



Senior Care Plus Comprehensive

\$1,500 CALENDAR YEAR MAXIMUM - Comprehensive Services Only

The following is a complete list of dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must utilize an in network provider to receive benefits. **If elected, Member is responsible for all non-covered procedures.**

CDT Code	Description	Member Responsibility	Limitations	Documentation/X-Rays Required	
Diagnostic Services					
D0120	Periodic oral evaluation	0%	1 of (D0120-D0180) every calendar year		
D0140	Limited oral evaluation	0%			
D0150	Comprehensive oral evaluation	0%			
D0160	Oral evaluation, problem focused	0%			
D0170	Re-evaluation, limited, problem focused	0%			
D0171	Re-evaluation, post operative office visit	0%			
D0180	Comprehensive periodontal evaluation	0%			
D0210	Intraoral, comprehensive series of radiographic images	0%	1 of (D0210, D0330) every 3 calendar years		
D0220	Intraoral, periapical, first radiographic image	0%			
D0230	Intraoral, periapical, each add'l radiographic image	0%			
D0240	Intraoral, occlusal radiographic image	0%	1 (D0240) every calendar year		
D0270	Bitewing, single radiographic image	0%	1 of (D0270-D0274) every calendar year		
D0272	Bitewings, two radiographic images	0%			
D0273	Bitewings, three radiographic images	0%			
D0274	Bitewings, four radiographic images	0%			
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	1 (D0277) every 3 calendar years		
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330) every 3 calendar years		
Preventive Services					
D1110	Prophylaxis, adult	0%	2 of (D1110, D4346, D4910) every calendar year		
Calendar Year Maximum: \$1,500 Applies to All Comprehensive Services Below (Diagnostic Services and Preventive Services Waived)					
Restorative Services					
D2140	Amalgam, one surface, primary or permanent	0%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years		
D2150	Amalgam, two surfaces, primary or permanent	0%			
D2160	Amalgam, three surfaces, primary or permanent	0%			
D2161	Amalgam, four or more surfaces, primary or permanent	0%			
D2330	Resin-based composite, one surface, anterior	0%			
D2331	Resin-based composite, two surfaces, anterior	0%			
D2332	Resin-based composite, three surfaces, anterior	0%			
D2335	Resin-based composite, four or more surfaces	0%			
D2391	Resin-based composite, one surface, posterior	0%			
D2392	Resin-based composite, two surfaces, posterior	0%			
D2393	Resin-based composite, three surfaces, posterior	0%			
D2394	Resin-based composite, four or more surfaces, posterior	0%			
D2510	Inlay, metallic, one surface	0%		1 of (D2510-D2792) per tooth every 5 calendar years	Pre-operative bitewing and periapical x-ray, bitewing of crown delivery, narrative and/or intra-oral photo, required with claim submission.
D2520	Inlay, metallic, two surfaces	0%			
D2530	Inlay, metallic, three or more surfaces	0%			
D2542	Onlay, metallic, two surfaces	0%			
D2543	Onlay, metallic, three surfaces	0%			
D2544	Onlay, metallic, four or more surfaces	0%			
D2610	Inlay, porcelain/ceramic, one surface	0%			
D2620	Inlay, porcelain/ceramic, two surfaces	0%			
D2630	Inlay, porcelain/ceramic, three or more surfaces	0%			
D2642	Onlay, porcelain/ceramic, two surfaces	0%			
D2643	Onlay, porcelain/ceramic, three surfaces	0%			
D2644	Onlay, porcelain/ceramic, four or more surfaces	0%			
D2650	Inlay, resin-based composite, one surface	0%			
D2651	Inlay, resin-based composite, two surfaces	0%			
D2652	Inlay, resin-based composite, three or more surfaces	0%			
D2662	Onlay, resin-based composite, two surfaces	0%			
D2663	Onlay, resin-based composite, three surfaces	0%			
D2664	Onlay, resin-based composite, four or more surfaces	0%			
D2710	Crown, resin-based composite (indirect)	0%			



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CDT Code	Description	Member Responsibility	Limitations	Documentation/X-Rays Required	
Restorative Services (continued)					
D2712	Crown, ¾ resin-based composite (indirect)	0%	1 of (D2510-D2792) per tooth every 5 calendar years	Pre-operative bitewing and periapical x-ray, bitewing of crown delivery, narrative and/or intra-oral photo, required with claim submission.	
D2721	Crown, resin with predominantly base metal	0%			
D2722	Crown, resin with noble metal	0%			
D2740	Crown, porcelain/ceramic	0%			
D2750	Crown, porcelain fused to high noble metal	0%			
D2751	Crown, porcelain fused to predominantly base metal	0%			
D2752	Crown, porcelain fused to noble metal	0%			
D2781	Crown, ¾ cast predominantly base metal	0%			
D2782	Crown, ¾ cast noble metal	0%			
D2783	Crown, ¾ porcelain/ceramic	0%			
D2791	Crown, full cast predominantly base metal	0%			
D2792	Crown, full cast noble metal	0%			
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	0%			1 of (D2910, D2920) per tooth every calendar year
D2920	Re-cement or re-bond crown	0%			
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%	1 (D2915) per tooth every calendar year		
D2940	Placement of interim direct restoration	0%			
D2950	Core buildup, including any pins when required	0%		Pre-operative bitewing and periapical x-ray required with claim submission	
D2951	Pin retention, per tooth, in addition to restoration	0%			
D2952	Post and core in addition to crown, indirectly fabricated	0%			
D2953	Each additional indirectly fabricated post, same tooth	0%			
D2954	Prefabricated post and core in addition to crown	0%			
D2955	Post removal	0%			
Endodontic Services					
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	1 of (D3310-D3330) per tooth in a lifetime		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%			
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%			
D3331	Treatment of root canal obstruction; non-surgical access	0%	1 (D3331) per tooth in a lifetime		
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	0%	1 (D3332) per tooth in a lifetime		
D3333	Internal root repair of perforation defects	0%	1 (D3333) per tooth in a lifetime		
D3346	Retreatment of previous root canal therapy, anterior	0%	1 of (D3346-D3348) per tooth in a lifetime		
D3347	Retreatment of previous root canal therapy, premolar	0%			
D3348	Retreatment of previous root canal therapy, molar	0%			
D3351	Apexification/recalcification, initial visit	0%	1 (D3351) per tooth in a lifetime		
D3352	Apexification/recalcification, interim medication replacement	0%	1 (D3352) per tooth in a lifetime		
D3353	Apexification/recalcification, final visit	0%	1 (D3353) per tooth in a lifetime		
D3410	Apicoectomy, anterior	0%	1 of (D3410-D3425) per tooth in a lifetime		
D3421	Apicoectomy, premolar (first root)	0%			
D3425	Apicoectomy, molar (first root)	0%			
D3426	Apicoectomy, (each additional root)	0%	1 (D3426) per tooth in a lifetime		
D3430	Retrograde filling, per root	0%	1 (D3430) per tooth in a lifetime		
D3450	Root amputation, per root	0%	1 (D3450) per tooth in a lifetime		
D3920	Hemisection, not including root canal therapy	0%	1 (D3920) per tooth in a lifetime		
Periodontal Services					
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	1 of (D4210, D4211) per site/quad every 2 calendar years		
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%			
D4240	Gingival flap procedure, four or more teeth per quadrant	0%			
D4241	Gingival flap procedure, one to three teeth per quadrant	0%			
D4260	Osseous surgery, four or more teeth per quadrant	0%	1 of (D4260, D4261) per site/quad every 2 calendar years		
D4261	Osseous surgery, one to three teeth per quadrant	0%			
D4270	Pedicle soft tissue graft procedure	0%	1 of (D4270-D4285) per site/quad every 2 calendar years		
D4273	Autogenous connective tissue graft procedure, first tooth	0%			
D4275	Non-autogenous connective tissue graft, first tooth	0%			
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	0%			
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	1 of (D4341, D4342) per site/quad every 2 calendar years	Full mouth x-rays and periodontal chart required with claim submission	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%			



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CDT Code	Description	Member Responsibility	Limitations	Documentation/X-Rays Required	
Periodontal Services (continued)					
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	2 of (D1110, D4346, D4910) every calendar year		
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	0%	1 (D4355) every 3 calendar years		
D4910	Periodontal maintenance	0%	2 of (D1110, D4346, D4910) every calendar year		
Removable Prosthodontic Services					
D5110	Complete denture, maxillary	0%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years		
D5120	Complete denture, mandibular	0%			
D5130	Immediate denture, maxillary	0%			
D5140	Immediate denture, mandibular	0%			
D5211	Maxillary partial denture, resin base	0%			
D5212	Mandibular partial denture, resin base	0%			
D5213	Maxillary partial denture, cast metal, resin base	0%			
D5214	Mandibular partial denture, cast metal, resin base	0%			
D5221	Immediate maxillary partial denture, resin base	0%			
D5222	Immediate mandibular partial denture, resin base	0%			
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%			
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%			
D5225	Maxillary partial denture, flexible base	0%			
D5226	Mandibular partial denture, flexible base	0%			
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	0%	1 of (D5410-D5422) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	0%			
D5410	Adjust complete denture, maxillary	0%	1 of (D5511, D5512) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5411	Adjust complete denture, mandibular	0%			
D5421	Adjust partial denture, maxillary	0%	1 (D5520) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5422	Adjust partial denture, mandibular	0%			
D5511	Repair broken complete denture base, mandibular	0%	1 of (D5611-D5622) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5512	Repair broken complete denture base, maxillary	0%			
D5520	Replace missing or broken teeth, complete denture, per tooth	0%	1 (D5630) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5611	Repair resin partial denture base, mandibular	0%			
D5612	Repair resin partial denture base, maxillary	0%	1 (D5640) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5621	Repair cast partial framework, mandibular	0%			
D5622	Repair cast partial framework, maxillary	0%	1 (D5650) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5630	Repair or replace broken retentive clasping materials, per tooth	0%			
D5640	Replace missing or broken teeth, partial denture, per tooth	0%	1 (D5660) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location.		
D5650	Add tooth to existing partial denture, per tooth	0%			
D5660	Add clasp to existing partial denture, per tooth	0%	1 of (D5670, D5671) per arch every 2 calendar years; not payable within 6 months of initial appliance performed by same provider/location.		
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%			
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%			
D5710	Rebase complete maxillary denture	0%		1 of (D5710-D5761) per arch every 2 calendar years; not payable within 6 months of initial appliance performed by same provider/location.	
D5711	Rebase complete mandibular denture	0%			
D5720	Rebase maxillary partial denture	0%			
D5721	Rebase mandibular partial denture	0%			
D5730	Reline complete maxillary denture, direct	0%			
D5731	Reline complete mandibular denture, direct	0%			
D5740	Reline maxillary partial denture, direct	0%			
D5741	Reline mandibular partial denture, direct	0%			
D5750	Reline complete maxillary denture, indirect	0%			
D5751	Reline complete mandibular denture, indirect	0%			
D5760	Reline maxillary partial denture, indirect	0%			
D5761	Reline mandibular partial denture, indirect	0%			



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CDT Code	Description	Member Responsibility	Limitations	Documentation/X-Rays Required
Removable Prosthodontic Services (continued)				
D5810	Interim complete denture, maxillary	0%	1 of (D5810-D5821) per arch every 5 calendar years	
D5811	Interim complete denture, mandibular	0%		
D5820	Interim partial denture, maxillary	0%		
D5821	Interim partial denture, mandibular	0%		
D5850	Tissue conditioning, maxillary	0%	1 of (D5850, D5851) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location.	
D5851	Tissue conditioning, mandibular	0%		
D5863	Overdenture, complete, maxillary	0%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years	
D5864	Overdenture, partial, maxillary	0%		
D5865	Overdenture, complete, mandibular	0%		
D5866	Overdenture, partial, mandibular	0%		
Oral & Maxillofacial Services				
D7140	Extraction, erupted tooth or exposed root	0%		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%		
D7220	Removal of impacted tooth, soft tissue	0%		
D7230	Removal of impacted tooth, partially bony	0%		
D7240	Removal of impacted tooth, completely bony	0%		
D7241	Removal impacted tooth, complete bony, complication	0%		
D7250	Removal of residual tooth roots (cutting procedure)	0%		
D7260	Oroantral fistula closure	0%	1 of (D7260, D7261) site/quad every 5 calendar years	
D7261	Primary closure of a sinus perforation	0%		
D7270	Tooth reimplantation and/or stabilization, accident	0%	1 of (D7270, D7272) per tooth every 5 calendar years	
D7272	Tooth transplantation	0%		
D7280	Exposure of an unerupted tooth	0%	1 (D7280) per tooth every 5 calendar years	
D7282	Mobilization of erupted/malpositioned tooth	0%	1 of (D7282, D7283) per tooth every 5 calendar years	
D7283	Placement, device to facilitate eruption, impaction	0%		
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	1 of (D7285-D7288) per site every 5 calendar years	
D7286	Incisional biopsy of oral tissue, soft	0%		
D7287	Exfoliative cytological sample collection	0%		
D7288	Brush biopsy, transepithelial sample collection	0%		
D7290	Surgical repositioning of teeth	0%	1 (D7290) per site/quad every 5 calendar years	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	0%	1 (D7291) per site/quad every 5 calendar years	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	0%	1 of (D7292-D7294) per site/quad every 5 calendar years	
D7293	Placement of temporary anchorage device requiring flap	0%		
D7294	Placement of temporary anchorage device without flap	0%		
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	0%	1 of (D7298-D7300) per site/quad every 5 calendar years	
D7299	Removal of temporary anchorage device, requiring flap	0%		
D7300	Removal of temporary anchorage device without flap	0%		
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	1 of (D7310-D7321) per site/quad every 5 calendar years	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%		
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%		
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%		
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	0%	1 (D7340) per arch every 5 calendar years	
D7350	Vestibuloplasty, ridge extension	0%	1 (D7350) per arch every 5 calendar years	
D7410	Excision of benign lesion, up to 1.25 cm	0%		
D7411	Excision of benign lesion, greater than 1.25 cm	0%		
D7412	Excision of benign lesion, complicated	0%		
D7413	Excision of malignant lesion, up to 1.25 cm	0%		
D7414	Excision of malignant lesion, greater than 1.25 cm	0%		
D7415	Excision of malignant lesion, complicated	0%		
D7440	Excision of malignant tumor, up to 1.25 cm	0%		
D7441	Excision of malignant tumor, greater than 1.25 cm	0%		
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	0%		
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	0%		
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	0%		
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	0%		
D7465	Destruction of lesion(s) by physical or chemical method, by report	0%		



Senior Care Plus Patriot Plan - Comprehensive

CDT Code	Description	Member Responsibility	Limitations	Documentation/X-Rays Required
Oral & Maxillofacial Services (continued)				
D7471	Removal of lateral exostosis, maxilla or mandible	0%	1 of (D7471-D7473) in a lifetime	
D7472	Removal of torus palatinus	0%		
D7473	Removal of torus mandibularis	0%		
D7485	Reduction of osseous tuberosity	0%	1 (D7485) in a lifetime	
D7490	Radical resection of maxilla or mandible	0%	1 (D7490) per arch in a lifetime	
D7510	Incision & drainage of abscess, intraoral soft tissue	0%		
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	0%		
D7520	Incision & drainage of abscess, extraoral soft tissue	0%		
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	0%		
D7530	Remove foreign body, mucosa, skin, tissue	0%		
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	0%		
D7961	Buccal/labial frenectomy (frenulectomy)	0%	1 (D7961) per arch every 5 calendar years	
D7962	Lingual frenectomy (frenulectomy)	0%	1 (D7962) every 5 calendar years	
D7963	Frenuloplasty	0%	1 (D7963) every 5 calendar years	
Adjunctive General Services				
D9110	Palliative treatment of dental pain, per visit	0%	1 (D9110) every calendar year	
D9120	Fixed partial denture sectioning	0%	1 (D9120) every calendar year	
D9210	Local anesthesia not in conjunction, operative or surgical procedures	0%		
D9211	Regional block anesthesia	0%		
D9212	Trigeminal division block anesthesia	0%		
D9215	Local anesthesia in conjunction with operative or surgical procedures	0%		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0%		
D9222	Deep sedation/general anesthesia, first 15 minute increment	0%	Covered when performed in conjunction with complex oral surgery or with documented medical conditions. Patient apprehension and/or nervousness is not sufficient justification for deep sedation/general anesthesia or IV sedation. Not payable with other sedation services on same date of service.	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	0%		
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%	Not payable with general anesthesia, IV sedation or non-IV sedation.	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	0%	Covered when performed in conjunction with complex oral surgery or with documented medical conditions. Patient apprehension and/or nervousness is not sufficient justification for deep sedation/general anesthesia or IV sedation. Not payable with other sedation services on same date of service.	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	0%		
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	0%	Not payable with general anesthesia, IV sedation or nitrous.	
D9310	Consultation, other than requesting dentist	0%	2 (D9310) every calendar year	
D9995	Teledentistry, synchronous; real-time encounter	0%	2 of (D9995, D9996) every calendar year	
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%		