



Senior Care Plus - Renown Preferred Plan Comprehensive

\$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: \$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% | | | |



Senior Care Plus Comprehensive

| 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% | 1 of (D4260, D4261) per site/quad every 2 calendar years | | |
| D4241 | Gingival flap procedure, one to three teeth per quadrant | 0% | | | |
| D4260 | Osseous surgery, four or more teeth per quadrant | 0% | | | |
| D4261 | Osseous surgery, one to three teeth per quadrant | 0% | | | |
| D4270 | Pedicle soft tissue graft procedure | 0% | | | |
| D4273 | Autogenous connective tissue graft procedure, first tooth | 0% | | | |
| D4275 | Non-autogenous connective tissue graft, first tooth | 0% | 1 of (D4270-D4285) per site/quad every 2 calendar years | | |
| 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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|---|---|-----------------------|--|---|--|
| 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% | | | |



Senior Care Plus Comprehensive

| 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 | Pre-operative periapical x-ray and narrative required with claim submission. |
| 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 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% | | |