

# MEDICARE ADVANTAGE DENTAL BENEFITS

As an essential part to your oral health and overall health, CareSource Medicare Advantage offers important dental coverage to meet your health care needs.



## The Value of Preventive Care

CareSource Medicare Advantage plans offer important preventive dental care. This includes exams, cleanings and x-rays, without any copayment or cost share when seeing an in-network provider.

## In-Network Dentists

As a CareSource Medicare Advantage member, you'll have access to the DentaQuest dental network.

CareSource has partnered with DentaQuest to provide Dental Benefits and a network of providers to choose from. To find a dentist:

1. Visit **CareSource Find Doctor/Provider**.
2. Under **Programs**, scroll to your state and select **Dual Special Needs**.
3. Continue scrolling until you find the **Specialty** section. Select **Dentistry**.

If you have questions about supplemental dental services or in-network dentists, contact the dental customer service number on the back of your CareSource member ID card.

## A Mirror to Your Overall Health

Proper oral health is more than just a beautiful smile! It can also affect your overall health. Studies show that gum disease is linked to conditions like:



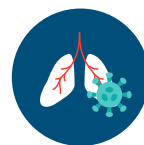
### Heart Disease and Stroke

Gum disease causes inflammation in the body that may contribute to blockages or blood clots.<sup>1</sup>



### Diabetes

Uncontrolled diabetes can increase the risk of gum disease, making it difficult to control blood sugar.<sup>1</sup>



### Respiratory Illness

Poor oral health can lead to a higher risk of bronchitis, pneumonia and chronic obstructive pulmonary disease (COPD).<sup>1</sup>



### Dementia

Bacteria caused by gum disease is associated with the development of Alzheimer's disease and related dementias.<sup>2</sup>

For more information on your plans dental coverage, visit [CareSource.com/plans/medicare/plan-documents/](https://www.caresource.com/plans/medicare/plan-documents/) and review the Evidence of Coverage (EOC) for your county.





## Dental Services

### DIAGNOSTIC AND PREVENTIVE SERVICES

Original Medicare does not cover preventive and diagnostic dental services (i.e. cleaning, routine dental exams and dental x-rays). With CareSource Medicare Advantage, the following is included in your dental benefits without prior authorization.

#### DIAGNOSTIC DENTAL

COVERED SERVICES			COPAY/COINSURANCE (Your cost for covered services)	
Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Dental Exams</b>	D0120 Periodic dental exam	One type of oral exam every six months	No cost	No cost
	D0140 Limited dental exam – problem focused			
	D0150 Comprehensive dental exam	Comprehensive dental exam and Comprehensive periodontal exam are limited to one per provider or practice location every three years.		
	D0160 Detailed and extensive dental exam – problem focused, by report			
	D0180 Comprehensive periodontal exam			
<b>Radiographs (X-Rays)</b>	D0210 Intraoral – complete set of X-ray images including bitewings	Bitewings are limited to one per year	No cost	No cost
	D0220 Intraoral – periapical X-ray			
	D0230 Intraoral – additional periapical image			
	D0240 Intraoral – occlusal X-ray	Individual X-ray (Image of the Root) as dentally necessary (initial film and one additional) once per calendar year		
	D0270 Bitewing – single image			
	D0272 Bitewings – two images	Intraoral X-Ray Image of the Entire Mouth or Panoramic image) Once every 3 calendar years		
	D0273 Bitewings – three images			
	D0274 Bitewings – four images			
	D0277 Vertical bitewings – seven to eight images			
	D0330 Panoramic X-ray			

PREVENTIVE DENTAL				
COVERED SERVICES			COPAY/COINSURANCE <i>(Your cost for covered services)</i>	
Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
Cleanings	D1110 Prophylaxis – Adult (Routine cleaning)	One routine dental cleaning every six months  Periodontal and Prophylaxis cleanings in combination are covered up to four total cleanings per year.	No cost	No cost
	D4910 Periodontal maintenance (Special cleanings around gum after active gum treatment)	D4910 covered for CareSource Advantage members ONLY. Limited to four cleanings.		

COMPREHENSIVE DENTAL BENEFITS (BASIC AND MAJOR SERVICES)				
COVERED SERVICES			COPAY/COINSURANCE <i>(Your cost for covered services)</i>	
Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
Labs and Other Tests	D0480 Oral Pathology lab Test	As medically necessary	50% coinsurance	Not covered
	D0502 Oral Pathology lab Test			
Minor Restorations (fillings)	D2140 Amalgam – one surface, primary or permanent	Amalgam (metal) fillings or Resin (tooth colored fillings) limited to one per tooth every year.	30% coinsurance	Not covered
	D2140 Amalgam – one surface, primary or permanent			
	D2150 Amalgam – two surfaces, primary or permanent	Protective (temporary) restorations limited to one per tooth per lifetime.		
	D2160 Amalgam – three surfaces, primary or permanent			
D2161 Amalgam – four or more surfaces, primary or permanent				

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Minor Restorations (fillings)</b>	D2330 Resin-based composite – one surface, anterior	Amalgam (metal) fillings or Resin (tooth colored fillings) limited to one per tooth every year.  Protective (temporary) restorations limited to one per tooth per lifetime.	30% coinsurance	Not covered
	D2331 Resin-based composite – two surfaces, anterior			
	D2332 Resin-based composite – three surfaces, anterior			
	D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)			
	D2390 Resin-based composite crown, anterior			
	D2391 Resin-based composite – one surface, posterior; Not a preventive procedure			
	D2392 Resin-based composite – two surfaces, posterior			
	D2393 Resin-based composite – three surfaces, posterior			
	D2394 Resin-based composite – four or more surfaces, posterior			
	D2940 Protective Restoration			
	D2951 Pin retention – per tooth, in addition to restoration			
	D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core			
D2920 Re-cement or re-bond crown				
<b>Major Restorations (e.g. Crowns, Inlays)</b>	D2510 Inlay - metallic – one surface			
<b>Major Restorations (Crowns, Inlays)</b>	D2520 Inlay (metallic) – two surfaces	One type of crown or inlay per tooth every five years	50% coinsurance	Not covered
	D2530 Inlay (metallic) – three surfaces			
	D2542 Onlay (metallic) – two surfaces			
	D2543 Onlay (metallic) – three surfaces			

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Major Restorations (Crowns, Inlays)</b>	D2544 Onlay (metallic) – four or more surfaces	One type of crown or inlay per tooth every five years	50% coinsurance	Not covered
	D2610 Inlay (porcelain/ceramic) – one surface			
	D2620 Inlay (porcelain/ceramic) – two surfaces			
	D2630 Inlay (porcelain/ceramic) – three or more surfaces			
	D2642 Onlay (porcelain/ceramic) – two surfaces			
	D2643 Onlay (porcelain/ceramic) – three surfaces			
	D2644 Onlay (porcelain/ceramic) – four or more surfaces			
	D2650 Inlay (resin-based) composite – one surface			
	D2651 Inlay (resin-based) composite – two surfaces			
	D2652 Inlay (resin-based) composite – three or more surfaces			
	D2662 Onlay (resin-based) composite – two surfaces			
	D2663 Onlay (resin-based) composite – three surfaces			
	D2664 Onlay (resin-based) composite – four or more surfaces			
	D2710 Crown (resin-based) composite (indirect)			
	D2712 Crown - 3/4 (resin-based) composite (indirect); This code does not include facial veneers.			
	D2720 Crown (resin-based) with high noble metal			
D2721 Crown (resin-based) with predominantly base metal				
D2722 Crown(resin-based) with noble metal				

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Major Restorations (Crowns, Inlays)</b>	D2740 Crown (porcelain/ceramic) substrate	One type of crown or inlay per tooth every five years	50% coinsurance	Not covered
	D2750 Crown – porcelain fused to high noble metal			
	D2751 Crown – porcelain fused to predominately base metal			
	D2752 Crown – porcelain fused to noble metal			
	D2753 Crown – porcelain fused to titanium and titanium alloys			
	D2780 Crown – 3/4 cast high noble metal			
	D2781 Crown – 3/4 cast predominately base metal			
	D2782 Crown – 3/4 cast noble metal			
	D2783 Crown – 3/4 (porcelain/ceramic)			
	D2790 Crown – full cast high noble metal			
	D2792 Crown – full cast noble metal			
	D2794 Crown – titanium and titanium alloys			
	D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core			
	D2920 Re-cement or re-bond crown			
	D2950 Core buildup, including any pins			
	D2951 Pin retention – per tooth, in addition to restoration			
	D2952 Post, core and crown, indirectly fabricated; Post and core are custom fabricated as a single unit			
D2953 Each additional indirectly fabricated post – same tooth; To be used with D2952				

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Major Restorations (Crowns, Inlays)</b>	D2954 Prefabricated post, core and crown	One type of crown or inlay per tooth every five years	50% coinsurance	Not covered
	D2957 Each additional prefabricated post – same tooth; To be used with D2954			
	D2980 Crown repair, by report			
	D2981 Inlay Repair			
	D2982 Onlay Repair			
	D2983 Veneer Repair			
	D2990 Resin infiltration/smooth surface			
D2999 Unspecified restorative procedure, by report; Use for procedure that is not described by a code				
<b>Endodontics</b>	D3220 Therapeutic pulpotomy (excluding final restoration)	Root Canal Treatment (RCT) for a tooth. Limited to one per lifetime per tooth	50% coinsurance	Not covered
	D3221 Pulpal debridement, primary and permanent teeth			
	D3222 Partial pulpotomy for Apexogenesis (permanent tooth with incomplete root development)			
	D3310 Anterior root canal (excluding final restoration)			
	D3320 Bicuspid root canal (excluding final restoration)			
	D3330 Molar root canal (excluding final restoration)			
	D3331 Treatment of root canal obstruction; non-surgical access			
D3346 Retreatment of previous root canal therapy (anterior)				

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Endodontics</b>	D3347 Retreatment of previous root canal therapy (bicuspid)	Root Canal Treatment (RCT) for a tooth. Limited to one per lifetime per tooth	50% coinsurance	Not covered
	D3348 Retreatment of previous root canal therapy (molar)			
	D3351 Apexification/ recalcification – initial visit			
	D3352 Apexification recalcification – interim medication replacement			
	D3353 Apexification/ recalcification – final visit			
	D3410 Apicoectomy/ periradicular surgery (anterior)			
	D3421 Apicoectomy/ periradicular surgery (bicuspid – first root)			
	D3425 Apicoectomy/ periradicular surgery (molar – first root)			
	D3426 Apicoectomy periradicular surgery (each additional root)			
	D3501 surgical exposure of root surface without apicoectomy or repair of root resorption (anterior)			
	D3502 surgical exposure of root surface without apicoectomy or repair of root resorption (premolar)			
	D3503 surgical exposure of root surface without apicoectomy or repair of root resorption (molar)			
	D3430 Retrograde filling – per root			
	D3920 Hemisection (including any root removal)			
	D3999 Unspecified endodontic procedure, by report; Used for procedure that is not described by a code			



Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Periodontics Surgical</b>	D4210 Gingivectomy (gum surgery) or gingivoplasty – four or more teeth	One type of periodontal surgical procedure per area of mouth (quadrant) every three years	50% coinsurance	Not covered
	D4211 Gingivectomy (gum surgery) or gingivoplasty – one to three teeth			
	D4240 Gingival flap (gum surgery) procedure – four or more teeth			
	D4241 Gingival flap (gum surgery) procedure, including root planning – one to three contiguous teeth or tooth bounded spaces per quadrant	One Gingivectomy (gum surgery) (one to three teeth or four or more) every three years		
	D4249 Clinical crown lengthening	One Gingival flap (gum surgery) procedure (one to three teeth or four or more teeth) every three years		
	D4260 Osseous (bone) surgery (flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	One bone surgery (one to three teeth or four or more teeth) every three years		
	D4261 Osseous (bone) surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	One type of tissue graft per tooth (does not exceed two teeth) per year		
	D4270 Pedicle soft tissue graft procedure			
	D4277 Free soft tissue graft first tooth			
<b>Periodontics Non-Surgical (deep cleaning)</b>	D4341 Periodontal scaling and root planning (deep cleaning) – four or more teeth per quadrant	Deep cleaning, limited to one every two years	50% coinsurance	Not covered
	D4342 Periodontal scaling and root planning (deep cleaning) – one to three teeth, per quadrant	Removal of extensive plaque and tarter limited to one every three years		

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Periodontics Non-Surgical (deep cleaning)</b>	D4355 Full mouth debridement (Removal of extensive plaque and tarter) to enable comprehensive evaluation and diagnosis	Deep cleaning, limited to one every two years	50% coinsurance	Not covered
	D4999 Unspecified periodontal procedure, by report; Use for procedure that is not described by a code. Describe procedure.	Removal of extensive plaque and tarter limited to one every three years		
<b>Periodontics (Dentures and Partials)</b>	D5110 Complete denture – maxillary	One Denture every five years  One partial every five years	50% coinsurance	Not covered
	D5120 Complete denture – mandibular			
	D5130 Immediate denture – maxillary			
	D5140 Immediate denture – mandibular			
	D5211 Maxillary partial denture (resin-based)			
	D5212 Mandibular partial denture (resin-based)			
	D5213 Maxillary partial denture – cast metal framework (resin-based)			
	D5214 Mandibular partial denture – cast metal framework (resin-based)			
	D5221 Immediate maxillary partial denture (resin-based)			
	D5222 Immediate mandibular partial denture (resin-based)			
	D5223 Immediate maxillary partial denture – cast metal framework (resin-based)			
	D5224 Immediate mandibular partial denture – cast metal framework (resin-based)			
	D5225 Maxillary partial denture – flexible base (retentive/ claspings)			

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Periodontics (Dentures and Partials)</b>	D5226 Mandibular partial denture – flexible base (retentive/clasping materials, rests and teeth)	One Denture every five years  One partial every five years	50% coinsurance	Not covered
	D5410 Adjust complete denture – maxillary			
	D5411 Adjust complete denture – mandibular			
	D5421 Adjust partial denture – maxillary			
	D5422 Adjust partial denture – mandibular			
	D5511 Repair broken complete denture base, mandibular			
	D5512 Repair broken complete denture base – maxillary			
	D5520 Replace missing or broken teeth – complete denture (each tooth)			
	D5611 Repair resin denture base, mandibular			
	D5612 Repair resin denture base, maxillary			
	D5621 Repair cast framework, mandibular			
	D5622 Repair cast framework, maxillary			
	5D630 Repair or replace broken clasp			
	D5640 Replace broken teeth – per tooth			
	D5650 Add tooth to existing partial denture			
	D5660 Add clasp to existing partial denture			
	D5710 Rebase complete maxillary denture			
	D5711 Rebase complete mandibular denture			
	D5720 Rebase maxillary partial denture			
	D5721 Rebase mandibular partial denture			

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Periodontics (Dentures and Partials)</b>	D5730 Reline complete maxillary denture (direct)	One Denture every five years  One partial every five years	50% coinsurance	Not covered
	D5731 Reline complete mandibular denture (direct)			
	D5740 Reline maxillary partial denture (direct)			
	D5741 Reline mandibular partial denture (direct)			
	D5750 Reline complete maxillary denture (indirect)			
	D5751 Reline complete mandibular denture (indirect)			
	D5760 Reline maxillary partial denture (indirect)			
	D5761 Reline mandibular partial denture (indirect)			
	D5850 Tissue conditioning (maxillary)			
	D5851 Tissue conditioning (mandibular)			
	D5876 Add metal substructure to acrylic full denture (per arch)			
	D5863 Overdenture – complete maxillary			
	D5864 Overdenture – partial maxillary			
	D5865 Overdenture – complete mandibular			
	D5866 Overdenture – partial mandibular			
	D5899 Unspecified removable prosthodontic procedure, by report; Use for a procedure that is not described by a code			

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Periodontics Fixed (Fixed Bridge)</b>	D6205 Pontic – indirect resin-based composite; Not to be used as a temporary or provisional prosthesis.	Limited to one type of fixed bridge every five years per tooth	50% coinsurance	Not covered
	D6210 Pontic – cast high noble metal			
	D6211 Pontic – cast largely base metal			
	D6212 Pontic – cast noble metal			
	D6214 Pontic – titanium and titanium alloys			
	D6240 Pontic – porcelain fused to high noble metal			
	D6241 Pontic – porcelain fused to largely base metal			
	D6242 Pontic – porcelain fused to noble metal			
	D6243 Pontic – porcelain fused to titanium and titanium alloys			
	D6245 Pontic – porcelain/ceramic			
	D6250 Pontic – resin with high noble metal			
	D6251 Pontic – resin with largely base metal			
	D6252 Pontic – resin with noble metal			
	D6545 Retainer – cast metal for resin bonded fixed prosthesis			
	D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis			
	D6549 Resin retainer – for resin bonded fixed prosthesis			
	D6600 Inlay – porcelain/ceramic, two surfaces			
	D6601 Inlay – porcelain/ceramic, three or more surfaces			
	D6602 Inlay – cast high noble metal, two surfaces			
	D6603 Inlay – cast high noble metal, three or more surfaces			

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Periodontics Fixed (Fixed Bridge)</b>	D6604 Inlay – cast largely base metal, two surfaces	Limited to one type of fixed bridge every five years per tooth	50% coinsurance	Not covered
	D6605 Inlay – cast largely base metal, three or more surfaces			
	D6606 Inlay – cast noble metal, two surfaces			
	D6607 Inlay – cast noble metal, three or more surfaces			
	D6608 Onlay – porcelain/ceramic, two surfaces			
	D6609 Onlay – porcelain/ceramic, three or more surfaces			
	D6610 Onlay – cast high noble metal, two surfaces			
	D6611 Onlay – cast high noble metal, three or more surfaces			
	D6612 Onlay – cast largely base metal, two surfaces			
	D6613 Onlay – cast largely base metal, three or more surfaces			
	D6614 Onlay – cast noble metal, two surfaces			
	D6615 Onlay – cast noble metal, three or more surfaces			
	D6624 Inlay – titanium			
	D6634 Onlay – titanium			
	D6710 Crown – indirect resin-based composite; Not to be used as a temporary or provisional prosthesis.			
	D6720 Crown – resin with high noble metal			
	D6721 Crown – resin with largely base metal			
	D6722 Crown – resin with noble metal			
D6740 Crown – porcelain/ceramic				

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Periodontics Fixed (Fixed Bridge)</b>	D6750 Crown – porcelain fused to high noble metal	Limited to one type of fixed bridge every five years per tooth	50% coinsurance	Not covered
	D6751 Crown – porcelain fused to largely base metal			
	D6752 Crown – porcelain fused to noble metal			
	D6753 Retainer crown – porcelain fused to titanium and titanium alloys			
	D6780 Crown – 3/4 cast high noble metal			
	D6781 Crown – 3/4 cast largely base metal			
	D6782 Crown – 3/4 cast noble metal			
	D6783 Crown – 3/4 porcelain/ceramic			
	D6784 Retainer crow 3/4 – titanium and titanium alloys			
	D6790 Crown – full cast high noble metal			
	D6791 Crown – full cast largely base metal			
	D6792 Crown – full cast noble metal			
	D6794 Crown – titanium and titanium alloys			
	D6920 Connector bar			
	D6930 Recement fixed partial denture			
	D6980 Fixed partial denture repair, by report			
	D6985 Pediatric partial denture, fixed; This prosthesis is used primarily for aesthetic purposes			
D6999 Unspecified fixed prosthodontic procedure, by report; Used for procedure that is not described by a code				

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Oral Surgery</b> <b>Simple Extractions</b>	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	As medically necessary	30% coinsurance	Not covered
<b>Oral Surgery</b> <b>Surgical Extractions and Other Surgical procedures</b>	D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	One (bone recontouring) Alveoloplasty per section of mouth (quadrant) per lifetime  One (ridge procedure) Vestibuloplasty per arch per lifetime	50% coinsurance	Not covered
	D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth			
	D7230 Removal of impacted tooth – partially bony			
	D7240 Removal of impacted tooth – completely bony			
	D7241 Removal of impacted tooth – completely bony with unusual surgical complications			
	D7250 Surgical removal of residual tooth roots (cutting procedure)			
	D7251 Coronectomy – intentional partial tooth removal			
	D7260 Oroantral fistula closure			
	D7261 Primary closure of a sinus perforation			
	D7285 Incisional biopsy of oral tissue – hard (bone, tooth)			
	D7286 Incisional biopsy of oral tissue – soft			
	D7288 Brush biopsy – transepithelial sample collection			
	D7310 Alveoloplasty in conjunction with extractions – per quadrant			



Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Oral Surgery</b>  <b>Surgical Extractions and Other Surgical procedures</b>	D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	One (bone recontouring) Alveoloplasty per section of mouth(quadrant) per lifetime  One (ridge procedure) Vestibuloplasty per arch per lifetime	50% coinsurance	Not covered
	D7320 Alveoloplasty not in conjunction with extractions – per quadrant			
	D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant			
	D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant			
	D7340 Vestibuloplasty – ridge extension (secondary epithelialization)			
	D7350 Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)			
	D7440 Excision of malignant tumor – lesion diameter up to 1.25cm			
	D7441 Excision of malignant tumor – lesion diameter greater than 1.25cm			
	D7450 Removal of odontogenic cyst or tumor – lesion diameter up to 1.25cm			
	D7451 Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm			
	D7460 Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25cm			

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Oral Surgery</b>  <b>Surgical Extractions and Other Surgical procedures</b>	D7461 Removal of nonodontogenic cyst or tumor – lesion greater than 1.25cm		50% coinsurance	Not covered
	D7471 Removal of exostosis			
	D7472 Removal of torus palatinus			
	D7473 Removal of torus mandibularis			
	D7490 Radical resection upper/lower			
	D7510 Incision and drainage of abscess – intraoral soft tissue			
	D7511 Incision and drainage of abscess – intraoral soft tissue; complicated (includes drainage of multiple fascial spaces)			
	D7520 Incision and drainage of abscess – extraoral soft tissue; Involves incision through skin			
	D7521 Incision and drainage of abscess – extraoral soft tissue; complicated (includes drainage of multiple fascial spaces)			
	D7953 Bone replacement graft for ridge preservation-per site			
	D7961 Buccal/labial frenectomy (Frenulectomy)			
	D7962 Lingual frenectomy (Frenulectomy)			
	D7963 Frenuloplasty; Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or another local flap closure.			
	D7970 Excision of hyperplastic tissue – per arch			
D7971 Excision of pericoronal gingiva				
D7972 Surgical reduction of fibrous tuberosity				

Category	Current Dental Terminology (CDT®)	Limits/Frequency	CareSource Advantage®	CareSource Advantage® Zero Premium
<b>Emergency (Palliative Care)</b>	D9110 Palliative treatment of dental pain – minor procedure	As medically necessary	50% coinsurance	Not covered
<b>Anesthesia</b>	D9222 Deep sedation/general anesthesia – first 15 minutes	Up to 1 ½ hour of anesthesia/ sedation time ( deep, moderate, general) parenteral sedation (via IV) per date of service	50% coinsurance	Not covered
	D9223 Deep sedation/general anesthesia – every 15-minute increment			
	D9230 Analgesia, anxiolysis, inhalation of nitrous oxide (laughing gas)			
	D9239 Intravenous (IV moderate (conscious) sedation/analgesia – first 15 minutes	One unit of laughing gas per date of service or one unit of non-IV sedation per date of service		
	D9243 Intravenous (IV moderate (conscious) sedation/analgesia – every 15-minute increment	<i>*Laughing gas and non-IV not payable with general anesthesia or IV sedation</i>		
D9248 Non-intravenous(non-IV conscious sedation				
<b>Other Adjunctive Procedures (occlusal [bite] adjustments, Desensitizing medicament for tooth)</b>	D9310 Consultation		50% coinsurance	Not covered
	D9610 Therapeutic drug injection, by report			
	D9930 Treatment of complications (post-surgical) unusual circumstances, by report			
	D9944 Occlusal guard hard appliance full arch			
	D9950 Occlusion analysis mounted case			
	D9951 Occlusal adjustment – limited			
	D9420 Hospital/ ASC Call			
	D9410 House Extended Care Facility Call			
D9910 Application of desensitizing medicament; This code is not to be used for bases, liners or adhesives used under restorations.				

CDT Codes are a registered trademark of the American Dental Association. Codes and descriptions may change annually and are used as reference of covered benefit description.

**Source(s):**

<sup>1</sup>Kane SF. The effects of oral health on systemic health. *Gen Dent.* 2017 Nov-Dec;65(6):30-34. PMID:29099363.

<sup>2</sup>Beydoun M, et al. Clinical and bacterial markers of periodontitis and their association with incident all-cause and Alzheimer's disease dementia in a large national survey. *Journal of Alzheimer's Disease.* 2020;75(1):157-172. doi:10.3233/JAD-200064.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

