

BlueCare Plus Tennessee Dental Covered Services

BLUECARE PLUS (HMO D-SNP)SM

BLUECARE PLUS CHOICE (HMO D-SNP)SM

BLUECARE PLUS SELECT (HMO D-SNP)SM



Welcome

This guide shows the dental services covered by your plan. These include preventive, diagnostic and comprehensive services. The guide explains how often your services may be covered. And it lets you know what limits and exclusions may apply. We may review claims before approving them to make sure they meet plan and clinical guidelines.

Only the services listed in this guide may be covered. You'll receive a \$3,000 maximum annual allowance that can be used for covered comprehensive dental services from a provider in our network. Coverage is subject to plan rules, limits and exclusions. Advance determinations are recommended.

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
The following Diagnostic services are covered at 100% up to the annual frequency limitations:			
D0120	Periodic Oral Exam	2 procedures every year, not to exceed 1 procedure every 6 months	
D0140	Limited Oral Evaluation - Problem Focused	1 procedure per year	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	1 procedure every 3 years	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	1 procedure every 36 months	
D0180	Comprehensive periodontal evaluation - New Or Established Patient	1 procedure every 36 months	
D0210	Intraoral - Comprehensive Series of Radiographic Images	1 procedure every 36 months	
D0220	Intraoral - Periapical First Radiographic Image	8 procedures per year	
D0230	Intraoral - Periapical Each Additional Image	8 procedures per year	
D0270	Bitewing - Single Radiographic Image	2 procedures every 12 months (not covered in the same year as a full mouth set of X-rays (D0210))	
D0272	Bitewings - Two Radiographic Images	1 procedure every 12 months (not covered in the same year as a full mouth set of X-rays (D0210))	
D0273	Bitewings - Three Radiographic Images	1 procedure every 12 months (not covered in the same year as a full mouth set of X-rays (D0210))	
D0274	Bitewings - Four Radiographic Images	1 procedure every 12 months (not covered in the same year as a full mouth set of X-rays (D0210))	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	1 procedure every 12 months (not covered in the same year as a full mouth set of X-rays (D0210))	
D0330	Panoramic Radiographic Image	1 procedure every 3 years (covers panoramic radiographs, doesn't cover CTs, cephalograms, or MRIs.)	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
The following Preventive Services are covered at 100% up to the annual frequency limitations:			
D1110	Prophylaxis - Adult	2 procedures every year, not to exceed 1 procedure every 6 months (covers adult prophylaxis, not covered on the same day as D4910 or D4355)	
D1120	Prophylaxis - Child	2 procedures every year	
The following Comprehensive (Restorative) services are covered at 100% up to the annual frequency limitations:			
D2140	Amalgam - One Surface, Primary Or Permanent	1 procedure per tooth every 24 months	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	1 procedure per tooth every 24 months	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	1 procedure per tooth every 24 months	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	1 procedure per tooth every 24 months	
D2330	Resin-Based Composite - One Surface, Anterior	1 procedure per tooth every 24 months	
D2331	Resin-Based Composite - Two Surfaces, Anterior	1 procedure per tooth every 24 months	
D2332	Resin-Based Composite - Three Surfaces, Anterior	1 procedure per tooth every 24 months	
D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	1 procedure per tooth every 24 months	
D2390	Resin-Based Composite Crown - Direct	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2391	Resin-Based Composite - One Surface, Posterior	1 procedure per tooth every 24 months	
D2392	Resin-Based Composite - Two Surfaces, Posterior	1 procedure per tooth every 24 months	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2393	Resin-Based Composite - Three Surfaces, Posterior	1 procedure per tooth every 24 months	
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	1 procedure per tooth every 24 months	
D2510	Inlay - Metallic - One Surface	1 procedure per tooth every 5 years	Current X-ray, narrative when decay isn't evident on X-rays
D2520	Inlay - Metallic - Two Surfaces	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays
D2530	Inlay - Metallic - Three Surfaces	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays
D2542	Onlay - Metallic - Two Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2543	Onlay - Metallic - Three Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2544	Onlay - Metallic - Four Or More Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2610	Inlay - Porcelain/Ceramic - One Surface	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays
D2630	Inlay - Porcelain/Ceramic - Three Surfaces	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2650	Inlay - Resin-Based Composite - One Surface	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays
D2651	Inlay - Resin-Based Composite - Two Surfaces	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays
D2652	Inlay - Resin-Based Composite - Three Surfaces	1 procedure per tooth every 5 years	Current X-rays, narrative when decay isn't evident on X-rays

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2662	Onlay - Resin-Based Composite - Two Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2663	Onlay - Resin-Based Composite - Three Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2710	Crown - Resin-Based Composite (Indirect)	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2720	Crown - Resin With High Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2721	Crown - Resin With Predominantly Base Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2722	Crown - Resin With Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2740	Crown - Porcelain/Ceramic	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2750	Crown - Porcelain Fused To High Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2751	Crown - Porcelain Fused To Predominantly Base Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2752	Crown - Porcelain Fused To Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2780	Crown - 3/4 Cast High Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2781	Crown - 3/4 Cast Predominantly Base Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2782	Crown - 3/4 Cast Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2783	Crown - 3/4 Porcelain/Ceramic	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2790	Crown - Full Cast High Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2791	Crown - Full Cast Predominantly Base Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2792	Crown - Full Cast Noble Metal	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2794	Crown - Titanium and Titanium Alloys	1 procedure per tooth every 5 years	Provide pre-treatment X-rays. If decay isn't visible on those images, include written clinical justification. If the issue is a cracked tooth, include results of diagnostic testing to support the diagnosis.
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	1 procedure per tooth every 12 months	
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core	1 procedure per tooth every 12 months	
D2920	Re-Cement or Re-Bond Crown	1 procedure per tooth every 12 months	
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	1 procedure per tooth every 36 months	
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	1 procedure per tooth every 36 months	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	1 procedure per tooth every 36 months	
D2932	Prefabricated Resin Crown	1 procedure per tooth every 36 months	
D2933	Prefabricated Stainless Steel Crown With Resin Window	1 procedure per tooth every 36 months	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	1 procedure per tooth every 36 months	
D2950	Core Buildup, Including Any Pins When Required	1 procedure per tooth every 5 years	Current dated pre-operative radiograph of tooth narrative of necessity and/or treatment records when decay isn't evident on submitted radiographs
D2951	Pin Retention - Per Tooth, In Addition To Restoration	1 procedure per tooth every 5 years	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	1 procedure per tooth every 5 years	Provide an X-ray taken before treatment and a brief explanation of the root canal. If the problem doesn't show on the X-ray, the dentist should explain it in writing
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	1 procedure per tooth every 5 years	Provide an X-ray taken before treatment and a brief explanation of the root canal. If the problem doesn't show on the X-ray, the dentist should explain it in writing
D2954	Prefabricated Post And Core In Addition To Crown	1 procedure per tooth every 5 years	Provide an X-ray taken before treatment and a brief explanation of the root canal. If the problem doesn't show on the X-ray, the dentist should explain it in writing
D2955	Post Removal	1 procedure per tooth every 5 years	
D2957	Each Additional Prefabricated Post - Same Tooth	1 procedure per tooth every 5 years	Provide an X-ray taken before treatment and a brief explanation of the root canal. If the problem doesn't show on the X-ray, the dentist should explain it in writing
D2960	Labial Veneer (Resin Laminate) - Direct	1 procedure per tooth every 5 years	Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable narrative of necessity and/or treatment records when defect isn't evident on submitted radiograph

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D2961	Labial Veneer (Resin Laminate) - Indirect	1 procedure per tooth every 5 years	Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable narrative of necessity and/or treatment records when defect isn't evident on submitted radiograph
D2962	Labial Veneer (Porcelain Laminate) - Indirect	1 procedure per tooth every 5 years	Current dated pre-operative radiograph of tooth, Rationale for replacement of existing veneer, if applicable narrative of necessity and/or treatment records when defect isn't evident on submitted radiograph
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	1 procedure per tooth every 5 years	
D2980	Crown Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	
D2981	Inlay Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	
D2982	Onlay Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	
D2983	Veneer Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	1 procedure per tooth every lifetime	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
The following Comprehensive (Endodontics) services are covered at 100% up to the annual frequency limitations:			
D3110	Pulp Cap - Direct (Excluding Final Restoration)	1 procedure per tooth every 5 years	
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	1 procedure per tooth every 5 years	
D3220	Therapeutic Pulpotomy	1 procedure per tooth every lifetime	
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	1 procedure per tooth every lifetime	
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	1 procedure per tooth every lifetime	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	1 procedure per tooth every 5 years	
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	1 procedure per tooth every lifetime	
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	1 procedure per tooth every lifetime	
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	1 procedure per tooth every 5 years	
D3333	Internal Root Repair Of Perforation Defects	1 procedure per tooth every 5 years	
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	1 procedure per tooth every lifetime	Current dated pre-op X-rays, narrative of necessity narrative of necessity including history of root canal therapy
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	1 procedure per tooth every lifetime	Current dated pre-op X-rays, narrative of necessity
D3348	Retreatment Of Previous Root Canal Therapy - Molar	1 procedure per tooth every lifetime	Current dated pre-op X-rays, narrative of necessity

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D3351	Apexification / Recalcification - Initial Visit	1 procedure per tooth every lifetime	
D3352	Apexification / Recalcification - Interim	1 procedure per tooth every lifetime	
D3353	Apexification / Recalcification - Final Visit	1 procedure per tooth every lifetime	
D3357	Pulpal Regeneration - Completion Of Treatment	1 procedure per tooth every lifetime	
D3410	Apicoectomy - Anterior	1 procedure per tooth every lifetime	Current dated pre-operative radiograph of tooth, narrative of necessity including history of root canal therapy
D3421	Apicoectomy - Premolar (First Root)	1 procedure per tooth every lifetime	Current dated pre-operative radiograph of tooth, narrative of necessity including history of root canal therapy
D3425	Apicoectomy - Molar (First Root)	1 procedure per tooth every lifetime	Current dated pre-operative radiograph of tooth,
D3426	Apicoectomy - Each Additional Root	2 procedures per tooth every lifetime	Current dated pre-operative radiograph of tooth, narrative of necessity including history of root canal therapy
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	1 procedure per tooth every lifetime	
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Tooth	1 procedure per tooth every lifetime	
D3430	Retrograde Filling - Per Root	3 procedures per tooth every lifetime	
D3450	Root Amputation - Per Root	1 procedure per tooth every lifetime	Current dated pre-op X-rays, narrative of necessity
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	1 procedure per tooth every lifetime	Current dated pre-op X-rays, narrative of necessity

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
The following Comprehensive (Periodontics) services are covered at 100% up to the annual frequency limitations:			
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	1 procedure per quadrant every 36 months	Current dated pre-operative radiographs of tooth/area of problem complete 6-point periodontal charting narrative of necessity
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	1 procedure per quadrant every 36 months	Current dated pre-operative radiographs of tooth/area of problem, complete 6-point periodontal charting narrative of necessity
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	1 procedure per tooth every 36 months	Current dated pre-operative radiographs of tooth/area of problem, complete 6-point periodontal charting narrative of necessity
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant	1 procedure per quadrant every lifetime	
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant	1 procedure per quadrant every lifetime	
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	1 procedure per quadrant every 36 months	
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	1 procedure per quadrant every 36 months	
D4249	Clinical Crown Lengthening - Hard Tissue	1 procedure per tooth every lifetime	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	1 procedure per quadrant every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	1 procedure per quadrant every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4263	Bone Replacement Graft - First Site In Quadrant	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4270	Pedicle Soft Tissue Graft Procedure	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant Or Edentulous Tooth Position In Graft	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4274	Distal Or Proximal Wedge Procedure	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant Or Edentulous Tooth Position	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First Tooth, Implant, Or Edentulous Tooth Position In Graft	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4283	Autogenous Connective Tissue Graft Procedure, Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4285	Non-Autogenous Connective Tissue Graft, Each Additional Procedure, Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	1 procedure per tooth every 36 months	Current X-rays, complete 6 point periodontal charting, narrative of necessity
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	1 procedure per quadrant every 24 months	Current dated full series or panoramic radiographs complete 6-point periodontal charting
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	1 procedure per quadrant every 24 months	Current dated full series or panoramic radiographs complete 6-point periodontal charting
D4346	Scaling in Moderate or Severe Gingival Inflammation	1 procedure every lifetime	
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit	1 procedure every lifetime	
D4910	Periodontal Maintenance	2 procedures every year	Date of D4341, D4342, D4240, D4241, D4260, D4261 at least 90 days prior

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
The following Comprehensive (Prosthodontics) services are covered at 100% up to the annual frequency limitations:			
D5110	Complete Denture - Maxillary	1 procedure every 5 years	
D5120	Complete Denture - Mandibular	1 procedure every 5 years	
D5130	Immediate Denture - Maxillary	1 procedure every lifetime	
D5140	Immediate Denture - Mandibular	1 procedure every lifetime	
D5211	Maxillary Partial Denture - Resin Base	1 procedure every 5 years	
D5212	Mandibular Partial Denture - Resin Base	1 procedure every 5 years	
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	1 procedure every 5 years	
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	1 procedure every 5 years	
D5221	Immediate Maxillary Partial Denture - Resin Base	1 procedure every 5 years	
D5222	Immediate Mandibular Partial Denture - Resin Base	1 procedure every 5 years	
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Base	1 procedure every 5 years	
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Base	1 procedure every 5 years	
D5225	Maxillary Partial Denture - Flexible Base (Including Any Retentive Clasp Materials, Rests, and Teeth)	1 procedure every 5 years	
D5226	Mandibular Partial Denture - Flexible Base (Including Any Retentive Clasp Materials, Rests, and Teeth)	1 procedure every 5 years	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/ Clasp Materials, Rests, and Teeth), Maxillary	1 procedure every 5 years	
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/ Clasp Materials, Rests, and Teeth), Maxillary	1 procedure every 5 years	
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base, Including Clasps and Teeth, Per Quadrant	1 procedure per quadrant every 5 years	
D5286	Removable Unilateral Partial Denture - One Piece Resin, Including Clasps and Teeth, per Quadrant	1 procedure per quadrant every 5 years	
D5410	Adjust Complete Denture - Maxillary	1 procedure every 6 months	
D5411	Adjust Complete Denture - Mandibular	1 procedure every 6 months	
D5421	Adjust Partial Denture - Maxillary	1 procedure every 6 months	
D5422	Adjust Partial Denture - Mandibular	1 procedure every 6 months	
D5511	Repair Complete Denture Base, Mandibular	1 procedure every 24 months	
D5512	Repair Complete Denture Base, Maxillary	1 procedure every 24 months	
D5520	Replace missing or broken teeth - Complete Denture (each tooth) - per tooth	1 procedure per tooth every 24 months	
D5611	Repair Resin Partial Denture Base - Mandibular	1 procedure every 24 months	
D5612	Repair Resin Partial Denture Base - Maxillary	1 procedure every 24 months	
D5621	Repair Cast Partial Framework - Mandibular	1 procedure every 24 months	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D5622	Repair Cast Partial Framework - Maxillary	1 procedure every 24 months	
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	1 procedure per tooth every 24 months	
D5640	Replace Missing or Broken Teeth - Partial Denture - Per Tooth	1 procedure per tooth every 24 months	
D5650	Add Tooth To Existing Partial Denture - Per Tooth	1 procedure per tooth every 24 months	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	1 procedure per tooth every 24 months	
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	1 procedure every 24 months	
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	1 procedure every 24 months	
D5710	Rebase Complete Maxillary Denture	1 procedure every 36 months	
D5711	Rebase Complete Mandibular Denture	1 procedure every 36 months	
D5720	Rebase Maxillary Partial Denture	1 procedure every 36 months	
D5721	Rebase Mandibular Partial Denture	1 procedure every 36 months	
D5730	Reline Complete Maxillary Denture (Direct)	1 procedure every 36 months	
D5731	Reline Complete Mandibular Denture (Direct)	1 procedure every 36 months	
D5740	Reline Maxillary Partial Denture (Direct)	1 procedure every 36 months	
D5741	Reline Mandibular Partial Denture (Direct)	1 procedure every 36 months	
D5750	Reline Complete Maxillary Denture (Indirect)	1 procedure every 36 months	
D5751	Reline Complete Mandibular Denture (Indirect)	1 procedure every 36 months	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D5760	Reline Maxillary Partial Denture (Indirect)	1 procedure every 36 months	
D5761	Reline Mandibular Partial Denture (Indirect)	1 procedure every 36 months	
D5850	Tissue Conditioning, Maxillary	1 procedure every 36 months	
D5851	Tissue Conditioning, Mandibular	1 procedure every 36 months	
The following Comprehensive (Prosthodontics-Fixed) services are covered at 100% up to the annual frequency limitations:			
D6205	Pontic - Indirect Resin-Based Composite	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6210	Pontic - Cast High Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6211	Pontic - Cast Predominantly Base Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6212	Pontic - Cast Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6214	Pontic - Titanium And Titanium Alloys	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6240	Pontic - Porcelain Fused To High Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6242	Pontic - Porcelain Fused To Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6243	Pontic - Porcelain Fused to Titanium And Titanium Alloys	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6245	Pontic - Porcelain/Ceramic	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D6250	Pontic - Resin With High Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6251	Pontic - Resin With Predominantly Base Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6252	Pontic - Resin With Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6624	Retainer Inlay - Titanium	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6634	Retainer Onlay - Titanium	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6710	Retainer Crown - Indirect Resin-Based Composite	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6720	Retainer Crown - Resin With High Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D6721	Retainer Crown - Resin With Predominantly Base Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6722	Retainer Crown - Resin With Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6740	Retainer Crown - Porcelain/Ceramic	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6752	Retainer Crown - Porcelain Fused To Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6753	Retainer Crown - Porcelain Fused To Titanium and Titanium Alloys	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6780	Retainer Crown - 3/4 Cast High Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6782	Retainer Crown - 3/4 Cast Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6790	Retainer Crown - Full Cast High Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D6791	Retainer Crown - Full Cast Predominantly Base Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6792	Retainer Crown - Full Cast Noble Metal	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6794	Retainer Crown - Titanium and Titanium Alloys	1 procedure per tooth every 5 years	Full arch radiographs w/charting of missing teeth
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	1 procedure per tooth every 24 months	
D6980	Fixed Partial Denture Repair	1 procedure per tooth every 5 years	
The following Comprehensive (Oral Surgery) services are covered at 100% up to the annual frequency limitations:			
D7111	Extraction, Coronal Remnants - Primary Tooth	1 procedure per tooth every lifetime	
D7140	Extraction, Erupted Tooth Or Exposed Root	1 procedure per tooth every lifetime	
D7210	Extraction, Erupted Tooth	1 procedure per tooth every lifetime	Current panoramic X-ray narrative of necessity
D7220	Removal Of Impacted Tooth - Soft Tissue	1 procedure per tooth every lifetime	Current panoramic X-ray narrative of necessity
D7230	Removal Of Impacted Tooth - Partially Bony	1 procedure per tooth every lifetime	Current panoramic X-ray narrative of necessity
D7240	Removal Of Impacted Tooth - Completely Bony	1 procedure per tooth every lifetime	Current panoramic X-ray narrative of necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	1 procedure per tooth every lifetime	
D7250	Removal Of Residual Tooth (Cutting Procedure)	1 procedure per tooth every lifetime	
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	1 procedure per tooth every lifetime	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D7260	Oroantral Fistula Closure	2 procedures every lifetime	Current dated radiographs, narrative of necessity
D7261	Primary Closure Of Sinus Perforation	2 procedures every lifetime	
D7280	Exposure of an Unerupted Tooth	1 procedure per tooth every lifetime	
D7285	Incisional Biopsy of Oral Tissue - Hard (Bone, Tooth)	1 procedure every day	
D7286	Incisional Biopsy of Oral Tissue - Soft, for Partial Removal of A Lesion	1 procedure every day	
D7287	Exfoliative Cytological Sample Collection	1 procedure every day	
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	1 procedure per quadrant every lifetime	
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	1 procedure per quadrant every lifetime	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	1 procedure per quadrant every lifetime	
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	1 procedure per quadrant every lifetime	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	1 procedure per quadrant every lifetime	
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	1 procedure per quadrant every lifetime	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	1 procedure every day	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	1 procedure every day	
D7412	Excision Of Benign Lesion, Complicated	1 procedure every day	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	1 procedure every day	
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Greater Than 1.25 Cm	1 procedure every day	
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	1 procedure every day	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Greater Than 1.25 Cm	1 procedure every day	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	1 procedure per arch every lifetime	
D7472	Removal Of Torus Palatinus	1 procedure every lifetime	
D7473	Removal Of Torus Mandibularis	1 procedure every lifetime	
D7485	Reduction Of Osseous Tuberosity	2 procedures every lifetime	
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	1 procedure every day	
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	1 procedure every day	
D7550	Partial Osteotomy/ Sequestrectomy For Removal Of Non-Vital Bone	1 procedure per quadrant every day	
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	1 procedure every day	
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	1 procedure every day	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	1 procedure every day	

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	1 procedure every day	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	1 procedure every day	
D7710	Maxilla - Open Reduction	1 procedure every day	
D7720	Maxilla - Closed Reduction	1 procedure every day	
D7730	Mandible - Open Reduction	1 procedure every day	
D7740	Mandible - Closed Reduction	1 procedure every day	
D7750	Malar And/Or Zygomatic Arch - Open Reduction	2 procedures every day	
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	1 procedure every day	Description of procedure and narrative of medical necessity
D7910	Suture Of Recent Small Wounds Up To 5 Cm	1 procedure every day	Description of procedure and narrative of medical necessity
D7911	Complicated Suture - Up To 5 Cm	1 procedure every day	Description of procedure and narrative of medical necessity
D7912	Complicated Suture - Greater Than 5 Cm	1 procedure every day	Current dated X-ray, narrative or chart notes indicating type of pros planned
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	1 procedure per tooth every lifetime	Narrative of medical necessity
D7963	Frenuloplasty	2 procedures every day	Current X-rays and/or photos and narrative of necessity
D7970	Excision Of Hyperplastic Tissue - Per Arch	1 procedure per arch every lifetime	
D7971	Excision Of Pericoronal Gingiva	1 procedure per tooth every lifetime	Current X-rays and/or photos and narrative of necessity

CDT Codes	Code Description	Frequency Limitations	Clinical Review Document Requirements
D7972	Surgical Reduction Of Fibrous Tuberosity	2 procedures every lifetime	Current X-rays and/or photos and narrative of necessity
D7979	Non-Surgical Sialolithotomy	1 procedure every day	Current X-rays and/or photos and narrative of necessity
D7980	Surgical Sialolithotomy	1 procedure every day	X-rays narrative/ description of proc, photos &/or clinical chart as needed
The following Comprehensive (Adjunctive General) Services are covered at 100% up to the annual frequency limitations:			
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	2 procedures every year	
D9120	Fixed Partial Denture Sectioning	1 procedure per tooth every 5 years	
D9222	Administration of Deep Sedation/General Anesthesia - First 15 Minutes Increment	1 procedure every day	Anesthesia/sedation record include start & stop time, narrative of necessity
D9223	Administration of Deep Sedation/General Anesthesia - Each Subsequent 15 Minutes Increment	Max 5 total	Anesthesia/sedation record include start & stop time, narrative of necessity
D9239	Administration of Moderate Sedation - Intravenous - First 15 Minutes Increment	1 procedure every day	Anesthesia/sedation record include start & stop time, narrative of necessity
D9243	Administration of Moderate Sedation - Intravenous - Each Subsequent 15 Minute Increment	Max 5 total	Anesthesia/sedation record include start & stop time, narrative of necessity
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report		Narrative of medical necessity



1 Cameron Hill Circle | Chattanooga, TN 37402

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تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-332-5762 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)