Attachment J-2
Benefits, Limitations and Exclusions

0These ADSM benefits, exclusions and limitations currently conform to the American Dental Association's (ADA) Current Dental Terminology (CDT) 2026 Dental Procedure Codes.

1.0. GENERAL POLICIES

1.1. Purchased care dental benefits are intended to be an adjunct, not a replacement for Dental Treatment Facility (DTF) dental care provided to Active Duty Service Members (ADSMs). **Treatment and services not immediately required to establish or maintain dental health to meet dental readiness or worldwide deployability standards may be delayed by the DTF or Dental Service Point of Contact (DSPOC) until this treatment can be provided at a DTF.** All treatment and procedures should be reported following the guidelines and definitions of the most current version of the ADA's CDT.

1.2. The following services, supplies, or charges are not covered for purchased care dental benefits unless specifically authorized by the Services' Dental Corps Chief(s) or designated representative(s) (e.g. DSPOCs if remote care and DTF if referred care):

1.2.1. Any dental service or treatment not specifically listed as a Covered Service.

1.2.2. Any dental service or treatment determined by the Services' Dental Corps specialty consultants or DSPOC to be unnecessary or which does not meet accepted standards of dental practice.

1.2.3. Those services not prescribed by or under the direct supervision of a dentist, except in areas where dental hygienists/dental therapists/advanced dental therapists are permitted to practice without supervision by a dentist. In these areas, only those covered services provided by an authorized dental hygienist/dental therapists/advanced dental therapists performing within the scope of his or her license and applicable local law will be eligible for payment or reimbursement.

1.2.4. Those services submitted by a dental provider that are for the same service(s) performed on the same date for the same member by another dental provider.

1.2.5. Those services which are experimental or investigative in nature.

1.2.6. Those services which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not the member claims the benefits or compensation.

1.2.7. Those services which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law.

1.2.8. Those services provided free of charge by any governmental unit, except where this exclusion is prohibited by law.

1.2.9. Those services for which the member would have no obligation to pay in the absence of this or any similar coverage.

1.2.10. Those services received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group.

1.2.11. Those services performed prior to the member's effective coverage date. This includes any treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges initiated prior to the effective date of the member's eligibility.

1.2.12. Those services provided after the termination date of the member's eligibility for coverage unless otherwise indicated. This includes those prosthesis delivered after the termination date of active duty eligibility and any further treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges that were delivered or inserted prior to the termination date of active duty eligibility. The date of service for prosthodontic services (crowns, inlays, onlays, cast post and core, dentures/bridges) is the date of preparation. That date of service should be used when billing for all claims.

1.2.13. Those services which are for unusual procedures and techniques.

1.2.14. Those services performed by a dental provider who is compensated by a facility for similar covered services performed for members.

1.2.15. Those services resulting from the patient's failure to comply with professionally prescribed treatment.

1.2.16. Telephone consultations.

1.2.17. Any charges for failure to keep a scheduled appointment.

1.2.18. Network providers may not bill patients for the completion of claim forms.

1.2.19. Any services or restorations that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.

1.2.20. Duplicate and temporary devices, appliances and services.

1.2.21. Plaque control programs, oral hygiene instruction, home care items and dietary instructions.

1.2.22. Services including evaluations, which are routinely performed in conjunction with, or as part of, another service are considered integral and will not be paid or reimbursed as a separate charge.

1.2.23. Services applicable to a "per site" payment as defined in the effective ADA CDT Dental Procedure Codes will not be paid as separate charges even if referred multiple times.

1.2.24. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for mal-alignment of teeth.

1.2.25. Gold foil restorations.

1.2.26. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.

1.2.27. Hospital costs or any additional fees that the dental provider or hospital charges for treatment at the hospital (inpatient or outpatient).

1.2.28. Medical procedures as well as procedures covered as adjunctive dental care under TRICARE/Medical or other medical benefit coverage.

1.2.29. Infection control procedures and fees associated with Occupational Safety and Health Administration (OSHA) and/or governmental agency compliance are considered integral to the dental service(s) provide and will not be paid or reimbursed as a separate charge.

1.2.30. Adjunctive dental benefits as defined by applicable federal regulations.

1.2.31. Any request for payment of a Continental United States (CONUS) claim more than 12 months after the month the service was provided is not eligible for payment. Any request for payment of an Outside the Continental United States (OCONUS) claim more than 3 years after the month the service was provided is not eligible for payment (see Section J, Attachment J-3b, Program Operations for OCONUS, TRICARE OCONUS Preferred Dentist agreements). A network dentist may not bill the member for services that are denied for this reason.

1.2.32. For remote ADSMs seeking services that include time and frequency limitations, if a service is provided within 30 days of the expiration of the time period, the service shall be considered authorized.

1.2.33. DTFs will not refer elective dental procedures to private sector care.

1.2.34. DTFs shall consult with the DSPOCs prior to referring out an ADSM for implants and the following related services: D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4273, D6010, D6190, D7950, D7951, D7952, D7953 and D7955.

2.0. EMERGENCY CARE

Emergency care is care that is required to treat or control hemorrhage, infection, swelling and pain. This includes treatment necessary to relieve pain, treat infection, or control hemorrhage to include: temporary or permanent fillings, root canal treatment, single tooth extractions, incision and drainage or other immediate required treatment. Crowns, bridges and dentures are not

considered emergency care and require authorization (see below). For example, root canal therapy required to relieve acute pain or treat an acute exacerbation of a periradicular infection can be completed without authorization even if this treatment requires more than one appointment. If a crown is indicated following the root canal therapy, the crown must have authorization before initiating the crown preparation.

3.0. COVERED SERVICES

3.1. To be considered a covered service, a procedure or treatment must be appropriate and necessary to establish and maintain dental health to meet military worldwide readiness/deployment status.

3.2. In addition, non-emergency covered services that exceed $750 per procedure or appointment or $1500 for any episode of treatment requires authorization to be considered for payment or reimbursement (see definition of emergency care). This includes appointments where routine care under $750 may be combined with specialty care provided on the same date of service. In these cases, authorization for all care is required even if a portion of it was previously approved. Certain procedures will always need an authorization regardless of the cost as indicated in this attachment. Authorization requirements may vary for each specific procedure but generally require the submission of a current diagnostic-quality periapical x-ray. A brief narrative report of the specific service(s) to be performed is recommended if there are any factors that may affect the care provided. **Initiating dental care requiring authorization without written authorization may result in the service member being responsible for part or all cost of treatment.** If the dental provider initiates this care without receiving written authorization, the provider has the responsibility to obtain written consent from the service member clearly explaining this financial responsibility and risk. Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service. Therefore, obtaining a written authorization of benefit is highly recommended prior to initiating care.

3.3. For each CDT Code listed, there is a letter code defined in the table below.

Code	Description
E	Emergency care – No authorization required
R	Routine care – No authorization required (unless over $750)
S	Specialty care – Authorization is required
N or Not Listed	Non-covered procedure

4.0. DIAGNOSTIC – D0100-D0999

Clinical Oral Evaluations

D0120 R periodic oral evaluation – established patient
D0140 R limited oral evaluation – problem focused
D0150 R comprehensive oral evaluation – new or established patient
D0160 R detailed and extensive oral evaluation – problem focused, by report

D0170	R	re-evaluation-limited, problem focused (established patient, not post-operative visit)
D0171	N	re-evaluation – post-operative office visit
D0180	R	comprehensive periodontal evaluation – new or established patient

Pre-Diagnostic Services

D0190	N	screening of a patient
D0191	N	assessment of a patient

Diagnostic Imaging

D0210	R	intraoral –comprehensive series of radiographic images
D0220	R	intraoral – periapical first radiographic image
D0230	R	intraoral – periapical each additional radiographic image
D0240	R	intraoral – occlusal radiographic image
D0250	R	extraoral – 2D projection radiographic image created using a stationary radiation source, and detector
D0251	R	extraoral posterior dental radiographic image
D0270	R	bitewing – single radiographic image
D0272	R	bitewings – two radiographic images
D0273	R	bitewings – three radiographic images
D0274	R	bitewings – four radiographic images
D0277	R	vertical bitewings – 7 to 8 radiographic images
D0310	N	sialography
D0320	S	temporomandibular joint arthrogram, including injection
D0321	S	other temporomandibular joint radiographic images, by report
D0322	S	tomographic survey
D0330	R	panoramic radiographic image
D0340	S	2D cephalometric radiographic image – acquisition, measurement and analysis
D0350	S	2D oral/facial photographic image obtained intraorally or extraorally
D0364	S	cone beam CT capture and interpretation with limited field of view – less than one whole jaw
D0365	S	cone beam CT capture and interpretation with field of view of one full dental arch – mandible
D0366	S	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
D0367	S	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium
D0368	S	cone beam CT capture and interpretation for TMJ series including two or more exposures
D0369	S	maxillofacial MRI capture and interpretation
D0370	S	maxillofacial ultrasound capture and interpretation
D0371	S	sialoendoscopy capture and interpretation
D0372	S	intraoral tomosynthesis -comprehensive series of radiographic images
D0373	S	intraoral tomosynthesis – bitewing radiographic image
D0374	S	intraoral tomosynthesis – periapical radiographic image
D0380	S	cone beam CT image capture with limited field of view – less than one whole jaw

D0381	S	cone beam CT image capture with field of view of one full dental arch – mandible
D0382	S	cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
D0383	S	cone beam CT image capture with field of view of both jaws, with or without cranium
D0384	S	cone beam CT image capture for TMJ series including two or more exposures
D0385	S	maxillofacial MRI image capture
D0386	S	maxillofacial ultrasound image capture
D0387	S	intraoral tomosynthesis—comprehensive series of radiographic images—image capture only.
D0388	S	intraoral tomosynthesis – bitewing radiographic image – image capture only.
D0389	S	intraoral tomosynthesis – periapical radiographic image – image capture only.
D0391	S	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
D0393	S	virtual treatment simulation using 3D image volume or surface scan
D0394	S	digital subtraction of two or more images or image volumes of the same modality
D0395	S	fusion of two or more 3D image volumes of one or more modalities
D0396	N	3D printing of a 3D dental surface scan
D0701	N	panoramic radiographic image – image capture only
D0702	N	2-D cephalometric radiographic image – image capture only
D0703	S	2-D oral/facial photographic image obtained intra orally or extra orally – image capture only
D0705	N	extra oral posterior dental radiographic image – image capture only
D0706	N	intraoral – occlusal radiographic image – image capture only
D0707	N	intraoral – periapical radiographic image – image capture only
D0708	N	intraoral – bitewing radiographic image – image capture only
D0709	N	intraoral – comprehensive series of radiographic images – image capture only
D0801	N	3D intraoral surface scan – direct
D0802	N	3D dental surface scan – indirect
D0803	N	3D facial surface scan – direct
D0804	N	3D facial surface scan – indirect

Tests Examinations

D0411	S	HbA1c in office point of service testing
D0412	S	blood glucose level test – in office using a glucose meter
D0414	S	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0415	S	collection of microorganisms for culture and sensitivity
D0416	S	viral culture
D0417	S	collection and preparation of saliva sample for laboratory analysis
D0418	S	analysis of saliva sample - laboratory
D0419	S	assessment of salivary flow by measurement
D0422	N	collection and preparation of genetic sample material for laboratory analysis and report
D0423	N	genetic test for susceptibility to diseases – specimen analysis

D0425	S	caries susceptibility test
D0426	S	collection, preparation and analysis of saliva sample – point-of-care
D0431	N	adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0460	S	pulp vitality tests
D0461	S	testing for cracked tooth
D0470	N	diagnostic casts
D0600	N	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum
D0601	N	caries risk assessment and documentation, with a finding of low risk
D0602	N	caries risk assessment and documentation, with a finding of moderate risk
D0603	N	caries risk assessment and documentation, with a finding of high risk
D0604	N	antigen testing for a public health related pathogen including coronavirus
D0605	N	antibody testing for a public health related pathogen, including coronavirus
D0606	N	molecular testing for a public health related pathogen, including coronavirus

Oral Pathology Laboratory

D0472	S	accession of tissue, gross examination, preparation and transmission of written report
D0473	S	accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474	S	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0475	S	decalcification procedure
D0476	S	special stains for microorganisms
D0477	S	special stains, not for microorganisms
D0478	S	immunohistochemical stains
D0479	S	tissue in-situ hybridization, including interpretation
D0480	S	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D0481	S	electron microscopy
D0482	S	direct immunofluorescence
D0483	S	indirect immunofluorescence
D0484	S	consultation on slides prepared elsewhere
D0485	S	consultation, including preparation of slides from biopsy material supplied by referring source
D0486	S	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
D0502	S	other oral pathology procedures, by report
D0999	N	unspecified diagnostic procedure, by report

4.1. Benefits and Limitations for Diagnostic Services

4.1.1. For Remote ADSMs, two routine examinations per consecutive 12-month period are covered without obtaining authorization. Oral evaluations are considered integral when provided on the same date of service as palliative or surgical procedure(s) by the same dental provider. If a Remote ADSM desires a second opinion, he/she may obtain a third exam from a different performing provider without obtaining authorization. Radiographic images completed during the third exam on the same day, by the same provider, in support of a second opinion are covered for payment.

4.1.2. Only one limited oral evaluation, problem-focused (D0140) will be allowed per patient per dentist in a consecutive 12-month period.

4.1.3. For a limited oral evaluation – problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.

4.1.4. Re-evaluations are considered integral procedures.

4.1.5. Radiographic images which are not of diagnostic quality are not covered and may not be charged to the patient when provided by a network dentist. The contractor or DSPOC may determine the diagnostic quality of the radiograph; however, the DSPOC has final determination of the level of quality.

4.1.6. Unless approved by DSPOC, one complete series of radiographic images or one panoramic radiographic image is covered in a 36-month period for Remote ADSMs.

4.1.7. Unless approved by DSPOC, one set of bitewing radiographic images, consisting of up to four bitewing radiographic images per visit, is covered during a consecutive 12-month period for Remote ADSMs.

4.1.8. Vertical bitewings (D0277) will be paid at the same allowance as four bitewings and are subject to the same benefit limitations as four bitewing radiographic images.

4.1.9. Periapical radiographic images are covered, when necessary.

4.1.10. Radiographic images are not a covered benefit when taken by an x-ray laboratory, unless billed by a licensed dental provider.

4.1.11. If the total allowance for individually reported periapical and/or bitewing radiographic images equals or exceeds the allowance for a complete series, the individually reported radiographic images are paid as a complete series and are subject to the same benefit limitations as a complete series. Any difference in fees may not be charged to the member by a network dentist.

4.1.12. Periapical and/or bitewing radiographic images are considered integral when performed on the same date of service, by the same dental provider, as a complete series of radiographic images.

4.1.13. Bitewing radiographic images are not considered integral when performed on the same date of service as a panoramic radiographic image; they may be paid as a separate service.

4.1.14. Pulp vitality tests are considered integral to all services.

4.1.15. Caries susceptibility tests are not payable unless specifically authorized in writing prior to initiating this service. This service will be considered only in conjunction with an intensive regimen of home preventive therapy (including prescription mouth rinses) to determine if the therapy should be continued. The test is payable once per regimen. The regimen must be initiated immediately following completion of restorative care for a recent episode of rampant caries.

4.1.16. Caries susceptibility tests are not payable on a routine basis, for patients with unrestored carious lesions, or when performed for patient education.

4.1.17. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral to the restorative procedure. Diagnostic casts are not covered as independent procedures.

4.1.18. A panoramic radiograph (D0330) is covered when performed by an oral surgeon.

4.1.19. The contractor may reimburse dental care not indicated on the DTF referral/authorization if the service provided is a panoramic radiograph (D0330) performed by an oral surgeon. For all provider specialties, the contractor may issue reimbursement for up to two bitewing radiographs (D0270/D0272) or two periapical radiographs (D0220/D0230). Additionally, the contractor may reimburse for a limited oral evaluation-problem focused (D0140).

4.1.20. Lab fees for biopsies are a covered benefit at 100% of charge. The contractor does not pay the lab directly but will reimburse the provider if a lab invoice is submitted with the claim. If the member has paid for the lab fee, the contractor will reimburse the member at 100% of charge.

4.1.21. HbA1c point of service testing (D0411) to be submitted in conjunction with or before surgical procedure for a known diabetic patient.

4.1.22. D0703 will only be covered if the DSPOC requests or authorizes additional photographic images.

5.0. PREVENTIVE – D1000-D1999

Dental Prophylaxis
D1110 R prophylaxis – adult

Topical Fluoride Treatment (Office Procedure)

D1206 R topical application of fluoride varnish
D1208 R topical application of fluoride – excluding varnish

Other Preventive Services

D1301 N Immunization counseling
D1310 N nutritional counseling for control of dental disease
D1320 N tobacco counseling for the control and prevention of oral disease
D1321 N counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
D1330 N oral hygiene instructions
D1351 S sealant – per tooth
D1353 S sealant repair – per tooth
D1354 N application of caries arresting medicament – per tooth
D1355 N caries preventive medicament application – per tooth

Space Maintenance (Passive Appliances) Services

D1510 N space maintainer – fixed – unilateral – per quadrant
D1516 N space maintainer – fixed – bilateral, maxillary
D1517 N space maintainer – fixed – bilateral, mandibular
D1520 N space maintainer – removable – unilateral – per quadrant
D1526 N space maintainer – removable – bilateral, maxillary
D1527 N space maintainer – removable – bilateral, mandibular
D1551 N re-cement or re-bond bilateral space maintainer-maxillary
D1552 N re-cement or re-bond bilateral space maintainer-mandibular
D1553 N re-cement or re-bond unilateral space maintainer – per quadrant
D1556 S removal of fixed unilateral space maintainer – per quadrant
D1557 S removal of fixed bilateral space maintainer – maxillary
D1558 S removal of fixed bilateral space maintainer – mandibular
D1575 N distal shoe space maintainer – fixed – unilateral – per quadrant
D1701 N Pfizer-BioNTech Covid-19 vaccine administration-first dose
D1702 N Pfizer-BioNTech Covid-19 vaccine administration-second dose
D1703 N Moderna Covid-19 vaccine administration-first dose
D1704 N Moderna Covid-19 vaccine administration-second dose
D1708 N Pfizer-BioNTech Covid-19 vaccine administration – third dose
D1709 N Pfizer-BioNTech Covid-19 vaccine administration – booster dose
D1710 N Moderna Covid-19 vaccine administration – third dose
D1711 N Moderna Covid-19 vaccine administration – booster dose
D1713 N Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose
D1714 N Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose
D1720 N influenza vaccine administration
D1781 N vaccine administration – human papillomavirus – Dose 1
D1782 N vaccine administration – human papillomavirus – Dose 2
D1783 N vaccine administration – human papillomavirus – Dose 3
D1999 R unspecified preventive procedure, by report

5.1. Benefits and Limitations for Preventive Services

5.1.1. For remote ADSM, two routine prophylaxes are covered in a consecutive 12-month period. Additional prophylaxis in a 12-month period must be approved by the DSPOC. However, if a remote member requests or obtains care that exceeds the allowed quantity in a consecutive 12-month period, the care will be considered authorized if it occurs no more than one month prior to the expiration of the consecutive 12-month period.

5.1.2. Routine prophylaxis are considered integral when performed by the same dental provider/facility within 45 days as scaling and root planing, periodontal surgery and periodontal maintenance procedures.

5.1.3. A routine prophylaxis is considered integral when performed in conjunction with, or as a finishing procedure to, periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, mucogingival surgery, osseous surgery or curettage.

5.1.4. A routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.

5.1.5. Two topical fluoride applications are covered in a consecutive 12-month period when performed as independent procedures. Additional fluoride applications must be preauthorized. The use of a prophylaxis paste containing fluoride qualifies for payment only as a prophylaxis.

5.1.6. Topical fluoride applications (D1204) are covered when provided as part of an intensive regimen of home preventive therapy to treat rampant caries. This service is only covered if authorized in writing prior to initiating the service.

5.1.7. Sealants for teeth other than permanent bicuspids and permanent molars are not covered.

5.1.8. Sealants provided on the same date of service and on the same tooth as a restoration involving the occlusal surface are considered integral procedures.

5.1.9. . Additional Personal Protective Equipment (PPE) above standard PPE usage is covered with D1999, unspecified preventive procedure, by report. Documentation must be submitted with the claim stating what was used beyond procedural/exam masks, gloves and standard sterilization.

6.0. RESTORATIVE – D2000-D2999

Amalgam Restorations (Including Polishing)

D2140	R	amalgam – one surface, primary or permanent
D2150	R	amalgam – two surfaces, primary or permanent
D2160	R	amalgam – three surfaces, primary or permanent
D2161	R	amalgam – four or more surfaces, primary or permanent

Resin-Based Composite Restorations – Direct

D2330	R	resin-based composite – one surface, anterior
D2331	R	resin-based composite – two surfaces, anterior
D2332	R	resin-based composite – three surfaces, anterior
D2335	R	resin-based composite – four or more surfaces or (anterior)
D2390	S	resin-based composite crown, anterior
D2391	R	resin-based composite – one surface, posterior
D2392	R	resin-based composite – two surfaces, posterior
D2393	R	resin-based composite – three surfaces, posterior
D2394	R	resin-based composite – four or more surfaces, posterior

Gold Foil Restorations

D2410	N	gold foil – one surface
D2420	N	gold foil – two surfaces
D2430	N	gold foil – three surfaces

Inlay/Onlay Restorations

D2510	N	inlay – metallic – one surface
D2520	N	inlay – metallic – two surfaces
D2530	N	inlay – metallic – three or more surfaces
D2542	S	onlay – metallic – two surfaces
D2543	S	onlay – metallic – three surfaces
D2544	S	onlay – metallic – four or more surfaces

Porcelain/Ceramic Restorations

D2610	S	inlay – porcelain/ceramic – one surface
D2620	S	inlay – porcelain/ceramic – two surfaces
D2630	S	inlay – porcelain/ceramic – three or more surfaces
D2642	S	onlay – porcelain/ceramic – two surfaces
D2643	S	onlay – porcelain/ceramic – three surfaces
D2644	S	onlay – porcelain/ceramic – four or more surfaces

Resin Based Restorations

D2650	N	inlay – resin-based composite – one surface
D2651	N	inlay – resin-based composite – two surfaces
D2652	N	inlay – resin-based composite – three or more surfaces
D2662	N	onlay – resin-based composite – two surfaces
D2663	N	onlay – resin-based composite – three surfaces
D2664	N	onlay – resin-based composite – four or more surfaces

Crowns – Single Restorations Only

D2710	N	crown – resin-based composite (indirect)
D2712	N	crown – 3/4 resin-based composite (indirect)
D2720	N	crown – resin with high noble metal
D2721	N	crown – resin with predominantly base metal
D2722	N	crown – resin with noble metal
D2740	S	crown – porcelain/ceramic

D2750	S	crown – porcelain fused to high noble metal
D2751	N	crown – porcelain fused to predominantly base metal
D2752	S	crown – porcelain fused to noble metal
D2753	S	crown – porcelain fused to titanium and titanium alloys
D2780	S	crown – 3/4 cast high noble metal
D2781	N	crown – 3/4 cast predominantly base metal
D2782	S	crown – 3/4 cast noble metal
D2783	N	crown – 3/4 porcelain/ceramic
D2790	S	crown – full cast high noble metal
D2791	N	crown – full cast predominantly base metal
D2792	S	crown – full cast noble metal
D2794	S	crown – titanium and titanium alloys
D2799	S	interim crown – further treatment or completion of diagnosis necessary prior to final impression

Labial Veneer Services

D2960	N	labial veneer (resin laminate) – direct
D2961	N	labial veneer (resin laminate) – indirect
D2962	N	labial veneer (porcelain laminate) – indirect

Other Restorative Services

D2910	R	recement or rebond inlay, onlay, veneer or partial coverage restoration
D2915	S	recement or rebond indirectly fabricated or prefabricated post and core
D2920	R	recement or rebond crown
D2921	E	reattachment of tooth fragment, incisal edge or cusp
D2928	N	prefabricated porcelain/ceramic crown – permanent tooth
D2929	N	prefabricated porcelain/ceramic crown – primary tooth
D2930	N	prefabricated stainless steel crown – primary tooth
D2931	S	prefabricated stainless steel crown – permanent tooth
D2932	N	prefabricated resin crown
D2933	N	prefabricated stainless steel crown with resin window
D2940	E	placement of interim direct restoration
D2949	S	restorative foundation for an indirect restoration
D2950	S	core buildup, including any pins when required
D2951	R	pin retention – per tooth, in addition to restoration
D2952	S	post and core in addition to crown, indirectly fabricated
D2953	N	each additional indirectly fabricated post – same tooth
D2954	S	prefabricated post and core in addition to crown
D2955	S	post removal
D2956	N	removal of an indirect restoration on a natural tooth
D2957	N	each additional prefabricated post – same tooth
D2971	S	additional procedures to customize a crown to fit under an existing partial denture framework
D2975	S	coping
D2976	N	band stabilization – per tooth
D2980	R	crown repair, necessitated by restorative material failure

D2981	N	inlay repair necessitated by restorative material failure
D2982	N	onlay repair necessitated by restorative material failure
D2983	N	veneer repair necessitated by restorative material failure
D2989	N	excavation of a tooth resulting in the determination of non-restorability
D2990	S	resin infiltration of incipient smooth surface lesions
D2991	N	application of hydroxyapatite regeneration medicament – per tooth
D2999	N	unspecified restorative procedure, by report

6.1. Benefits and Limitations for Restorative Services

6.1.1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.

6.1.2. The payment for restorations includes all related services including, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments and detection agents.

6.1.3. Pin retention is covered only when reported in conjunction with an eligible restoration.

6.1.4. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin-retained core buildup (D2950).

6.1.5. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.

6.1.6. Restorative services are covered only when necessary due to decay or fracture. Restorative services are not benefits when performed for cosmetic purposes.

6.1.7. Restorative services that are needed due to attrition, erosion, abrasion, or congenital or developmental defects require authorization.

6.1.8. Multiple restorations performed on the same surface of a tooth, without involvement of a second surface, on the same date of service and by the same dental provider/facility, will be processed as a single surface restoration.

6.1.9. A restoration involving two or more surfaces should be reported using the appropriate multiple surface restoration code.

6.1.10. If multiple restorations involving multiple surfaces with at least one common surface are reported, an allowance will be made for a single restoration reflecting the number of different surfaces involved.

6.1.11. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 12 months of the original restoration are considered integral procedures and a separate fee is not chargeable to the member by a network dentist. However, payment may be allowed if the repair or replacement is due to fracture of the tooth or the

restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is required to restore the tooth following root canal therapy.

6.1.12. Restorations performed on the same tooth and by the same dentist/facility within twelve months following the placement of any type of crown or onlay are considered integral.

6.1.13. For reporting and benefit purposes, the completion date for crowns, onlays and buildups is the preparation date for all claims.

6.1.14. The charge for a crown or onlay should include all charges for work related to its placement and any follow-up care including, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, limited occlusal adjustments and cementations of both temporary and permanent crowns.

6.1.15. Prefabricated stainless steel crowns (with or without resin windows for anterior and premolar teeth) are covered only when authorized in writing prior to initiating the procedure.

6.1.16. Restorative and removable and fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment or reimbursement.

6.1.17. Based on Military Specialty Consultants' recommendation, all ceramic crowns D2740 on molars are required to be either lithium disilicate (e.g. IPS e.max CAD, Ivoclar Vivadent) or Full Contour Zirconia (e.g. Bruxir, Lava Plus, Zirlux) whether they are placed in DTFs or via private sector care. Civilian dental providers are required to provide a copy of the lab bill, for non DTF-referred care, with the dental claim providing evidence of the materials used for fabricating the crown. If the dental office has their own milling machine (Cerec, ProCad, Vitablocs, Paradigm, etc.) the dentist shall indicate this and also confirm what brand and material type of block was used.

6.1.18. For Remote ADSMs, replacement of crowns, onlays, buildups and posts and cores is covered only if the existing crown, onlay, buildup, or post and core was inserted at least 5 years prior to the replacement and satisfactory evidence is presented that the existing crown, onlay, buildup, or post and core is not and cannot be made serviceable. Prostheses for Remote ADSMs prior to the 5-year replacement period must be approved by a DSPOC. The 5-year time limitation on crowns, onlays, buildups and posts and cores does not apply if the member moves as a result of a Permanent Change of Station (PCS) relocation at least 40 miles from the original servicing location. The 5-year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.

6.1.19. Inlays typically require greater reduction of sound natural tooth structure compared to restorations utilizing direct restorative materials and are therefore not as cost effective nor as conservative for restoring intracoronal defects.

6.1.20. Temporary crowns are usually preformed artificial crowns, which are fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization during crown fabrication.

6.1.21. Recementation of prefabricated and cast crowns, bridges, onlays, inlays and posts within 6 months of placement by the same dental provider/facility is considered integral to the original procedure.

6.1.22. Onlays, crowns and posts and cores are payable only when necessary due to decay or fracture. If the tooth can be adequately restored with amalgam or composite (resin) filling material, then authorization for restoration of the tooth will be limited to the lesser restorative procedure. This payment cannot be applied toward other treatment.

6.1.23. Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service.

6.1.24. Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.

6.1.25. Porcelain ceramic and composite resin inlays are not covered benefits, unless approved by a DSPOC.

6.1.26. Glass ionomer restorations are not a covered benefit in load bearing areas. Payment for glass ionomer restorations in non-load bearing areas will be made based upon the fees for amalgam restorations for posterior teeth or resin restorations for anterior teeth.

6.1.27. Protective restorations are not a covered benefit. However, if a protective restoration is provided on an emergency basis, it may be considered for payment or reimbursement as palliative emergency treatment.

6.1.28. Removal of an indirect restoration on a natural tooth (D2956) is integral to restorative tooth preparation and is not payable as a separate benefit.

7.0. ENDODONTICS – D3000-D3999

Pulp Capping

D3110	N	pulp cap – direct (excluding final restoration)
D3120	N	pulp cap – indirect (excluding final restoration)

Pulpotomy

D3220	R	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	E	pulpal debridement, primary and permanent teeth
D3222	S	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development

D3230	S	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240	S	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)

D3310	E	endodontic therapy – anterior (excluding final restoration)
D3320	E	endodontic therapy – premolar (excluding final restoration)
D3330	E	endodontic therapy – molar (excluding final restoration)
D3331	S	treatment of root canal obstruction; non-surgical access
D3332	S	incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth
D3333	S	internal root repair of perforation defects

Endodontic Retreatment

D3346	S	retreatment of previous root canal therapy – anterior
D3347	S	retreatment of previous root canal therapy – premolar
D3348	S	retreatment of previous root canal therapy – molar

Apexification/Recalcification and Pulpal Regeneration Procedures

D3351	S	apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352	S	apexification/recalcification – interim medication replacement
D3353	S	apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)
D3355	S	pulpal regeneration – initial visit
D3356	S	pulpal regeneration – interim medication replacement
D3357	S	pulpal regeneration – completion of treatment

Apicoectomy/Periradicular Services

D3410	S	apicoectomy – anerior
D3421	S	apicoectomy – premolar (first root)
D3425	S	apicoectomy – molar (first root)
D3426	S	apicoectomy (each additional root)
D3428	S	bone graft in conjunction with periradicular surgery – per tooth, single site
D3429	S	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
D3430	S	retrograde filling – per root
D3431	S	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
D3432	S	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
D3450	S	root amputation – per root
D3460	N	endodontic endosseous implant
D3470	S	intentional reimplantation (including necessary splinting)
D3471	S	surgical repair of root resorption – anterior
D3472	S	surgical repair of root resorption – premolar

D3473	S	surgical repair of root resorption – molar
D3501	S	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
D3502	S	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
D3503	S	surgical exposure of root surface without apicoectomy or repair of root resorption – molar

Other Endodontic Procedures

D3910	S	surgical procedure for isolation of tooth with rubber dam
D3911	N	intraorifice barrier
D3920	S	hemisection (including any root removal), not including root canal therapy
D3921	S	decoronation or submergence of an erupted tooth
D3950	S	canal preparation and fitting of preformed dowel or post
D3999	N	unspecified endodontic procedure, by report

7.1. Benefits and Limitations for Endodontic Services

7.1.1. When endodontic services are performed by a general dentist, post treatment radiograph is required prior to approval of payment for services.

7.1.2. Direct pulp caps are considered an integral service when provided on the same date as a restoration.

7.1.3. Indirect pulp caps are considered integral to the restoration.

7.1.4. Pulpotomies are considered integral when performed by the same dentist who completes the root canal therapy.

7.1.5. Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.

7.1.6. Pulpal therapy (resorbable filling) is limited to primary teeth with unerupted succedaneous permanent teeth only and therefore not generally covered for ADSMs. If covered, it is a benefit once per tooth per lifetime. Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dental provider.

7.1.7. Gross pulpal debridement is considered integral to root canal therapy or palliative emergency treatment when provided on the same day by the same dental provider.

7.1.8. Incomplete endodontic therapy is not a covered benefit when due to the patient discontinuing treatment. All other circumstances require a report.

7.1.9. The placement of a post is not a covered benefit when provided as an independent procedure. Posts are eligible only when provided as part of a crown buildup and are considered integral to the buildup procedure.

7.1.10. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.

7.1.11. Final restoration is covered separately and not part of endodontic therapy.

7.1.12. Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.

7.1.13. Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.

8.0. PERIODONTICS – D4000-D4999

Surgical Services (Including Usual Postoperative Care)

D4210	S	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	S	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
D4212	N	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4230	S	anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant
D4231	S	anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant
D4240	S	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant
D4241	S	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant
D4245	S	apically positioned flap
D4249	S	clinical crown lengthening – hard tissue
D4260	S	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	S	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
D4263	S	bone replacement graft – retained natural tooth – first site in quadrant
D4264	S	bone replacement graft – retained natural tooth – each additional site in quadrant
D4265	S	biologic materials to aid in soft and osseous tissue regeneration, per site
D4266	S	guided tissue regeneration, natural teeth – resorbable barrier, per site
D4267	S	guided tissue regeneration, natural teeth – nonresorbable barrier, per site
D4268	S	surgical revision procedure, per tooth
D4270	S	pedicle soft tissue graft procedure
D4273	S	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft

D4274	S	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275	S	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4276	S	combined connective tissue and pedicle graft, per tooth
D4277	S	free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or dentulous tooth position in graft
D4278	S	free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site
D4283	S	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4285	S	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4286	S	removal of non-resorbable barrier

Non-Surgical Periodontal Service

D4322	S	splint- intra-coronal; natural teeth or prosthetic crowns
D4323	S	splint-extra-coronal; natural teeth or prosthetic crowns
D4341	S	periodontal scaling and root planing – four or more teeth per quadrant
D4342	S	periodontal scaling and root planing – one to three teeth per quadrant
D4346	S	scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation
D4355	R	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit
D4381	N	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

Other Periodontal Services

D4910	R	periodontal maintenance
D4920	R	unscheduled dressing change (by someone other than treating dentist or their staff)
D4921	N	gingival irrigation with a medical agent – per quadrant
D4999	N	unspecified periodontal procedure, by report

8.1. Benefits and Limitations for Periodontal Services

8.1.1. All periodontal treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.

8.1.2. Gingivectomies, gingival flap procedure, guided tissue regeneration and osseous surgery provided within 24 months of the same surgical periodontal procedure, in the same area of the mouth, are not covered.

8.1.3. Gingivectomies or gingivoplasties performed in conjunction with the placement of crowns, onlays, crown buildups, or posts and cores are considered integral to the restorative procedure.

8.1.4. Payment for gingivectomy/gingivoplasty will be made as follows:

8.1.4.1. One or two teeth will be paid at the per tooth allowance.

8.1.4.2. Three or four teeth will be paid at 50 percent of the full quadrant allowance.

8.1.5. Soft tissue grafts are processed according to the number of separate sites involved. Separate sites generally must be separated by two or more teeth.

8.1.6. Subepithelial connective tissue grafts are payable at the level of free soft tissue grafts.

8.1.7. A single site for reporting osseous grafts consists of one contiguous area, regardless of the number of teeth (e.g. crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Noncontiguous areas involving different teeth may be reported as additional sites.

8.1.8. Bone replacement grafts are eligible for payment or reimbursement when provided to treat periodontal defects. They are not eligible when provided for other reasons such as filling in an extraction site or a defect resulting from an apicoectomy or cyst removal.

8.1.9. Periodontal bone grafts are subject to the same limitations and requirements as bone replacement grafts using natural bone.

8.1.10. Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.

8.1.11. Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dental provider/facility and in the same area of the mouth, will be processed for payment as a crown lengthening.

8.1.12. One crown lengthening per tooth, per lifetime, is covered.

8.1.13. Periodontal scaling and root planing is indicated to treat periodontal disease, which generally does not occur with frequency in younger patients. Periodontal scaling and root planing submitted for members under the age of 19 should be accompanied by x-rays and periodontal charting. If this information is not available, please provide an explanation regarding the need for periodontal care.

8.1.14. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing, or periodontal surgical procedures, in the same area of the mouth requires authorization.

8.1.15. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, osseous surgery, or curettage.

8.1.16. Up to four periodontal maintenance procedures or any combination of routine prophylaxes and periodontal maintenance procedures totaling four may be paid within a consecutive 12-month period.

8.1.17. Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.

8.1.18. D4346 is allowed once per 36 months AND consider part of the routine prophylaxis limitation; the combination of routine prophylaxis and D4346 should not exceed one per six months or two per 12 months.

8.1.19. Periodontal scaling and root planing, periodontal maintenance, or periodontal surgery (D4240-D4278) is not covered when provided within six months following D4346.

8.1.20. D4346 is not covered when provided on the same day by same provider as a routine prophylaxis, periodontal maintenance, periodontal scaling and root planing, or full mouth debridement.

8.1.21. D4346 is considered integral when provided on the same day by same provider as periodontal surgery (4240-D4278).

8.1.22. D4346 is not covered if reported within 6 months following full mouth debridement, periodontal maintenance, periodontal scaling and root planing, or periodontal surgery.

8.1.23. Full mouth debridement to enable a comprehensive periodontal evaluation (D4355) is covered only once in a 24-month timeframe and must be at least 2 years since the last dental prophylaxis. When full mouth debridement is performed on the same date of service as scaling and root planing, periodontal maintenance procedures, or a routine prophylaxis, it is considered integral to these services.

8.1.24. Implants and related services (e.g. D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4273, D6010, D6190, D7950, D7951, D7952, D7953 and D7955.) are considered on a case-by case basis **and require DSPOC authorization**. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.

8.1.25. When covered, all procedures related to the placement of an implant (e.g. bone re-contouring and excision of gingival tissue) are considered integral to the implant placement procedure.

8.1.26. Repair or repeating a surgical procedure by the same dentist and involving the same surgical site, performed within 12 months of the original surgery are considered integral procedures and a separate fee is not chargeable to the member by a network dentist. However, surgical revision may be allowed with the appropriate narrative justification, photographic and radiographic images, and specific procedures requested.

8.1.27. D4286 removal of non-resorbable barrier is covered only if not performed by the original provider

9.0. PROSTHODONTICS (REMOVABLE) – D5000-D5899

Complete Dentures (Including Routine Post-Deliver Care)

D5110	S	complete denture – maxillary
D5120	S	complete denture – mandibular
D5130	S	immediate denture – maxillary
D5140	S	immediate denture – mandibular

Partial Dentures (Including Routine Post-Delivery Care)

D5211	S	maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)
D5212	S	mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)
D5213	S	maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5214	S	mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5221	S	immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)
D5222	S	immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)
D5223	S	immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5224	S	immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5225	S	maxillary partial denture – flexible base (including any retentive/clasping materials, rests and teeth)
D5226	S	mandibular partial denture – flexible base (including any retentive/clasping materials, rests and teeth)
D5227	S	immediate maxillary partial denture- flexible base (including any clasps, rests and teeth)

D5228	S	immediate mandibular partial denture- flexible base (including any clasps, rests and teeth)
D5282	N	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary
D5283	N	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular
D5284	N	removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant
D5286	N	removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant

Adjustments to Dentures

D5410	R	adjust complete denture – maxillary
D5411	R	adjust complete denture – mandibular
D5421	R	adjust partial denture – maxillary
D5422	R	adjust partial denture – mandibular

Repairs to Complete Dentures

D5511	R	repair broken complete denture base, mandibular
D5512	R	repair broken complete denture base, maxillary
D5520	R	replace missing or broken teeth – complete denture – per tooth

Repairs to Partial Dentures

D5611	R	repair resin partial denture base, mandibular
D5612	R	repair resin partial denture base, maxillary
D5621	R	repair cast partial framework, mandibular
D5622	R	repair cast partial framework, maxillary
D5630	R	repair or replace broken retentive clasping materials – per tooth
D5640	R	replace missing or broken teeth – partial denture – per tooth
D5650	S	add tooth to existing partial denture – per tooth
D5660	S	add clasp to existing partial denture – per tooth
D5670	S	replace all teeth and acrylic on cast metal framework (maxillary)
D5671	S	replace all teeth and acrylic on cast metal framework (mandibular)

Denture Rebase Procedures

D5710	S	rebase complete maxillary denture
D5711	S	rebase complete mandibular denture
D5720	S	rebase maxillary partial denture
D5721	S	rebase mandibular partial denture
D5725	S	rebase hybrid prosthesis

Denture Reline Procedures

D5730	S	reline complete maxillary denture (direct)
D5731	S	reline complete mandibular denture (direct)
D5740	S	reline maxillary partial denture (direct)
D5741	S	reline mandibular partial denture (direct)

D5750	S	reline complete maxillary denture (indirect)
D5751	S	reline complete mandibular denture (indirect)
D5760	S	reline maxillary partial denture (indirect)
D5761	S	reline mandibular partial denture (indirect)
D5765	S	soft liner for complete or partial removable denture- indirect

Interim Prosthesis

D5810	S	interim complete denture (maxillary)
D5811	S	interim complete denture (mandibular)
D5820	S	interim partial denture (including retentive/clasping materials, rests, and teeth) maxillary
D5821	S	interim partial denture (including retentive/clasping materials, rests and teeth) mandibular

Other Removable Prosthetic Services

D5850	R	tissue conditioning, maxillary
D5851	R	tissue conditioning, mandibular
D5862	S	precision attachment, by report
D5863	S	overdenture – complete maxillary – natural tooth borne
D5864	S	overdenture – partial maxillary – natural tooth borne
D5865	S	overdenture – complete mandibular – natural tooth borne
D5866	S	overdenture – partial mandibular – natural tooth borne
D5867	S	replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment
D5875	S	modification of removable prosthesis following implant surgery
D5876	S	add metal substructure to acrylic complete denture - per arch
D5877	S	duplication of a complete denture – maxillary
D5878	S	duplication of a complete denture – mandibular
D5899	N	unspecified removable prosthodontics procedure, by report

9.1. Benefits and Limitations for Prosthodontic Services (Removable)

9.1.1. All prosthodontic treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.

9.1.2. For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the preparation date for all claims. The completion date for removable prosthodontic procedures is the insertion date.

9.1.3. Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment or reimbursement.

9.1.4. The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures is considered integral and is included in the fee for these procedures.

9.1.5. Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.

9.1.6. Adjustments provided within six months of the insertion of an initial or replacement denture are integral to the denture.

9.1.7. The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.

9.1.8. A reline/rebase is covered once in any 36 months.

9.1.9. Payment for a denture or an overdenture made with precious metals is based on the allowance for a conventional denture.

9.1.10. Specialized procedures performed in conjunction with an overdenture are not covered.

9.1.11. A fixed partial denture and removable partial denture are not covered benefits in the same arch. Payment will be made for a removable partial denture to replace all missing teeth in the arch.

9.1.12. Cast unilateral removable partial dentures are not covered benefits.

9.1.13. Precision attachments, personalization, precious metal bases and other specialized techniques are not covered benefits.

9.1.14. All placement/replacement of removable prostheses (D5110 through D5226, D5810 through D5821, and D5862 through D5875) requires approval by a DSPOC.

9.1.15. Implants and related services **require authorization** for the complete procedure and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.

10.0. MAXILLOFACIAL PROSTHETICS – D5900-D5999

D5909	S	maxillary guidance prosthesis with guide flange
D5911	S	facial moulage (sectional)
D5912	S	facial moulage (complete)
D5913	S	nasal prosthesis
D5914	S	auricular prosthesis
D5915	S	orbital prosthesis
D5916	S	ocular prosthesis
D5919	S	facial prosthesis
D5922	S	nasal septal prosthesis
D5923	S	ocular prosthesis, interim
D5924	S	cranial prosthesis

D5925	S	facial augmentation implant prosthesis
D5926	S	nasal prosthesis, replacement
D5927	S	auricular prosthesis, replacement
D5928	S	orbital prosthesis, replacement
D5929	S	facial prosthesis, replacement
D5930	S	maxillary guidance prosthesis without guide flange
D5931	S	obturator prosthesis, surgical
D5932	S	obturator prosthesis, definitive
D5933	S	obturator prosthesis, modification
D5934	S	mandibular guidance prosthesis with guide flange
D5935	S	mandibular guidance prosthesis without guide flange
D5936	S	obturator prosthesis, interim
D5937	S	trismus appliance (not for TMD treatment)
D5938	S	resection prosthesis, maxillary complete removal
D5939	S	resection prosthesis, mandibular complete removal
D5940	S	resection prosthesis, maxillary partial removable
D5941	S	resection prosthesis, mandibular partial removable
D5942	S	resection prosthesis, maxillary implant/abutment supported removable prosthesis for endentulous arch
D5943	S	resection prosthesis, mandibular implant/abutment supported removable prosthesis for endentulous arch
D5944	S	resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial endentulous arch
D5945	S	resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial endentulous arch
D5946	S	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for endentulous arch
D5947	S	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for endentulous arch
D5948	S	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial endentulous arch
D5949	S	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial endentulous arch
D5953	S	speech aid prosthesis, adult
D5954	S	palatal augmentation prosthesis
D5955	S	palatal lift prosthesis, definitive
D5958	S	palatal lift prosthesis, interim
D5959	S	palatal lift prosthesis, modification
D5960	S	speech aid prosthesis, modification
D5982	S	surgical stent for soft tissue healing
D5983	S	radiation carrier
D5984	S	radiation shield
D5985	S	radiation cone locator
D5986	S	fluoride gel carrier
D5987	S	commissure splint
D5988	S	surgical splint

D5991	S	vesticulobullous disease medicament carrier
D5992	S	adjust maxillofacial prosthetic appliance, by report
D5993	S	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
D5995	N	periodontal medicament carrier with peripheral seal – laboratory processed – maxillary
D5996	N	periodontal medicament carrier with peripheral seal – laboratory processed – mandibular
D5999	N	unspecified maxillofacial prosthesis, by report

11.0. Implant Services – D6000-D6199

Pre-Surgical Services

D6190	S	radiographic/surgical implant index, by report

Surgical Services

D6010	S	surgical placement of implant body: endosteal implant
D6011	S	surgical access to an implant body (second stage implant surgery)
D6012	S	surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013	N	surgical placement of mini implant
D6040	S	surgical placement: eposteal implant
D6049	S	scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depth, including cleaning of the implant surface, without flap entry and closure
D6050	S	surgical placement: transosteal implant
D6051	S	placement of interim implant abutment
D6080	S	implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted including cleansing of prostheses and abutments
D6081	S	scaling and debridement of a single implant in the presence of mucositis, including bleeding upon probing and increased pocket depths, includes cleaning of the implant surface without flap entry and closure
D6100	S	surgical removal of implant body
D6101	S	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
D6102	S	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces including flap entry and closure
D6103	S	bone graft for repair of peri-implant defect – does not include flap entry and closure.
D6105	S	removal of implant body not requiring bone removal nor flap elevation
D6106	S	guided tissue regeneration – resorbable barrier, per implant
D6107	S	guided tissue regenereation – non-resorbable barrier, per implant
D6104	S	bone graft at time of implant placement
D7993	N	surgical placement of craniofacial implant – extra oral

D7994 S surgical placement: zygomatic implant

Implant Supported Prosthetics – Supporting Structures

D6051 S placement of interim implant abutment
D6055 S connecting bar – implant supported or abutment supported
D6056 S prefabricated abutment – includes modification and placement
D6057 S custom fabricated abutment – includes placement

Implant/Abutment Supported Removable Dentures

D6110 S implant /abutment supported removable denture for edentulous arch – maxillary
D6111 S implant /abutment supported removable denture for edentulous arch – mandibular
D6112 S implant /abutment supported removable denture for partially edentulous arch – maxillary
D6113 S implant /abutment supported removable denture for partially edentulous arch – mandibular

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)

D6114 S implant /abutment supported fixed denture for edentulous arch – maxillary
D6115 S implant /abutment supported fixed denture for edentulous arch – mandibular
D6116 S implant /abutment supported fixed denture for partially edentulous arch – maxillary
D6117 S implant /abutment supported fixed denture for partially edentulous arch – mandibular
D6118 S implant/abutment supported interim fixed denture for edentulous arch – mandibular
D6119 S implant/abutment supported interim fixed denture for edentulous arch – maxillary

Single Crowns, Abutment Supported

D6058 S abutment supported porcelain/ceramic crown
D6059 S abutment supported porcelain fused to metal crown (high noble metal)
D6060 N abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 S abutment supported porcelain fused to metal crown (noble metal)
D6062 S abutment supported cast metal crown (high noble metal)
D6063 N abutment supported cast metal crown (predominantly base metal)
D6064 S abutment supported cast metal crown (noble metal)
D6094 S abutment supported crown – titanium and titanium alloys
D6097 S abutment supported crown – porcelain fused to titanium and titanium alloys

Single Crowns, Implant Supported

D6065 S implant supported porcelain/ceramic crown
D6066 S implant supported crown – porcelain fused to high noble alloys
D6067 S implant supported crown - high noble alloys
D6082 N implant supported crown – porcelain fused to predominantly base alloys
D6083 S implant supported crown – porcelain fused to noble alloys
D6084 S implant supported crown – porcelain fused to titanium and titanium alloys
D6086 N implant supported crown – predominantly base alloys

D6087	S	implant supported crown – noble alloys
D6088	S	implant supported crown – titanium and titanium alloys
D6089	S	accessing and retorquing loose implant screw – per screw

Fixed Partial Denture Retainer, Abutment Supported

D6068	S	abutment supported retainer for porcelain/ceramic FPD
D6069	S	abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	N	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	S	abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	S	abutment supported retainer for cast metal FPD (high noble metal)
D6073	N	abutment supported retainer for cast metal FPD (predominantly base metal)
D6074	S	abutment supported retainer for cast metal FPD (noble metal)
D6194	S	abutment supported retainer crown for FPD – titanium and titanium alloys
D6195	S	abutment supported retainer – porcelain fused to titanium and titanium alloys

Fixed Partial Denture Retainer, Implant Supported

D6075	S	implant supported retainer for ceramic FPD
D6076	S	implant supported retainer for FPD – porcelain fused to high noble alloys
D6077	S	implant supported retainer for metal FPD – high noble alloys
D6098	N	implant supported retainer – porcelain fused to predominantly base alloys
D6099	S	implant supported retainer for FPD – porcelain fused to noble alloys
D6120	S	implant supported retainer – porcelain fused to titanium and titanium alloys
D6121	N	implant supported retainer for metal FPD – predominantly base alloys
D6122	S	implant supported retainer for metal FPD – noble alloys
D6123	S	implant supported retainer for metal FPD – titanium and titanium alloys

Other Implant Services

D6080	S	implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments
D6081	S	scaling and debridement of a single implant in the presence of mucositis, including bleeding upon probing and increased pocket depths, includes cleaning of the implant surface, without flap entry and closure
D6085	S	interim implant crown
D6090	S	repair of implant/abutment supported prosthesis
D6091	S	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment
D6092	S	Recement or rebond implant/abutment supported crown
D6093	S	Recement or rebond implant/abutment supported fixed partial denture
D6096	S	remove broken implant retaining screw
D6180	S	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed including cleansing of prosthesis and abutments
D6091	S	repair of implant/abutment supported prosthesis
D6191	S	semi precision abutment placement
D6192	S	semi precision attachment – placement
D6193	S	replacement of an implant screw – per tooth

D6196	N	removal of an indirect restoration on an implant retained abutment
D6197	S	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
D6198	S	remove interim implant component
D6199	N	unspecified implant procedure, by report
D6280	S	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments-per arch

11.1. Benefits and Limitations for Implants Services

11.1.1. Implants and related services **require authorization** for the complete procedure (placement of implant and the restoration) and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.

11.1.2. All implants must be either Nobel Biocare or 3i or a compatible system.

11.1.3. When covered, all procedures related to the placement of an implant (e.g. bone re-contouring (D4268) and excision of gingival tissue) are considered integral to the implant placement procedure.

11.1.4. D6049 or D6081 shall deny as integral when reported on same day by same provider as D1110 or D4910.

11.1.5. When authorized, D6190 shall only be paid once per arch or comprehensive treatment plan.

11.1.6. Replacement of an implant screw – per tooth (D6193) is limited to once per tooth in a 3-year period.

11.1.7. Full arch implant maintenance procedures (D6080, D6180 or D6280) are not covered when performed in conjunction with a D1110, D4910 or D4346 on the same day, in the same arch.

12.0. PROSTHODONTIC (FIXED) – D6200-D6999

Fixed Partial Denture Pontics

D6205	N	pontic – indirect resin based composite
D6210	S	pontic – cast high noble metal
D6211	N	pontic – cast predominantly base metal
D6212	S	pontic – cast noble metal
D6214	S	pontic – titanium and titanium alloys
D6240	S	pontic – porcelain fused to high noble metal
D6241	N	pontic – porcelain fused to predominantly base metal
D6242	S	pontic – porcelain fused to noble metal

D6243	S	pontic – porcelain fused to titanium and titanium alloys
D6245	S	pontic – porcelain / ceramic
D6250	N	pontic – resin with high noble metal
D6251	N	pontic – resin with predominantly base metal
D6252	N	pontic – resin with noble metal
D6253	S	interim pontic – further treatment or completion of diagnosis necessary prior to final impression

Fixed Partial Denture Retainers – Inlays/Onlays

D6545	S	retainer – cast metal for resin bonded fixed prosthesis
D6548	S	retainer – porcelain / ceramic for resin bonded fixed prosthesis
D6549	N	resin retainer – for resin bonded fixed prosthesis
D6600	N	retainer inlay – porcelain / ceramic, two surfaces
D6601	N	retainer inlay – porcelain / ceramic, three or more surfaces
D6602	N	retainer inlay – cast high noble metal, two surfaces
D6603	N	retainer inlay – cast high noble metal, three or more surfaces
D6604	N	retainer inlay – cast predominantly base metal, two surfaces
D6605	N	retainer inlay – cast predominantly base metal, three or more surfaces
D6606	N	retainer inlay – cast noble metal, two surfaces
D6607	N	retainer inlay – cast noble metal, three or more surfaces
D6608	N	retainer onlay – porcelain / ceramic, two surfaces
D6609	N	retainer onlay – porcelain / ceramic, three or more surfaces
D6610	N	retainer onlay – cast high noble metal, two surfaces
D6611	N	retainer onlay – cast high noble metal, three or more surfaces
D6612	N	retainer onlay – cast predominantly base metal, two surfaces
D6613	N	retainer onlay – cast predominantly base metal, three or more surfaces
D6614	N	retainer onlay – cast noble metal, two surfaces
D6615	N	retainer onlay – cast noble metal, three or more surfaces
D6624	N	retainer inlay – titanium
D6634	N	retainer onlay – titanium

Fixed Partial Denture Retainers – Crowns

D6710	N	retainer crown – indirect resin based composite
D6720	N	retainer crown – resin with high noble metal
D6721	N	retainer crown – resin with predominantly base metal
D6722	N	retainer crown – resin with noble metal
D6740	S	retainer crown – porcelain / ceramic
D6750	S	retainer crown – porcelain fused to high noble metal
D6751	N	retainer crown – porcelain fused to predominantly base metal
D6752	S	retainer crown – porcelain fused to noble metal
D6753	S	retainer crown – porcelain fused to titanium and titanium alloys
D6780	S	retainer crown – 3/4 cast high noble metal
D6781	N	retainer crown – 3/4 cast predominantly base metal
D6782	S	retainer crown – 3/4 cast noble metal
D6783	N	retainer crown – 3/4 porcelain/ceramic
D6784	S	retainer crown – 3/4 titanium and titanium alloys

D6790	S	retainer crown – full cast high noble metal
D6791	N	retainer crown – full cast predominantly base metal
D6792	S	retainer crown – full cast noble metal
D6793	N	interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression
D6794	S	retainer crown – titanium and titanium alloys

Other Fixed Partial Denture Services

D6920	S	connector bar
D6930	R	recement or re-bond fixed partial denture
D6940	S	stress breaker
D6950	S	precision attachment
D6980	S	fixed partial denture repair, necessitated by restorative material failure
D6999	N	unspecified fixed prosthodontics procedure, by report

12.1. Benefits and Limitations for Prosthodontic Services (Fixed)

12.1.1. All prosthodontic treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.

12.1.2. All placement/replacement of fixed prostheses (D6210 through D6792) requires approval by a DSPOC.

12.1.3. Per military's guidelines, all-ceramic fixed partial dentures involving and replacing molars will be Full-Contour zirconia (e.g. Bruxir, Lava Plus, Zirlux) whether they are placed in DTFs or via private sector care. Civilian dental providers are required to provide a copy of the lab bill, for non DTF – referred care, with the dental claim providing evidence of the materials used for fabricating the crown. If the dental office has their own milling machine (Cerec, ProCad, Vitablocs, Paradigm) the dentist shall indicate this and also confirm what brand and material type of block was used.

12.1.4. Temporary fixed partial dentures are not a covered service if provided independently and are considered integral to the allowance for the fixed partial denture procedure when provided in conjunction with a permanent fixed partial denture procedure. They will not be considered for payment or reimbursement.

12.1.5. Recementation of crowns, fixed partial dentures, inlays, onlays, or cast posts within six months of their placement by the same dental provider/facility is considered integral to the original procedure.

12.1.6. Implants and related services **require authorization** for the complete procedure and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.

12.1.7. Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.

13.0. ORAL AND MAXILLOFACIAL SURGERY – D7000-D7999

Extractions (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7111	R	extraction, coronal remnants – primary tooth
D7140	R	extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Surgical Extractions (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7210	R	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	R	removal of impacted tooth – soft tissue
D7230	R	removal of impacted tooth – partially bony
D7240	R	removal of impacted tooth – completely bony
D7241	R	removal of impacted tooth – completely bony, with unusual surgical complications
D7250	R	removal of residual tooth roots (cutting procedure)
D7251	S	coronectomy – intentional partial tooth removal, impacted teeth only
D7252	S	partial extraction for immediate implant placement

Other Surgical Procedures

D7259	S	nerve dissection
D7260	E	oroantral fistula closure
D7261	E	primary closure of a sinus perforation
D7270	E	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272	N	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	S	exposure of an unerupted tooth
D7282	S	mobilization of erupted or malpositioned tooth to aid eruption
D7283	S	placement of device to facilitate eruption of impacted tooth
D7284	S	excisional biopsy of minor salivary glands
D7285	S	incisional biopsy of oral tissue – hard (bone, tooth)
D7286	S	incisional biopsy of oral tissue – soft
D7287	N	exfoliative cytological sample collection
D7288	N	brush biopsy – transepithelial sample collection
D7290	N	surgical repositioning of teeth
D7291	S	transseptal fiberotomy/supra crestal fiberotomy, by report
D7292	N	placement of temporary anchorage device [screw retained plate] requiring flap
D7293	N	placement of temporary anchorage device requiring flap
D7294	N	placement of temporary anchorage device without flap
D7295	S	harvest of bone for use in autogenous grafting procedure
D7296	N	corticotomy – one to three teeth or tooth spaces, per quadrant
D7297	N	corticotomy – four or more teeth or tooth spaces, per quadrant
D7298	N	removal of temporary anchorage device [screw retained plate], requiring flap

D7299 N removal of temporary anchorage device, requiring flap

Alveoloplasty – Preparation of Ridge

D7300 N removal of temporary anchorage device, without flap
D7310 S alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant
D7311 S alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant
D7320 S alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant
D7321 S alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant

Vestibuloplasty

D7340 S vestibuloplasty – ridge extension (secondary epithelialization)
D7350 S vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

Excision of Soft Tissue Lesions (Includes Non-Odontogenic Cysts)

D7410 S excision of benign lesion up to 1.25 cm
D7411 S excision of benign lesion greater than 1.25 cm
D7412 S excision of benign lesion, complicated
D7413 S excision of malignant lesion up to 1.25 cm
D7414 S excision of malignant lesion greater than 1.25 cm
D7415 S excision of malignant lesion, complicated
D7465 S destruction of lesion(s) by physical or chemical method, by report

Excision of Intra-Osseous Lesions

D7440 S excision of malignant tumor – lesion diameter up to 1.25 cm
D7441 S excision of malignant tumor – lesion diameter greater than 1.25 cm
D7450 S removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7451 S removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm
D7460 S removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7461 S removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm

Excision of Bone Tissue

D7471 S removal of lateral exostosis (mandible or maxilla)
D7472 S removal of torus palatinus
D7473 S removal of torus mandibularis
D7485 S reduction of osseous tuberosity
D7490 S radical resection of maxilla or mandible

Surgical Incision

D7509	S	marsupialization of odontogenic cyst
D7510	R	incision and drainage of abscess – intraoral soft tissue
D7511	R	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	R	incision and drainage of abscess – extraoral soft tissue
D7521	R	incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7530	R	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	R	removal of reaction producing foreign bodies, musculoskeletal system
D7550	R	partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	R	maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of Closed Fractures – Simple

D7610	S	maxilla – open reduction (teeth immobilized, if present)
D7620	S	maxilla – closed reduction (teeth immobilized, if present)
D7630	S	mandible – open reduction (teeth immobilized, if present)
D7640	S	mandible – closed reduction (teeth immobilized, if present)
D7650	S	malar and/or zygomatic arch – open reduction
D7660	S	malar and/or zygomatic arch – closed reduction
D7670	S	alveolus – closed reduction, may include stabilization of teeth
D7671	S	alveolus – open reduction, may include stabilization of teeth
D7680	S	facial bones – complicated reduction with fixation and multiple surgical approaches

Treatment of Open Fractures – Compound

D7710	S	maxilla open reduction
D7720	S	maxilla – closed reduction
D7730	S	mandible – open reduction
D7740	S	mandible – closed reduction
D7750	S	malar and/or zygomatic arch – open reduction
D7760	S	malar and/or zygomatic arch – closed reduction
D7770	S	alveolus – open reduction stabilization of teeth
D7771	S	alveolus – closed reduction stabilization of teeth
D7780	S	facial bones – complicated reduction with fixation and multiple approaches

Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

D7810	S	open reduction of dislocation
D7820	S	closed reduction of dislocation
D7830	S	manipulation under anesthesia
D7840	S	condylectomy
D7850	S	surgical discectomy, with/without implant
D7852	S	disc repair

D7854	S	synovectomy
D7856	S	myotomy
D7858	S	joint reconstruction
D7860	S	arthrotomy
D7865	S	arthroplasty
D7870	S	arthrocentesis
D7871	S	non-arthroscopic lysis and lavage
D7872	S	arthroscopy: diagnosis, with or without biopsy
D7873	S	arthroscopy: lavage and lysis of adhesions
D7874	S	arthroscopy: disc repositioning and stabilization
D7875	S	arthroscopy: synovectomy
D7876	S	arthroscopy: discectomy
D7877	S	arthroscopy: debridement
D7880	S	occlusal orthotic device, by report
D7881	N	occlusal orthotic device adjustment
D7899	N	unspecified TMD therapy, by report

Repair of Traumatic Wounds (Excludes Closure of Surgical Incisions)

D7910	E	suture of recent small wounds up to 5 cm

Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure - Excludes Closure of Surgical Incisions)

D7911	E	complicated suture – up to 5 cm
D7912	E	complicated suture – greater than 5 cm

Other Repair Procedures

D7920	S	skin graft (identify defect covered, location and type of graft)
D7921	S	collection and application of autologous blood concentrate product
D7922	N	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D7939	N	indexing for osteotomy using dynamic robotic assisted or dynamic navigation
D7940	N	osteoplasty – orthognathic deformities
D7941	N	osteotomy – mandibular rami
D7943	N	osteotomy – mandibular rami with bone graft; includes obtaining the graft
D7944	N	osteotomy – segmented or subapical
D7945	N	osteotomy – body of mandible
D7946	N	LeFort I (maxilla – total)
D7947	N	LeFort I (maxilla – segmented)
D7948	N	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
D7949	N	LeFort II or LeFort III – with bone graft
D7950	N	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report
D7951	S	sinus augmentation with bone or bone substitutes via a lateral open approach
D7952	S	sinus augmentation via a vertical approach
D7953	S	bone replacement graft for ridge preservation – per site

D7955	S	repair of maxillofacial soft and/or hard tissue defect
D7956	S	guided tissue regeneration, edentulous area – resorbable barrier, per site
D7957	S	guided tissue regeneration, edentulous area – non-resorbable barrier, per site
D7961	S	buccal / labial frenectomy (frenulectomy)
D7962	S	lingual frenectomy (frenulectomy)
D7963	N	frenuloplasty
D7970	S	excision of hyperplastic tissue – per arch
D7971	S	excision of pericoronal gingiva
D7972	S	surgical reduction of fibrous tuberosity
D7979	S	non-surgical sialolithotomy
D7980	S	surgical sialolithotomy
D7981	S	excision of salivary gland, by report
D7982	S	sialodochoplasty
D7983	S	closure of salivary fistula
D7990	E	emergency tracheotomy
D7991	S	coronoidectomy
D7995	S	synthetic graft – mandible or facial bones, by report
D7996	S	implant – mandible for augmentation purposes (excluding alveolar ridge), by report
D7997	S	appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998	N	intraoral placement of a fixation device not in conjunction with a fracture
D7999	N	unspecified oral surgery procedure, by report

13.1. <u>Benefits and Limitations for Oral Surgery Services</u>

13.1.1. All oral surgery procedures in excess of $750 per procedure or $1500 per treatment episode require written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma or is required to control bleeding or infection or relieve pain.

13.1.2. Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.

13.1.3. Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.

13.1.4. Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow up care is considered integral to the procedure.

13.1.5. Biopsies are an eligible benefit when tissue is surgically removed for the specific purpose of histopathological examination and diagnosis.

13.1.6. Biopsies are considered integral when performed in conjunction with other surgical procedures on the same day in the same area of the mouth except in states that require separate payments for the accession of the tissue and the lab bill.

13.1.7. Charges for related services such as necessary wires and splints, adjustments and follow up visits are considered integral to the fee for reimplantation.

13.1.8. Routine postoperative care such as suture removal is considered integral to the fee for the surgery.

13.1.9. The removal of exposed roots (D7140) is included in the allowance for the extraction and will not be considered for payment or reimbursement as a separate procedure when performed by the same dental provider/facility. Payment may be allowed only if performed by a different dental provider/facility.

13.1.10. Repair or reaccomplishing a surgical procedure by the same dentist and involving the same surgical site, performed within 12 months of the original surgery are considered integral procedures and a separate fee is not chargeable to the member by a network dentist. However, surgical revision may be allowed with the appropriate narrative justification, photographic and radiographic images, and specific procedures requested.

13.1.11. Partial extraction for immediate implant placement (D7252) is limited to maxillary anterior teeth.

13.1.12. Nerve dissection is integral when performed on the same tooth, on the same day and by the same dentist as removal of impacted tooth – completely bony, with unusual surgical complication (D7241).

14.0. ORTHODONTIC SERVICES – D8000-D8999

Limited Orthodontic Treatment

D8040	S	limited orthodontic treatment of the adult dentition

Comprehensive Orthodontic

D8090	S	comprehensive orthodontic treatment of the adult dentition
D8091	S	comprehensive orthodontic treatment associated with orthognathic surgery when additional surgical intervention is planned

Treatment to Control Harmful Habits

D8210	S	removable appliance therapy
D8220	N	fixed appliance therapy

Other Orthodontic Services

D8660	N	pre-orthodontic treatment examination to monitor growth and development
D8670	S	periodic orthodontic treatment visit

D8671	S	periodic orthodontic treatment visit for comprehensive treatment associated with orthognathic surgery
D8680	S	orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8681	N	removable orthodontic retainer adjustment
D8695	S	removal of fixed orthodontic appliances for reasons other than completion of treatment
D8696	S	repair of orthodontic appliance – maxillary
D8697	S	repair of orthodontic appliance – mandibular
D8698	S	re-cement or re-bond fixed retainer – maxillary
D8699	S	re-cement or re-bond fixed retainer – mandibular
D8701	S	repair of fixed retainer, includes reattachment – maxillary
D8702	S	repair of fixed retainer, includes reattachment – mandibular
D8703	N	replacement of lost or broken retainer – maxillary
D8704	N	replacement of lost or broken retainer – mandibular
D8999	N	unspecified orthodontic procedure, by report

14.1. Benefits and Limitations for Orthodontic Services

14.1.1. Orthodontics is elective treatment unless required to correct recent trauma and/or in support of required oral/maxillofacial surgery or prosthodontic procedures.

14.1.2 Orthodontic consultations will be processed as comprehensive or periodic evaluations and are subject to the same time limitations.

14.1.3. Orthodontic treatment provided in conjunction with orthognathic surgery must be coordinated through the Military Treatment Facility and the orthognathic surgery must be provided by a DTF dental provider.

14.1.4. Eligible ADSMs must check with their unit commanders to ensure compliance with Service policies prior to receiving orthodontic treatment. Orthodontic treatment is not considered essential to military service and authorization for payment of orthodontic procedures is very limited. All authorization for payment of orthodontic treatment requires written authorization by the member's Service Dental Corps Chief or designated representative prior to initiating treatment. The presence of orthodontic appliances may affect dental readiness for recall and eligibility for certain assignments and may necessitate the inactivation or removal of the orthodontic appliances at the reservist's expense.

14.1.5. Orthodontic treatment (limited) in support of prosthodontic treatment must be in support of a DTF prosthodontist or appropriately trained general dentist specialist. It is the responsibility of the restoring dentist to ensure adequate time on station remains for both patient and restoring dentist for completion of the restoration phase prior to initiation of orthodontic treatment.

14.1.6. When orthodontic treatment is initiated at a DTF with in-house orthodontic treatment capability, it is the responsibility of the DTF orthodontist to ensure sufficient time on station remains for both patient and DTF orthodontic support for completion of treatment prior to

initiation of orthodontic treatment. If the DTF restricts, suspends or terminates orthodontic services at any installation or if the service member receives Permanent Change of Station (PCS) orders to a location where military orthodontic treatment is not available, the service member assumes the financial responsibility for continuing or completing orthodontic treatment. In the case of limited orthodontic treatment, the military is not obligated to provide orthodontic care or restorative/prosthetic care at a later date.

14.1.7. If the service member separates from active duty before orthodontic treatment is complete, the service member may elect to maintain orthodontic appliances and continue treatment with a civilian orthodontist at their own expense. If orthodontic care was in support of orthognathic surgery, the military will in no way be responsible for payment of any care. If the member desires not to continue treatment with a civilian orthodontist after separating from the military or upon PCS to a location where military orthodontic treatment is not available, the service member may elect to have orthodontic appliances removed. The service member accepts responsibility for any relapse that may occur after this removal.

14.1.8. Diagnostic casts (D0470) are payable once per orthodontic treatment plan.

14.1.9. Initial payment for orthodontic services will not be made until a banding date has been submitted.

14.1.10. All retention and case-finishing procedures are integral to the total case fee.

14.1.11. Observations and adjustments are integral to the payment for retention appliances.

14.1.12. Repair of damaged orthodontic appliances is not covered as a separate charge.

14.1.13. Recementation of an orthodontic appliance by the same dental provider/facility who placed the appliance and/or who is responsible for the ongoing care of the patient is not covered. However, recementation or repair will be considered for payment as palliative emergency treatment if provided by other than the dental provider/facility rendering complete orthodontic treatment.

14.1.14. Periodic orthodontic treatment visits (as part of contract) are considered an integral part of a complete orthodontic treatment plan and are not reimbursable as a separate service. ADA code D8670 should be used when submitting claims for periodic payments as part of the complete treatment plan payment.

14.1.15. It is the dental provider's and service member's shared responsibility to notify appropriate military units and government agencies if orthodontic treatment is discontinued or completed sooner than anticipated.

14.1.16. The replacement of a lost or missing appliance is not a covered benefit.

14.1.17. Myofunctional therapy is integral to orthodontic treatment and is not payable as a separate benefit.

15.0. ADJUNCTIVE GENERAL SERVICES – D9000-D9999

Unclassified Treatment

D9110	E	palliative treatment of dental pain
D9120	N	fixed partial denture sectioning
D9128	N	photobiomodulation therapy – first 15 minute increment, or any other portion thereof
D9129	N	photobiomodulation therapy – each subsequent 15 minute increment, or any other portion thereof
D9130	N	temporomandibular joint dysfunction – non-invasive physical therapies

Anesthesia

D9210	S	local anesthesia not in conjunction with operative or surgical procedures
D9211	S	regional block anesthesia
D9212	S	trigeminal division block anesthesia
D9215	N	local anesthesia in conjunction with operative or surgical procedures
D9219	N	evaluation for moderate sedation, deep sedation or general anesthesia
D9222	S	administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof, with or without co-administration of nitrous oxide
D9223	S	administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof
D9224	S	administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof
D9225	S	general anesthesia with advanced airway – first 15 minute increment, or any portion thereof
D9230	S	administration of nitrous oxide
D9239	S	administration of moderate sedation- intravenous – first 15 minute increment, or any portion thereof
D9243	S	administration of moderate sedation-intravenous – each subsequent 15 minute increment, or any portion thereof
D9244	S	in-office administration of minimal sedation – single drug– enteral
D9245	S	administration of moderate sedation – enteral
D9246	S	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof
D9247	S	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof

Professional Consultation

D9310	R	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician
D9311	S	consultation with a medical health care professional

Professional Visits

D9410	N	house / extended care facility call
D9420	S	hospital or ambulatory surgical center call

D9430	N	office visit for observation (during regularly scheduled hours) – no other services performed
D9440	R	office visit – after regularly scheduled hours
D9450	N	case presentation, subsequent to detailed and extensive treatment planning

Drugs

D9610	S	therapeutic parenteral drug, single administration
D9612	S	therapeutic parenteral drugs, two or more administrations, different medications
D9613	S	infiltration of sustained release therapeutic drug, per quadrant
D9630	S	drugs or medicaments dispensed in the office for home use

Miscellaneous Services

D9910	S	application of desensitizing medicament
D9911	S	application of desensitizing resin for cervical and/or root surface, per tooth
D9912	N	pre-visit patient screening
D9913	N	administration of neuromodulators (BOTOX)
D9914	N	administration of dermal fillers (COLLAGEN)
D9920	N	behavior management, by report
D9930	S	treatment of complications (post-surgical) – unusual circumstances, by report
D9932	N	cleaning and inspection of removable complete denture, maxillary
D9933	N	cleaning and inspection of removable complete denture, mandibular
D9934	N	cleaning and inspection of removable partial denture, maxillary
D9935	N	cleaning and inspection of removable partial denture, mandibular
D9936	N	cleaning and inspection of occlusal guard – per appliance
D9938	N	fabrication of a custom removable clear plastic temporary aesthetic appliance
D9939	N	placement of a custom removable clear plastic temporary aesthetic appliance
D9941	R	fabrication of athletic mouthguard
D9942	S	repair and/or reline of occlusal guard
D9943	S	occlusal guard adjustment
D9944	S	occlusal guard – hard appliance, full arch
D9945	S	occlusal guard – soft appliance, full arch
D9946	S	occlusal guard – hard appliance, partial arch
D9947	N	custom sleep apnea appliance fabrication and placement
D9948	N	adjustment of custom sleep apnea appliance
D9949	N	repair of custom sleep apnea appliance
D9950	S	occlusion analysis – mounted case
D9951	S	occlusal adjustment – limited
D9952	S	occlusal adjustment – complete
D9953	N	reline custom sleep apnea appliance (indirect)
D9954	N	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device
D9955	N	oral appliance therapy (OAT) titration visit
D9956	N	administration of home sleep apnea test
D9957	N	screening for sleep related breathing disorders
D9959	N	unspecified sleep apnea services, by report
D9970	S	enamel microabrasion

D9971	S	odontoplasty -per tooth
D9972	N	external bleaching – per arch - performed in office
D9973	N	external bleaching – per tooth
D9974	S	internal bleaching – per tooth
D9975	N	external bleaching for home application, per arch; includes materials and fabrication of custom trays

Non-clinical Procedures

D9961	N	duplicate/copy patient's records
D9985	N	sales tax
D9986	N	missed appointment
D9987	N	cancelled appointment
D9990	N	certified translation or sign-language services – per visit
D9991	N	dental case management-addressing appointment compliance barriers
D9992	N	dental case management-care coordination
D9993	N	dental case management-motivational interviewing
D9994	N	dental case management-patient education to improve oral health literacy
D9995	R	teledentistry – synchronous; real-time encounter
D9996	R	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
D9997	N	dental case management – patients with special health care needs
D9999	N	unspecified adjunctive procedure, by report

15.1. Benefits and Limitations for Adjunctive General Services

15.1.1. General anesthesia is covered (by report) only when provided in connection with a covered procedure(s) and when rendered by a dentist or other professional provider licensed and approved to provide anesthesia in the state where the service is rendered.

15.1.2. General anesthesia is covered only by report when determined to be medically or dentally necessary for justifiable medical or dental conditions.

15.1.3. In order for sedation to be covered, the procedure for which it was provided and the name of the dentist who provided the procedure must be submitted.

15.1.4. D9219 will be denied for coverage as integral to D9222, D9223, D9224, D9225, D9239, D9243, D9244, D9245, D9246 and D9247..

15.1.5. Administration of minimal (D9244) or moderate (D9245) sedation-enteral may not be billed together or in conjunction with any other form of anesthesia. If billed on the same date by the same provider, payment for the D9244 or D9245 will be denied as integral.

15.1.6. Intravenous (IV) sedation is covered only by report in conjunction with covered procedures for justifiable medical or dental conditions and if performed by a qualified dentist recognized by the State or jurisdiction in which they practice as authorized to perform IV sedation/general anesthesia.

15.1.7. Any form of sedation submitted without a report will be denied as a non-covered benefit.

15.1.8. For a limited oral evaluation – problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.

15.1.9. Palliative (emergency) treatment and limited oral evaluations – problem focused are covered only if no definitive treatment is provided. However, only one of these services may be allowed on the same date.

15.1.10. In order for palliative (emergency) treatment to be covered, the dentist must provide treatment to alleviate the member's problem. If the only service provided is to evaluate the patient and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation – problem focused.

15.1.11. Consultations are covered only when provided by a dentist other than the dental provider/facility providing the treatment.

15.1.12. After hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.

15.1.13. Therapeutic drug injections are only payable in unusual circumstances, which must be documented by report. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation, nitrous oxide, or premedication.

15.1.14. When infiltration of sustained release therapeutic drugs are used (D9613), the specific drug used shall be identified.

15.1.15. Preparations and appliances to be used at home, such as over-the-counter fluoride gels, special mouth rinses (including antimicrobials), electric toothbrushes, irrigation units, etc., are not covered benefits.

15.1.16. Occlusal guards require authorization regardless of cost and written authorization must be obtained prior to initiating treatment.

15.1.17. Occlusal guard (D9946) are only covered when the issuing provider closely follows the care.

15.1.18. Athletic mouthguards are limited to one per consecutive 12-month period.

15.1.19. Bleaching of discolored teeth (D9974) is covered by report for endodontically treated anterior teeth. A current diagnostic-quality post-operative endodontic radiograph is required for consideration and written authorization must be obtained prior to initiating treatment. Bleaching of discolored teeth (D9974) is eligible once per tooth per three year period.

15.1.20. External bleaching of discolored teeth is not a covered benefit.

15.1.21. Any assessed tax (D9985) is the responsibility of the contractor (see FAR 52.229-3).

15.1.22. Teledentistry is reported in addition to other procedures (e.g., diagnostic) delivered to the member on the date of service.