

# CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)

## 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 Dual Advantage™ (HMO D-SNP), the following is included in your dental benefits. Medicare-covered services and implants require approval or prior authorization.

### DIAGNOSTIC DENTAL

		COVERED SERVICES	COPAY/COINSURANCE (Your cost for covered services)
CATEGORY	CURRENT DENTAL TERMINOLOGY (CDT®)	LIMITS/FREQUENCY	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)
Dental Exams	D0120 Periodic dental exam – established patient	One periodic oral exam every 6 months	No cost
	D0140 Limited dental exam – problem focused		
	D0150 Comprehensive dental exam – new or established patient	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 – new or established patient		
Radiographs (X-Rays)	D0210 Intraoral – complete set of X-ray images including bitewings	Bitewings are limited to once every calendar year.	No cost
	D0220 Intraoral – periapical X-ray		
	D0230 Intraoral – additional periapical image		
	D0240 Intraoral – occlusal X-ray		
	D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Individual x-ray (image of the root) as dentally necessary (initial film and one additional) once every calendar year	
	D0251 Extra-oral posterior dental radiographic image		
	D0270 Bitewing – single image		
	D0272 Bitewings – two images		
	D0273 Bitewings – three images		
	D0274 Bitewings – four images	Intraoral x-ray image of the entire mouth or panoramic image) once every calendar year	
	D0277 Vertical bitewings – seven to eight images		
	D0330 Panoramic X-ray		
	D0372 Intraoral tomosynthesis – comprehensive series of radiographic images	Intraoral tomosynthesis- periapical	
D0374 Intraoral tomosynthesis – periapical			

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		radiographic image	radiographic image – one every calendar year	
	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only		
	D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only		
	D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only		
	D0480	Processing and interpretation of cytologic smears		
	D0502	Other oral pathology procedures, by report		

**PREVENTIVE DENTAL**

		COVERED SERVICES	COPAY/COINSURANCE (Your cost for covered services)
CATEGORY	CURRENT DENTAL TERMINOLOGY (CDT®)	LIMITS/FREQUENCY	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)
Cleanings	D1110 Prophylaxis – Adult (routine cleaning)	One routine dental cleaning every six months	No cost
Fluoride Treatment	D1206 Topical application of fluoride varnish	One application every six months	No cost
	D1208 Topical application of fluoride (excluding prophylaxis)		

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. Dental procedures and services not listed are EXCLUDED (not covered) dental services under the Dental Benefit.

**COMPREHENSIVE DENTAL BENEFITS (BASIC AND MAJOR SERVICES)**

		COVERED SERVICES	COPAY/COINSURANCE (Your cost for covered services)
CATEGORY	CURRENT DENTAL TERMINOLOGY (CDT®)	LIMITS/FREQUENCY	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)
Labs and Other Tests	D0480 Oral pathology lab test	As medically necessary	No cost
	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 once per tooth per date of service.	No cost
	D2150 Amalgam – two surfaces,		

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	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		
D2330	Resin-based composite – one surface, anterior		
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		

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	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		
Major Restorations (Crowns, Inlays)	D2510	Inlay - metallic – one surface	One type of crown or inlay per tooth every five years	No cost
	D2520	Inlay (metallic) – two surfaces		
	D2530	Inlay (metallic) – three surfaces		
	D2542	Onlay (metallic) – two surfaces		
	D2543	Onlay (metallic) – three surfaces		
	D2544	Onlay (metallic) – four or more surfaces		
	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/		

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	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		
D2740	Crown (porcelain/		

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	ceramic) substrate		
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		
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Re-cement or re-bond crown		

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	D2932	Prefabricated resin crown		
	D2941	Interim therapeutic restoration - primary dentition		
	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.		
	D2954	Prefabricated post, core and crown		
	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		

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		described by a code.		
Endodontics	D3220	Therapeutic pulpotomy (excluding final restoration)	Root canal treatment (RCT) for a tooth. Limited to one per lifetime per tooth	No cost
	D3221	Pulpal debridement, primary and permanent teeth		
	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)		
	D3347	Retreatment of previous root canal therapy (bicuspid)		
	D3348	Retreatment of previous root canal therapy (molar)		
	D3410	apicoectomy - anterior		
	D3410	Apicoectomy/p eriradicular surgery (anterior)		
	D3421	Apicoectomy/p eriradicular surgery (bicuspid – first root)		
	D3425	Apicoectomy/p eriradicular		

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		surgery (molar – first root)		
	D3426	Apicoectomy/p eriradicular surgery (each additional root)		
	D3430	Retrograde filling - per root		
	D3450	Root amputation - per 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)		
	D3920	Hemisection (including any root removal)		
	D3999	Unspecified endodontic procedure, by report; Used for procedure that is not described by a code		
Periodontics Surgical	D4210	Gingivectomy (gum surgery) or gingivoplasty – four or more teeth	One type of periodontal surgical procedure per area of mouth (quadrant) every three calendar years.	No cost
	D4211	Gingivectomy (gum surgery)	One gingivectomy (gum surgery) (one to three	

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	or gingivoplasty – one to three teeth	teeth or four or more) every three calendar years.	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	One gingival flap (gum surgery) procedure (one to three teeth or four or more teeth) every three calendar years.	
D4240	Gingival flap (gum surgery) procedure – four or more teeth	One bone surgery (one to three teeth or four or more teeth) every three years.	
D4241	Gingival flap (gum surgery) procedure, including root planning – one to three contiguous teeth or tooth bounded spaces per quadrant	One type of tissue graft (pedicle or free soft tissue) per tooth not to exceed two teeth every 3 calendar years.	
D4249	Clinical crown lengthening – hard tissue		
D4260	Osseous (bone) surgery (flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant		
D4261	Osseous (bone) surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		

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	D4270	Pedicle soft tissue graft procedure		
	D4277	Free soft tissue graft first tooth		
Periodontics Non- Surgical (deep cleaning)	D4341	Periodontal scaling and root planning (deep cleaning) – four or more teeth per quadrant	Deep cleaning for four or more teeth in a mouth quadrant -or- one to three teeth in a mouth quadrant every 3 calendar years.  Removal of extensive plaque and tartar limited to one every three years	No cost
	D4342	Periodontal scaling and root planning (deep cleaning) – one to three teeth, per quadrant		
	D4355	Removal of extensive plaque and tartar to enable a complete evaluation and diagnosis once every 3 calendar years		
	D4910	Four periodontal maintenance cleanings per 1 calendar year in combination with routine prophylaxis cleaning cannot exceed 4 per calendar year.		
	D4999	Unspecified periodontal procedure, by report; Use for procedure that is not described by a code. Describe procedure.		

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Prosthodontic s (Dentures and Partials)	D5110	Complete denture – maxillary	One denture every five years One partial every five years	No cost
	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)	Adjustments, repairs, relines/rebase of dentures once per date of service.	

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	D5226	Mandibular partial denture – flexible base (retentive/ clasping materials, rests and teeth)		
	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		
	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		
	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		

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D5612	Repair resin denture base, maxillary		
D5621	Repair cast framework, mandibular		
D5622	Repair cast framework, maxillary		
D5630	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		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary denture (direct)		

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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)		
D5765	Soft liner for complete or partial removable denture – indirect		
D5850	Tissue conditioning (maxillary)		
D5851	Tissue conditioning (mandibular)		
D5863	Overdenture – complete maxillary		
D5864	Overdenture – partial maxillary		
D5865	Overdenture – complete mandibular		
D5866	Overdenture – partial mandibular		

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	D5876	Add metal substructure to acrylic full denture (per arch)		
	D5899	Unspecified removable prosthodontic procedure, by report; Use for a procedure that is not described by a code		
Prosthodontic s Fixed (Fixed Bridge)	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	No cost
	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		

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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		
D6604	Inlay – cast largely base metal, two surfaces		
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		

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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		
D6750	Crown – porcelain fused		

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		to high noble metal		
	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 crown 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		

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		for aesthetic purposes			
	D6999	Unspecified fixed prosthodontic procedure, by report; Used for procedure that is not described by a code			
Implant Services	D6010	Surgical placement of implant body: endosteal implant	One per five calendar years per patient.		
	D6011	Second stage implant surgery			
	D6013	Surgical placement of mini implant			
	D6040	Surgical placement eposteal implant			
	D6050	Surgical placement-transosteal implant			
	D6055	Connecting bar - implant supported or abutment supported			No cost
	D6056	Prefabricated abutment			
	D6057	Custom abutment			
	D6058	Abutment supported porcelain/ceramic crown			
	D6059	Abutment supported porcelain fused to metal crown (high noble metal)			
	D6060	Abutment supported porcelain fused to metal crown	One every 5 calendar years for implants, abutment supported crowns and retainers.		

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	(predominantly base metal)		
D6061	Abutment supported porcelain fused to metal crown (noble metal)		
D6062	Abutment supported cast metal crown (high noble metal)		
D6063	Abutment supported cast metal crown (predominantly base metal)		
D6064	Abutment supported cast metal crown (noble metal)		
D6065	Implant supported porcelain/ceramic crown		
D6066	Implant supported crown-porcelain fused to high noble alloys		
D6067	Implant supported crown- high noble alloys		
D6068	Abutment supported retainer for porcelain/ceramic FPD		
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		
D6070	Abutment supported retainer for porcelain fused to metal FPD		

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	(predominantly base metal)		
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)		
D6072	Abutment supported retainer for cast metal FPD (high noble metal)		
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)		
D6074	Abutment supported retainer for cast metal FPD (noble metal)		
D6075	Implant supported retainer for ceramic FPD		
D6076	Implant supported retainer for FPD-porcelain fused to high noble alloys		
D6077	Implant supported retainer for metal FPD-high noble alloys		
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces,		

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		without flap entry and closure		
	D6082	Implant supported crown-porcelain fused to predominantly base alloys		
	D6083	Implant supported crown-porcelain fused to noble alloys		
	D6084	Implant supported crown-porcelain fused to titanium and titanium alloys		
	D6085	Provisional implant crown		
	D6086	Implant supported crown predominately base alloys		
	D6087	Implant supported crown- noble alloys		
	D6088	Implant supported crown- titanium and titanium alloys		
	D6090	Repairs once every 5 calendar years		
	D6091	Replacement of attachment implant/abutment prosthesis		
	D6092	Re-cement or re-bond implant/abutment supported crown		
	D6093	Re-cement or re-bond implant/abutment supported		

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	fixed partial denture		
D6094	Abutment supported crown-titanium and titanium alloys	One per 1 day per patient per quadrant.	
D6095	Repair implant abutment	One per 1 day per patient per tooth.	
D6096	Remove broken implant retaining screw		
D6097	Abutment supported crown porcelain fused to titanium and titanium alloys		
D6098	Implant supported retainer porcelain fused to predominately base alloys		
D6099	Implant supported retainer for FPD porcelain fused to noble alloys		
D6106	Guided tissue regeneration – resorbable barrier, per implant	Guided tissue regeneration per implant and edentulous area once every 5 calendar years	
D6107	Guided tissue regeneration – non-resorbable barrier, per implant		
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	One per 1 day per patient per tooth.	
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular		

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	D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary		
	D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular		
	D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary		
	D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular		
	D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary		
	D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular		
	D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular		
	D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary		

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	D6120	Implant supported retainer porcelain fused to titanium and titanium alloys	One per 5 calendar year per patient.	
	D6121	Implant supported retainer for metal FPD-predominately base alloys		
	D6122	Implant supported retainer for metal FPD-noble alloys		
	D6123	Implant supported retainer for metal FPD-titanium and titanium alloys		
	D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys		
	D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	One every 12 months per tooth.	
Oral Surgery Simple Extractions	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	As medically necessary	No cost
Oral Surgery Surgical Extractions and Other	D7210	Surgical removal of erupted tooth requiring elevation of		No cost

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Surgical procedures		mucoperiosteal flap and removal of bone and/or section of tooth		
	D7220	Removal of impacted tooth-soft tissue		
	D7230	Removal of impacted tooth – partially bony	One (bone recontouring) alveoplasty per section of mouth(quadrant) per lifetime	
	D7240	Removal of impacted tooth – completely bony	One (ridge procedure) vestibuloplasty per arch per lifetime	
	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		
	D7252	Partial extraction for immediate implant placement	<b>Once per tooth per lifetime. One of (D7140, D7210, D7220, D7230, D7240, D7241, D7250)</b>	
	D7259	Nerve dissection	<b>Once per quadrant per lifetime. Not allowed with D7241.</b>	
	D7260	Oroantral fistula closure		
	D7261	Primary closure of a sinus perforation		
	D7310	Alveoplasty in conjunction with extractions – per quadrant		

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	D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		
	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		
	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		

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	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		
D7471	Removal of exostosis		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Surgical reduction of osseous tuberosity		
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.		

**Contact your dental provider if you have any questions on the services listed above.**

	D7521	Incision and drainage of abscess – extraoral soft tissue; complicated (includes drainage of multiple fascial spaces)		
	D7910	Suture small wounds up to 5 cm		
	D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site		
	D7957	Guided tissue regeneration, edentulous area – non resorbable barrier, 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		

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Emergency (Palliative Care)	D9110	Palliative treatment of dental pain – minor procedure	As medically necessary	No cost
Anesthesia	D9222	Deep sedation/general anesthesia – first 15 minutes	Up to 1 ½ hours of anesthesia/sedation time ( deep, moderate, general) parenteral sedation (via IV) per date of service  One unit of nitrous oxide (commonly known as laughing gas) per date of service or one unit of non-IV sedation per date of service (these two services not payable with general anesthesia or non-IV sedation)	No cost
	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		
	D9243	Intravenous (IV) moderate (conscious) sedation/analgesia – every 15-minute increment		
	D9248	Non-intravenous (non-IV) conscious sedation		
Other Adjunctive Procedures (occlusal [bite] adjustments), Desensitizing medicaments for tooth)	D9310	Consultation	Occlusal guard one per date of service  Therapeutic drug injection once per surgical procedure as medically necessary  One facility/ASC or hospital call per date of service	No cost
	D9410	House extended care facility call		
	D9420	Hospital/ ASC call		
	D9610	Therapeutic drug injection, by report		
	D9930	Treatment of complications (post-surgical) unusual circumstances, by report		

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D9943	Occlusal guard adjustment		
D9944	Occlusal guard hard appliance full arch		
D9945	Occlusal guard--soft appliance full arch		
D9946	Occlusal guard hard appliance, partial arch		
D9950	Occlusion analysis – mounted case		
D9951	Occlusal adjustment – limited		
D9995	Teledentistry – synchronous; real-time encounter		
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		

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. Dental procedures and services not listed are EXCLUDED (not covered) dental services under the Dental Benefit.

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

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**Contact your dental provider if you have any questions on the services listed above.**