Dental Member Handbook

BlueAdvantage Emerald (PPO)℠ East

BlueAdvantage Emerald (PPO)℠ Northeast

BlueAdvantage Emerald (PPO)℠ West

BlueAdvantage Garnet (PPO)℠ Middle

BlueAdvantage Garnet (PPO)℠ West

BlueAdvantage Sapphire (PPO)℠ East

BlueAdvantage Sapphire (PPO)℠ Northeast

BlueAdvantage Total Heart and Diabetes (PPO C-SNP)℠ East & North Georgia

BlueAdvantage Total Heart and Diabetes (PPO C-SNP)℠ West

BlueAdvantage Total Heart and Diabetes Plus (PPO C-SNP)℠ Tennessee

of Tennessee

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Welcome

Your BlueAdvantage dental benefits can help you get routine dental care. To get the most out of your benefits, schedule an appointment with your dentist.

This handbook explains your dental benefits. It also tells you what may be covered, what may cost extra and what rules may apply. To see what dental services are covered, check out the Covered Codes List in this handbook. For full details on the benefits, check your Evidence of Coverage (EOC). You can find dental benefit information by logging in to your dental account at **bcbst.com/login**.

There, you can:

- Check claims.
- View your eligibility.
- Find a dentist.
- Read dental health resources.

Need help?

If you have questions about finding a dentist, eligibility, claims or benefit information, call **866-206-8274**, TTY **711**. You can call us from 8 a.m. to 9 p.m. ET, Monday through Friday.

Contents

Summary of Benefits 2
Choosing an In-Network Provider (Dentist) 4
Covered Services 4
How to Read This Covered Codes List 5
Covered Codes List. 5
Coverage Administration 32
Exclusions and Limitations 33
Claims Reimbursement 35
Coordination of Benefits (COB) 35
Problems, Complaints, Coverage Decisions, and Appeals 35

Summary of Benefits

This section provides a quick look at your dental benefits. It includes costs you may pay and key coverage details. For more details on limitations, exclusions and coverage rules, check your EOC and the Covered Services List section.

At-a-Glance Coverage

- You don't have a deductible.
- You don't have a waiting period.
- Preventive and diagnostic services are covered at 100% through your annual allowance when you use an in-network dentist.
- Comprehensive services are covered based on your plan's coinsurance and the service you receive.
- Covered services are covered at 50% when you use an out-of-network dentist.
- This plan gives you access to a national Medicare dental network.

Benefit Summary

Benefit Feature	Your Coverage
Benefit year	Jan. 1, 2027 through Dec. 31, 2027
Dental Annual Maximum Allowable Benefit	See your plan EOC. In-network and out-of-network benefits apply toward the same annual dental maximum.
Benefit Waiting Period	None
Deductible	None
In-Network (participating provider)	**Preventive and Diagnostic Services:** When you see an in-network dentist, these services are covered at 100% of the plan-allowed amount. **Comprehensive Services:** When you see an in-network dentist, you'll pay your plan's set coinsurance amount for the service you get.
Out-of-Network (non-participating provider)	**Preventive and Diagnostic Services:** When you see a dentist who is out of network, these services are covered at 50% of the plan's allowed amount. **Comprehensive Services:** When you see a dentist who is out of network, covered services are paid at 50% of the plan's allowed amount.
Dental Plan Network	This plan provides access to a national Medicare dental provider network.

Summary of Benefits, continued

Important Network Information

If you get services from a dentist who isn't in our network, your care may cost more. Providers outside our network don't have to accept our payment as the full cost. They may charge you for whatever is left over after our payment. Coverage is subject to plan rules and coverage limits.

How to Use Your Dental Benefits

- Review the Covered Codes List and benefit information in this handbook.
- Choose an in-network dentist to help lower your out-of-pocket costs.
- Schedule your dental appointment.
- Show your Member ID card when you get services.
- Contact Customer Service if you need help with benefits, claims or finding a dentist.

Contact Information

Contact Type	Information
Member Customer Service	**866-206-8274**, TTY **711** from 8 a.m. to 9 p.m. ET, Monday through Friday
Provider Customer Service	**866-238-2630**, TTY **711** from 8 a.m. to 6 p.m. ET, Monday through Friday
Website	**medicare.bcbst.com**
Claims Address	BlueCross BlueShield of Tennessee Dental Plan PO Box 2176 Milwaukee, WI 53201
Appeals Address	BlueCross BlueShield of Tennessee Attn: Medicare Advantage Member Appeals 1 Cameron Hill Circle Chattanooga, TN 37402-0005

Choosing an In-Network Provider (Dentist)

To find a dentist or check if they're in our network, visit **medicare.bcbst.com/findcare**. Or you can call **866-206-8274**, TTY **711**.

› In-network dentists:

- In-network dentists accept our payment rules for covered services. That could help you pay less.

› Out-of-network dentists:

- Out-of-network dentists may charge more. You may have to pay the difference between what the dentist charges and what the plan pays. This includes services listed with a $0 copay.

Coverage for both in-network and out-of-network services is subject to plan rules and coverage limits.

Covered Services

This plan covers only the dental services listed in the Covered Codes List. All covered services are subject to plan rules, coverage limits and other terms and conditions described in this handbook and the plan EOC. Submitted claims may be reviewed to help make sure they meet clinical and coverage guidelines.

Before reviewing the Covered Codes List, please note the following:

› Benefits apply only to the dental procedures listed in the Covered Codes List in this handbook.

› In-network and out-of-network benefits accumulate toward the same annual dental maximum.

› Once the annual dental maximum is reached, you're responsible for all additional charges.

› Coverage remains subject to plan rules and coverage limits.

› Coverage percentages shown in the Covered Codes List don't guarantee payment. They're also subject to all terms and conditions of this handbook.

How to Read This Covered Codes List

The Covered Codes List uses American Dental Association (ADA) procedure codes to identify covered dental services. They also help explain how your plan benefits work.

- **ADA Code(s):** ADA codes are standard codes your dentist uses when filing claims. You may also see them called CDT codes.
- **Covered Service:** This section shows the dental service associated with each ADA code.
- **Frequency and Limitations:** This section shows how often a service may be covered and what rules apply.
- **In-Network Coverage:** This section shows what the plan pays when you use an in-network dentist.
- **Out-of-Network Coverage:** This section shows what the plan pays when you use an out-of-network dentist. You may pay more when you use an out-of-network dentist, even for services listed with a $0 copay.

Covered Codes List

The Covered Codes List shows the dental services covered by your plan. It also explains how often services may be covered and what benefits apply when you use an in-network or out-of-network dentist. Coverage is subject to plan rules and coverage limits. Code changes can happen throughout the year. For the most up-to-date Covered Codes List, go to **bcbst.com/dentalcodes2,** or call Member Service at **866-206-8274**, TTY **711**.

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
Preventive & Diagnostic Services				
Exams				
D0120	Periodic Oral Exam	2 procedures every year	100%	50%
D0140	Limited Oral Evaluation - Problem Focused	1 procedure per year	100%	50%
D0150	Comprehensive Oral Evaluation - New Or Established Patient	1 procedure every 3 years	100%	50%
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	1 procedure every 36 months	100%	50%
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	1 procedure every 36 months	100%	50%
X-rays				
D0210	Intraoral - Comprehensive Series Of Radiographic Images	1 procedure every 36 months	100%	50%
D0220	Intraoral - Periapical First Radiographic Image	8 procedures per year	100%	50%
D0230	Intraoral - Periapical Each Additional Image	8 procedures per year	100%	50%
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))	100%	50%
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))	100%	50%
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))	100%	50%
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)), can't be billed on the same date of service as D0330	100%	50%
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))	100%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D0330	Panoramic Radiographic Image	1 procedure every 3 years (covers panoramic radiographs, doesn't cover CTs, cephalograms, or MRIs), can't be billed on the same date of service as D0274	100%	50%
Prophylaxis (cleanings)				
D1110	Prophylaxis - Adult	2 procedures every year (covers adult prophylaxis, not covered on the same day as D4910 or D4355)	100%	50%
D1120	Prophylaxis - Child	2 procedures every year	100%	50%
Comprehensive Services: The following In-Network Comprehensive (Restorative) services are subject to 20% coinsurance, up to your annual dental maximum:				
Restorative				
D2140	Amalgam - One Surface, Primary or Permanent	1 procedure per tooth every 24 months	20%	50%
D2150	Amalgam - Two Surfaces, Primary or Permanent	1 procedure per tooth every 24 months	20%	50%
D2160	Amalgam - Three Surfaces, Primary or Permanent	1 procedure per tooth every 24 months	20%	50%
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	1 procedure per tooth every 24 months	20%	50%
D2330	Resin-Based Composite - One Surface, Anterior	1 procedure per tooth every 24 months	20%	50%
D2331	Resin-Based Composite - Two Surfaces, Anterior	1 procedure per tooth every 24 months	20%	50%
D2332	Resin-Based Composite - Three Surfaces, Anterior	1 procedure per tooth every 24 months	20%	50%
D2335	Resin-Based Composite - Four or more surfaces (anterior)	1 procedure per tooth every 24 months	20%	50%
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.	20%	50%
D2391	Resin-Based Composite - One surface, posterior	1 procedure per tooth every 24 months	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D2392	Resin-Based Composite - Two Surfaces, Posterior	1 procedure per tooth every 24 months	20%	50%
D2393	Resin-Based Composite - Three Surfaces, Posterior	1 procedure per tooth every 24 months	20%	50%
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	1 procedure per tooth every 24 months	20%	50%
D2510	Inlay - Metallic - One Surface	1 procedure per tooth every 5 years; current X-rays, narrative when decay isn't evident on X-rays	20%	50%
D2520	Inlay - Metallic - Two Surfaces	1 procedure per tooth every 5 years; current X-rays, narrative when decay isn't evident on X-rays	20%	50%
D2530	Inlay - Metallic - Three Surfaces	1 procedure per tooth every 5 years; current X-rays, narrative when decay isn't evident on X-rays	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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	20%	50%
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	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
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	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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	20%	50%
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	20%	50%
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	20%	50%
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.	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%
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.	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
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.	20%	50%
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.	20%	50%
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	1 procedure per tooth every 12 months	20%	50%
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated or Pre-Fabricated Post and Core	1 procedure per tooth every 12 months	20%	50%
D2920	Re-Cement or Re-Bond Crown	1 procedure per tooth every 12 months	20%	50%
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	1 procedure per tooth every 36 months	20%	50%
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	1 procedure per tooth every 36 months	20%	50%
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	1 procedure per tooth every 36 months	20%	50%
D2932	Prefabricated Resin Crown	1 procedure per tooth every 36 months	20%	50%
D2933	Prefabricated Stainless Steel Crown with Resin Window	1 procedure per tooth every 36 months	20%	50%
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	1 procedure per tooth every 36 months	20%	50%
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	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D2951	Pin Retention - Per Tooth, In Addition to Restoration	1 procedure per tooth every 5 years	20%	50%
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	20%	50%
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	20%	50%
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	20%	50%
D2955	Post Removal	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	20%	50%
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	20%	50%
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	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
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	20%	50%
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	20%	50%
D2971	Additional Procedures To Customize A Crown To Fit Under An Existing Partial Denture Framework	1 procedure per tooth every 5 years	20%	50%
D2980	Crown Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	20%	50%
D2981	Inlay Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	20%	50%
D2982	Onlay Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	20%	50%
D2983	Veneer Repair Necessitated By Restorative Material Failure	1 procedure per tooth every 12 months	20%	50%
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	1 procedure per tooth every lifetime	20%	50%
Endodontics - The following In-Network Comprehensive (Endodontics) services are covered at 100% up to your annual dental maximum:				
D3110	Pulp Cap - Direct (Excluding Final Restoration)	1 procedure per tooth every 5 years	100%	50%
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	1 procedure per tooth every 5 years	100%	50%
D3220	Therapeutic Pulpotomy	1 procedure per tooth every lifetime	100%	50%
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	1 procedure per tooth every lifetime	100%	50%
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	1 procedure per tooth every lifetime	100%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	1 procedure per tooth every 5 years	100%	50%
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	1 procedure per tooth every lifetime	100%	50%
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	1 procedure per tooth every lifetime	100%	50%
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	1 procedure per tooth every 5 years	100%	50%
D3333	Internal Root Repair Of Perforation Defects	1 procedure per tooth every 5 years	100%	50%
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	1 procedure per tooth every lifetime; current dated pre-op X-rays, narrative of necessity	100%	50%
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	1 procedure per tooth every lifetime; current dated pre-op X-rays, narrative of necessity	100%	50%
D3348	Retreatment Of Previous Root Canal Therapy - Molar	1 procedure per tooth every lifetime; current dated pre-op X-rays, narrative of necessity	100%	50%
D3351	Apexification / Recalcification - Initial Visit	1 procedure per tooth every lifetime	100%	50%
D3352	Apexification / Recalcification - Interim	1 procedure per tooth every lifetime	100%	50%
D3353	Apexification / Recalcification - Final Visit	1 procedure per tooth every lifetime	100%	50%
D3357	Pulpal Regeneration - Completion Of Treatment	1 procedure per tooth every lifetime	100%	50%
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	100%	50%
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	100%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D3425	Apicoectomy - Molar (First Root)	1 procedure per tooth every lifetime; current dated pre-operative radiograph of tooth, narrative of necessity including history of root canal therapy	100%	50%
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	100%	50%
D3428	Bone Graft In Conjunction with Periradicular Surgery - Per Tooth, Single Site	1 procedure per tooth every lifetime	100%	50%
D3429	Bone Graft In Conjunction with Periradicular Surgery - Each Additional Tooth	1 procedure per tooth every lifetime	100%	50%
D3430	Retrograde Filling - Per Root	3 procedures per tooth every lifetime	100%	50%
D3450	Root Amputation - Per Root	1 procedure per tooth every lifetime; current dated pre-op X-rays, narrative of necessity	100%	50%
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	100%	50%
Periodontics - The following In-Network Comprehensive (Periodontics) services are covered at 100% up to your annual dental maximum:				
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	100%	50%
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	100%	50%
D4212	Gingevectomy/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	100%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D4230	Anatomical Crown Exposure - Four or More Contiguous Teeth Per Quadrant	1 procedure per quadrant every lifetime	100%	50%
D4231	Anatomical Crown Exposure - One to Three Teeth Per Quadrant	1 procedure per quadrant every lifetime	100%	50%
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth	1 procedure per quadrant every 36 months	100%	50%
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth	1 procedure per quadrant every 36 months	100%	50%
D4249	Clinical Crown Lengthening - Hard Tissue	1 procedure per tooth every lifetime; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
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	100%	50%
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	100%	50%
D4263	Bone Replacement Graft - First Site In Quadrant	1 procedure per quadrant every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	1 procedure per tooth in the same quadrant every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
D4270	Pedicle Soft Tissue Graft Procedure	1 procedure per tooth every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
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	100%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D4274	Distal or Proximal Wedge Procedure	1 procedure per tooth every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
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	100%	50%
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	100%	50%
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First Tooth, Implant, or Edentulous Tooth	1 procedure per tooth every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional Contiguous Tooth, Edentulous Position	1 procedure per tooth every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
D4283	Autogenous Connective Tissue Graft Procedure - Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position	1 procedure per tooth every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
D4285	Non-Autogenous Connective Tissue Graft Procedure -Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position	1 procedure per tooth every 36 months; current X-rays, complete 6 point periodontal charting, narrative of necessity	100%	50%
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	100%	50%
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	100%	50%
D4346	Scaling In Moderate Or Severe Gingival Inflammation	1 procedure every lifetime	100%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D4355	Full Mouth Debridement To Enable A Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit	1 procedure every lifetime	100%	50%
D4910	Periodontal Maintenance	2 procedures every year; Date of D4341, D4342, D4240, D4241, D4260, D4261 at least 90 days prior	100%	50%
Prosthodontics - Removable - The following In-Network Comprehensive (Prosthodontics) services are subject to 50% coinsurance, up to your annual dental maximum:				
D5110	Complete Denture - Maxillary	1 procedure every 5 years	50%	50%
D5120	Complete Denture - Mandibular	1 procedure every 5 years	50%	50%
D5130	Immediate Denture - Maxillary	1 procedure every lifetime	50%	50%
D5140	Immediate Denture - Mandibular	1 procedure every lifetime	50%	50%
D5211	Maxillary Partial Denture - Resin Base	1 procedure every 5 years	50%	50%
D5212	Mandibular Partial Denture - Resin Base	1 procedure every 5 years	50%	50%
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	1 procedure every 5 years	50%	50%
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	1 procedure every 5 years	50%	50%
D5221	Immediate Maxillary Partial Denture - Resin Base	1 procedure every 5 years	50%	50%
D5222	Immediate Mandibular Partial Denture - Resin Base	1 procedure every 5 years	50%	50%
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Base	1 procedure every 5 years	50%	50%
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Base	1 procedure every 5 years	50%	50%
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, and Teeth)	1 procedure every 5 years	50%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	1 procedure every 5 years	50%	50%
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/ Clasping Materials, Rests, And Teeth), Maxillary	1 procedure every 5 years	50%	50%
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/ Clasping Materials, Rests, And Teeth), Mandibular	1 procedure every 5 years	50%	50%
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retentive/ Clasping Materials, Rests, And Teeth), Per Quadrant	1 procedure per quadrant every 5 years	50%	50%
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive/Clasping Materials, Rests, And Teeth), Per Quadrant	1 procedure per quadrant every 5 years	50%	50%
D5410	Adjust Complete Denture - Maxillary	1 procedure every 6 months	50%	50%
D5411	Adjust Complete Denture - Mandibular	1 procedure every 6 months	50%	50%
D5421	Adjust Partial Denture - Maxillary	1 procedure every 6 months	50%	50%
D5422	Adjust Partial Denture - Mandibular	1 procedure every 6 months	50%	50%
D5511	Repair Broken Complete Denture Base - Mandibular	1 procedure every 24 months	50%	50%
D5512	Repair Broken Complete Denture Base - Maxillary	1 procedure every 24 months	50%	50%
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth) - Per Tooth	1 procedure per tooth every 24 months	50%	50%
D5611	Repair Resin Partial Denture Base - Mandibular	1 procedure every 24 months	50%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D5612	Repair Resin Partial Denture Base - Maxillary	1 procedure every 24 months	50%	50%
D5621	Repair Cast Partial Framework - Mandibular	1 procedure every 24 months	50%	50%
D5622	Repair Cast Partial Framework - Maxillary	1 procedure every 24 months	50%	50%
D5630	Repair or Replace Broken Retentive / Clasping Materials - Per Tooth	1 procedure per tooth every 24 months	50%	50%
D5640	Replace Missing Or Broken Teeth - Partial Denture - Per Tooth	1 procedure per tooth every 24 months	50%	50%
D5650	Add Tooth To Existing Partial Denture - Per Tooth	1 procedure per tooth every 24 months	50%	50%
D5660	Add Clasp to Existing Partial Denture - Per Tooth	1 procedure per tooth every 24 months	50%	50%
D5670	Replace All Teeth and Acrylic On Cast Metal Framework (Maxillary)	1 procedure every 24 months	50%	50%
D5671	Replace All Teeth and Acrylic On Cast Metal Framework (Mandibular)	1 procedure every 24 months	50%	50%
D5710	Rebase Complete Maxillary Denture	1 procedure every 36 months	50%	50%
D5711	Rebase Complete Mandibular Denture	1 procedure every 36 months	50%	50%
D5720	Rebase Maxillary Partial Denture	1 procedure every 36 months	50%	50%
D5721	Rebase Mandibular Partial Denture	1 procedure every 36 months	50%	50%
D5730	Reline Complete Maxillary Denture (Direct)	1 procedure every 36 months	50%	50%
D5731	Reline Complete Mandibular Denture (Direct)	1 procedure every 36 months	50%	50%
D5740	Reline Maxillary Partial Denture (Direct)	1 procedure every 36 months	50%	50%
D5741	Reline Mandibular Partial Denture (Direct)	1 procedure every 36 months	50%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D5750	Reline Complete Maxillary Denture (Indirect)	1 procedure every 36 months	50%	50%
D5751	Reline Complete Mandibular Denture (Indirect)	1 procedure every 36 months	50%	50%
D5760	Reline Maxillary Partial Denture (Indirect)	1 procedure every 36 months	50%	50%
D5761	Reline Mandibular Partial Denture (Indirect)	1 procedure every 36 months	50%	50%
D5850	Tissue Conditioning, Maxillary	1 procedure every 36 months	50%	50%
D5851	Tissue Conditioning, Mandibular	1 procedure every 36 months	50%	50%
Prosthodontics - Fixed - The following In-Network Comprehensive (Prosthodontics) services are subject to 50% coinsurance, up to your annual dental maximum:				
D6205	Pontic - Indirect Resin Based Composite	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6210	Pontic - Cast High Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6211	Pontic - Cast Predominantly Base Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6212	Pontic - Cast Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6214	Pontic - Titanium And Titanium Alloys	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6240	Pontic - Porcelain Fused to High Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6242	Pontic - Porcelain Fused to Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D6245	Pontic - Porcelain/Ceramic	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6250	Pontic - Resin with High Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6251	Pontic - Resin with Predominantly Base Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6252	Pontic - Resin with Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6600	Retainer Inlay - Porcelain/ Ceramic, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6601	Retainer Inlay - Porcelain/ Ceramic, Three or More Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
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	50%	50%
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
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	50%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
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	50%	50%
D6608	Retainer Onlay - Porcelain/ Ceramic, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6609	Retainer Onlay - Porcelain/ Ceramic, Three or More Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
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	50%	50%
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
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	50%	50%
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
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	50%	50%
D6624	Retainer Inlay - Titanium	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6634	Retainer Onlay - Titanium	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6710	Retainer Crown - Indirect Resin Based Composite	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D6720	Retainer Crown - Resin with High Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6721	Retainer Crown - Resin with Predominantly Base Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6722	Retainer Crown - Resin with Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6740	Retainer Crown - Porcelain/ Ceramic	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6752	Retainer Crown - Porcelain Fused to Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
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	50%	50%
D6780	Retainer Crown - 3/4 Cast High Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6782	Retainer Crown - 3/4 Cast Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D6790	Retainer Crown - Full Cast High Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6791	Retainer Crown - Full Cast Predominantly Base Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6792	Retainer Crown - Full Cast Noble Metal	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6794	Retainer Crown - Titanium And Titanium Alloys	1 procedure per tooth every 5 years; full arch radiographs w/charting of missing teeth	50%	50%
D6930	Re-Cement or Re-Bond Fixed Partial Denture	1 procedure per tooth every 24 months	50%	50%
D6980	Fixed Partial Denture Repair	1 procedure per tooth every 5 years	50%	50%
Oral Surgery - The following In-Network Comprehensive (Oral Surgery) services are subject to 20% coinsurance, up to your annual dental maximum:				
D7111	Extraction, Coronal Remnants - Primary Tooth	1 procedure per tooth every lifetime	20%	50%
D7140	Extraction, Erupted Tooth or Exposed Root	1 procedure per tooth every lifetime	20%	50%
D7210	Extraction, Erupted Tooth	1 procedure per tooth every lifetime; current panoramic X-ray narrative of necessity	20%	50%
D7220	Removal Of Impacted Tooth - Soft Tissue	1 procedure per tooth every lifetime; current panoramic X-ray narrative of necessity	20%	50%
D7230	Removal Of Impacted Tooth - Partially Bony	1 procedure per tooth every lifetime; current panoramic X-ray narrative of necessity	20%	50%
D7240	Removal Of Impacted Tooth - Completely Bony	1 procedure per tooth every lifetime; current panoramic X-ray narrative of necessity	20%	50%
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	1 procedure per tooth every lifetime	20%	50%
D7250	Removal Of Residual Tooth (Cutting Procedure)	1 procedure per tooth every lifetime	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	1 procedure per tooth every lifetime	20%	50%
D7260	Oroantral Fistula Closure	2 procedures every lifetime; current dated radiographs, narrative of necessity	20%	50%
D7261	Primary Closure of Sinus Perforation	2 procedures every lifetime	20%	50%
D7280	Exposure of an Unerupted Tooth	1 procedure per tooth every lifetime	20%	50%
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	1 procedure every day	20%	50%
D7286	Incisional Biopsy Of Oral Tissue - Soft, For Partial Removal Of A Lesion	1 procedure every day	20%	50%
D7287	Exfoliative Cytological Sample Collection	1 procedure every day	20%	50%
D7310	Alveoloplasty In Conjunction with Extractions - Four or More Teeth	1 procedure per quadrant every lifetime	20%	50%
D7311	Alveoloplasty In Conjunction with Extractions - One to Three Teeth	1 procedure per quadrant every lifetime	20%	50%
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth	1 procedure per quadrant every lifetime	20%	50%
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth	1 procedure per quadrant every lifetime	20%	50%
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	1 procedure per quadrant every lifetime	20%	50%
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	1 procedure per quadrant every lifetime	20%	50%
D7410	Excision Of Benign Lesion Up to 1.25 Cm	1 procedure every day	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	1 procedure every day	20%	50%
D7412	Excision Of Benign Lesion, Complicated	1 procedure every day	20%	50%
D7450	Removal Of Benign Odontogenic Cyst or Tumor - Diameter Up to 1.25 Cm	1 procedure every day	20%	50%
D7451	Removal Of Benign Odontogenic Cyst or Tumor - Diameter Greater Than 1.25 Cm	1 procedure every day	20%	50%
D7460	Removal Of Benign Nonodontogenic Cyst or Tumor - Diameter Up to 1.25 Cm	1 procedure every day	20%	50%
D7461	Removal Of Benign Nonodontogenic Cyst or Tumor - Diameter Greater Than 1.25 Cm	1 procedure every day	20%	50%
D7471	Removal Of Lateral Exostosis (Maxilla or Mandible)	1 procedure per arch every lifetime	20%	50%
D7472	Removal Of Torus Palatinus	1 procedure every lifetime	20%	50%
D7473	Removal Of Torus Mandibularis	1 procedure every lifetime	20%	50%
D7485	Reduction Of Osseous Tuberosity	2 procedures every lifetime	20%	50%
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	1 procedure every day	20%	50%
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	1 procedure every day	20%	50%
D7550	Partial Ostectomy/ Sequestrectomy for Removal of Non-Vital Bone	1 procedure per quadrant every day	20%	50%
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	1 procedure every day	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D7610	Maxilla - Open Reduction (Teeth Immobilized If Present)	1 procedure every day	20%	50%
D7620	Maxilla - Closed Reduction (Teeth Immobilized If Present)	1 procedure every day	20%	50%
D7630	Mandible - Open Reduction (Teeth Immobilized If Present)	1 procedure every day	20%	50%
D7640	Mandible - Closed Reduction (Teeth Immobilized If Present)	1 procedure every day	20%	50%
D7710	Maxilla - Open Reduction	1 procedure every day	20%	50%
D7720	Maxilla - Closed Reduction	1 procedure every day	20%	50%
D7730	Mandible - Open Reduction	1 procedure every day	20%	50%
D7740	Mandible - Closed Reduction	1 procedure every day	20%	50%
D7750	Malar and/or Zygomatic Arch - Open Reduction	2 procedures every day	20%	50%
D7780	Facial Bones - Complicated Reduction with Fixation and Multiple Approaches	1 procedure every day; description of procedure and narrative of medical necessity	20%	50%
D7910	Suture Of Recent Small Wounds Up to 5 Cm	1 procedure every day; description of procedure and narrative of medical necessity	20%	50%
D7911	Complicated Suture - Up to 5 Cm	1 procedure every day; description of procedure and narrative of medical necessity	20%	50%
D7912	Complicated Suture - Greater Than 5 Cm	1 procedure every day; current dated X-ray, narrative or chart notes indicating type of pros planned	20%	50%
D7953	Bone Replacement Graft for Ridge Preservation - Per Site	1 procedure per tooth every lifetime; narrative of medical necessity	20%	50%
D7963	Frenuloplasty	2 procedures every day; current X-rays and/or photos and narrative of necessity	20%	50%

ADA Code(s):	Covered Service:	Frequency and Limitations:	In-Network Coverage	Out-of-Network Coverage
D7970	Excision Of Hyperplastic Tissue - Per Arch	1 procedure per arch every lifetime	20%	50%
D7971	Excision Of Pericoronal Gingiva	1 procedure per tooth every lifetime; current X-rays and/or photos and narrative of necessity	20%	50%
D7972	Surgical Reduction of Fibrous Tuberosity	2 procedures every lifetime; current X-rays and/or photos and narrative of necessity	20%	50%
D7979	Non-Surgical Sialolithotomy	1 procedure every day; current X-rays and/or photos and narrative of necessity	20%	50%
D7980	Surgical Sialolithotomy	1 procedure every day; X-rays narrative/ description of proc, photos &/or clinical chart as needed	20%	50%
Adjunctive Services - The following In-Network Comprehensive (Adjunctive General) Services are subject to 20% coinsurance, up to your annual dental maximum:				
D9110	Palliative (Emergency) Treatment of Dental Pain - Per Visit	2 procedures every year	20%	50%
D9120	Fixed Partial Denture Sectioning	1 procedure per tooth every 5 years	20%	50%
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	20%	50%
D9223	Administration of deep sedation/general anesthesia - each subsequent 15-minute increment	Max 5 total; Anesthesia/sedation record include start & stop time, narrative of necessity	20%	50%
D9239	Administration of moderate sedation - intravenous - first 15 minutes increment	1 procedure every day; Anesthesia/ sedation record include start & stop time, narrative of necessity	20%	50%
D9243	Administration of moderate sedation - intravenous - each subsequent 15-minute increment	Anesthesia/sedation record include start & stop time, narrative of necessity	20%	50%
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	Narrative of medical necessity	20%	50%

Frequency and Limitation Definitions

Plan year: Jan. 1, 2027 through Dec. 31, 2027

Floating year: A Floating year starts on the date you last receive a service. For example, if a service is covered once every two Floating years and you receive it on June 1, 2025, you wouldn't be eligible to receive that covered service again until June 1, 2027.

Coverage Administration

Your plan only covers services listed in the Covered Codes List. Some services may have limits. These may include how often the service is covered, your annual maximum or clinical review rules. If a service isn't listed in the Covered Codes List, your plan doesn't cover it.

Coverage Limitations

Coverage for all services remains subject to plan rules and coverage limits. Certain services may also include prior treatment history when determining benefit eligibility. More limitations and exclusions are listed in this handbook.

Pre-Treatment Estimates and Informed Consent

Before treatment, your dentist may ask you to sign a consent form. This form may explain the risks, benefits, other options and costs. You can also ask for a cost estimate before you get care. Your dentist can contact Member Service for help.

Exclusions and Limitations

The following services, treatments and charges aren't covered under this dental benefit:

General Coverage Exclusions

- Services that aren't clinically necessary
- Services that don't directly treat associated dental disease or conditions
- Services not done in a dental setting
- Services that started before your coverage began
- Services you get after your coverage ends

Provider and Eligibility Limitations

- Dental services performed by an out-of-network dentist when the plan doesn't include out-of-network benefits.
- Dental services you receive by a dentist who lives with you or who is your family member. This includes a spouse, parent, sibling or child.

Facility and Liability Exclusions

- Hospitalization or facility charges.
- Services covered under workers' compensation or employer liability laws.
- Services provided at no cost by any municipality, county or other governmental entity. This doesn't include services covered under Medicaid or Medicare.

Non-Covered Procedures and Services

- Procedures performed solely for cosmetic or aesthetic purposes, including but not limited to tooth bleaching/whitening, veneers and gingival recontouring.
- Dental implants and implant-related services, orthodontic services, and space maintenance. Coverage is limited to the dental procedures in the Covered Codes List. Coverage also remains subject to plan rules, coverage limits, exclusions and your annual dental maximum.
- Reconstructive surgery isn't covered. This includes services related to dental disease, injury or congenital anomaly.

- Procedures, devices, or treatments that are considered experimental, investigational or unproven. This includes drug treatments that are not accepted by the ADA on Dental Therapeutics. A service isn't covered simply because there are no other treatment options available.

Administrative and Ancillary Charges

- Charges for missed appointments without proper notice aren't covered.
- Sales tax and charges for copies of dental records aren't covered.
- Charges for dental case management, case presentations, provider consultations, translation services and sign language services aren't covered.

Specific Non-Covered Items

- Sustained-release therapeutic drug procedures, such as CDT code D9613, aren't covered.
- COVID-19 screening, testing and vaccination services aren't covered.
- Unspecified procedures reported by code, such as CDT code D##99, aren't covered.

Disclaimer

Your treatment needs may be different from someone else's. Talk with your dentist about your treatment options, possible risks, expected results and costs.

Current Dental Terminology (CDT) codes are updated each year by the ADA. Coverage information may change during the plan year to reflect those updates.

Claims Reimbursement

Claims Submission

- In most cases, your participating providers will file the claim for you.
- Non-participating providers may submit claims on your behalf. If they don't, you'll need to send the claim to us.

Required claim documentation includes:

- Your name and Member ID number
- Dental provider name and address
- List of services you received, including ADA CDT procedure codes
- Proof of payment (such as an itemized receipt, explanation of benefits, canceled check or provider ledger showing payment)

You must submit a claim within 365 days from the date of service to:

BlueCross BlueShield of Tennessee Dental Plan
PO Box 2176
Milwaukee, WI 53201

Coordination of Benefits (COB)

If you have another dental plan, that plan pays first. Your BlueAdvantage dental benefit pays second. After your first plan processes the claim, your dentist may send any remaining balance to your plan. Payment depends on your plan's coinsurance and plan rules.

Problems, Complaints, Coverage Decisions, and Appeals

Your EOC explains how to ask for a coverage decision, file an appeal or make a complaint (also called grievances). It also explains your rights as a member.

of Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402

Member Service: 8 a.m. to 9 p.m. ET, 7 days a week (**Oct. 1-March 31**); 8 a.m. to 9 p.m. ET, M-F (**April 1-Sept. 30**). BlueCross BlueShield of Tennessee, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex[1]. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-831-2583 (TTY: 711) or speak to your provider. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-831-2583 (TTY: 711) o hable con su proveedor.

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 800-831-2583 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

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

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