6930	re-cement or re-bond fixed partial denture	0-18		No	Not covered within 6 months of placement.	
D6980	fixed partial denture repair necessitated by restorative material failure	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		

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Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7111	extraction, coronal remnants – primary tooth	0-18	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-18	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-18	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Erupted surgical extractions are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure.	
D7220	removal of impacted tooth - soft tissue	0-18	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7230	removal of impacted tooth - partially bony	0-18	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	
D7240	removal of impacted tooth - completely bony	0-18	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	Removal of asymptomatic tooth not covered.	Narr of med necessity & full mouth xrays
D7250	removal of residual tooth roots (cutting procedure)	0-18	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Only covered for teeth that are symptomatic, carious or pathologic.	

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7251	coronectomy – intentional partial tooth removal, impacted teeth only	0-18	Teeth 1, 16, 17, 32	No	One of (D7251) per 1 Lifetime Per patient per tooth. Cannot be billed on same date of service with codes D7111, D7140, D7210, D7220, D7230, D7240, D7250, D7241. If D7251 is billed following any history of D7111, D7210, D7140, D7241, D7220, D7230, D7240, D7250 billed on the same tooth as code D7251, then deduct what was paid for D7251 from payment of new code.	
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	0-18	Teeth 1 - 32	No		
D7280	exposure of an unerupted tooth	0-18	Teeth 1 - 32	No	Cannot be billed in conjunction with an adjacent impacted extraction, including D7220, D7230, D7240, D7241.	
D7283	placement of device to facilitate eruption of impacted tooth	0-18	Teeth 1 - 32	No		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7311) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed in edentulous area. Limited to one per quadrant when the second procedure follows the first within 6 months.	narrative of medical necessity

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Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0-18	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7321) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed on edentulous area. Limited to one per quadrant when the second procedure follows the first within 6 months.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0-18	Per Arch (01, 02, LA, UA)	Yes		narrative of medical necessity
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0-18	Per Arch (01, 02, LA, UA)	No	Only payable to a dental provider with a specialty in oral surgery	
D7410	excision of benign lesion up to 1.25 cm	0-18		No		
D7411	excision of benign lesion greater than 1.25 cm	0-18		No		
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0-18		No	Pathology report.	
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0-18		No	Pathology report.	
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	0-18		No	Pathology report.	
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0-18		No	Pathology report.	
D7471	removal of lateral exostosis (maxilla or mandible)	0-18	Per Arch (01, 02, LA, UA)	No	One of (D7471) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7472	removal of torus palatinus	0-18		No	One of (D7472) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	

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Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7473	removal of torus mandibularis	0-18		No	One of (D7473) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	
D7961	buccal / labial frenectomy (frenulectomy)	0-18	Per Arch (01, 02, LA, UA)	No	One of (D7961) per 1 Lifetime Per patient per arch. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7962	lingual frenectomy (frenulectomy)	0-18		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7963	frenuloplasty	0-18		No	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	
D7970	excision of hyperplastic tissue - per arch	0-18	Per Arch (01, 02, LA, UA)	No	Not payable on the same date of service as an extraction (D7111 - D7240) of the same tooth.	

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Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8010	limited orthodontic treatment of the primary dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8020	limited orthodontic treatment of the transitional dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8030	limited orthodontic treatment of the adolescent dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8040	limited orthodontic treatment of the adult dentition	6-14		Yes	Adjustments for interceptive orthodontic treatment must be requested under the D8999 code and will be approved for a maximum of five units. Please see billing instructions in section 16 of the OfficeReference Manual.	narrative of medical necessity
D8070	comprehensive orthodontic treatment of the transitional dentition	6 - 18		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8080	comprehensive orthodontic treatment of the adolescent dentition	6 - 18		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8091	comprehensive orthodontic treatment with orthognathic surgery	6 - 18		Yes	One of (D8070, D8080) per 1 Lifetime Per patient. The first adjustment (D8671) may not be billed in the same calendar month as banding (D8080, D8070). Only payable to a dental provider with a specialty of Orthodontics.	

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Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8660	pre-orthodontic treatment examination to monitor growth and development	6-20		Yes	One of (D8660) per 6 Month(s) Per Provider OR Location. Not billable after D8080, D8070, D8090, D8670, D8680 has been paid. Only payable to a dental provider with a speciality in orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8670	periodic orthodontic treatment visit	6 - 18		Yes	One per 90 Day(s) Per patient. Allowed as quarterly treatment visits. May not be billed less than 90 days from previous periodic orthodontic treatment visit. (D8670). May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in section 16 of the Office Reference Manual.	
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	0-18		Yes	One of (D8671) per 90 Day(s) Per patient. Only covered for member whose comprehensive treatment had begun prior to age 21. Allowed as quarterly treatment visit. May not be billed less than 90 days from previous periodic orthodontic treatment visit. May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics.	
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	6 - 18		No	Five of (D8680) per 1 Lifetime Per patient. Only payable to a dental provider with a specialty of Orthodontics. Please see billing instructions in Section 16 of the Office Reference Manual.	
D8703	replacement of lost or broken retainer – maxillary	8 - 18		Yes	One of (D8703) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	

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Orthodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D8704	replacement of lost or broken retainer – mandibular	8 - 18		Yes	One of (D8704) per 2 Calendar year(s) Per patient. The MassHealth agency pays for replacement retainers only during the 2 year retention period following orthodontic treatment. Only payable to a dental provider with a specialty of Orthodontics. Statement regarding the date of the onset of retention.	
D8999	unspecified orthodontic procedure, by report	6-14		Yes	Five of (D8999) per 1 Lifetime Per patient. This code is used exclusively for interceptive orthodontic adjustments and will be approved for up to a maximum of 5 units. When requesting other unspecified orthodontic services please use the D9999 code. Please see billing instructions in section 16 of the Office Reference Manual.	

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Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9110	Palliative treatment of dental pain – per visit	0-18		No	Other non-emergency medically necessary treatment may be provided during the same visit. Not covered with D0120,D0140,D0160, D0180 by same provider or provider group on same date of service.	
D9222	administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	0-18		No		
D9223	administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	0-18		No		
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	0-18		No	One of (D9224) per 1 Day(s) Per patient.	
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	0-18		No		
D9230	administration of nitrous oxide	0-18		No	The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment	
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	0-18		No		
D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	0-18		No	Five of (D9243) per 1 Day(s) Per patient.	
D9244	in-office administration of minimal sedation – single drug – enteral	0-18		No	One of (D9244) per 1 Day(s) Per patient.	
D9245	administration of moderate sedation – enteral	0-18		No		

Exhibit E Benefits Covered for Childrens Medical Security Plan

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	0-18		No		
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	6-20		No	Two of (D9310) per 1 Calendar year(s) Per patient. Not billable after D8080, D8070, D8090, D8670, D8680 has paid. Provider should submit narrative describing the treatment to referring provider. Please see billing instructions in section 16 of the Office Reference Manual.	
D9410	house/extended care facility call	0-18		No	One of (D9410) per 1 Day(s)Per Business,Per facility. Claim must be submitted with one of the following place of service (POS)codes to be considered for payment (03,04,12,13,14,31,32,33,34,or 99). Facility name and address must be placed on the claim form in the narratives section.	
D9450	case presentation, subsequent to detailed and extensive treatment planning	0-18		No	One of (D9450) per 1 Day(s) Per Provider. Per Member. Only payable when submitted with another payable service.	
D9920	behavior management, by report	0-18		Yes	One of (D9920) per 1 Day(s) Per Provider OR Location. Include a description of the members illness or disability and types of services to be furnished.	narrative of medical necessity
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	0-18		No		narrative of medical necessity
D9941	fabrication of athletic mouthguard	0-18		No	One of (D9941) per 1 Calendar year(s) Per patient.	
D9944	occlusal guard – hard appliance, full arch	0-18	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	
D9945	occlusal guard – soft appliance, full arch	0-18	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	
D9946	occlusal guard – hard appliance, partial arch	0-18	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 1 Year(s) Per patient.	