

Mississippi CHIP Plan Covered Services

\$2,000 Annual Maximum - No Deductible

PROCEDURES NOT LISTED ARE NOT A BENEFIT OF THIS PLAN - IF YOU HAVE A QUESTION REGARDING PLAN BENEFITS, PLEASE CONTACT PROVIDER SERVICES FOR ASSISTANCE.

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CDT Code	Description of Procedure	Covered Benefit	Min Age	Max Age	Limitation	Auth Required
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	YES	0	19	1 EVERY 6 MONTHS	NO
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	YES	0	19	N/A	NO
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	YES	0	2	1 EVERY 6 MONTHS	NO
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	YES	0	19	1 EVERY 36 MONTHS	NO
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	YES	0	19	1 EVERY 24 MONTHS	NO
D0220	INTRAORAL-PERiapical FIRST RADIOGRAPHIC IMAGE	YES	0	19	N/A	NO
D0230	INTRAORAL-PERiapical EACH ADDITIONAL RADIOGRAPHIC IMAGE	YES	0	19	N/A	NO
D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	YES	0	19	1 EVERY 6 MONTHS	NO
D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	YES	0	19	1 EVERY 6 MONTHS	NO
D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	YES	0	19	1 EVERY 6 MONTHS	NO
D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	YES	0	19	1 EVERY 6 MONTHS	NO
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES BY REPORT	³ SEE TMJ DISORDER BENEFIT	0	19	³ SEE TMJ DISORDER BENEFIT	YES
D0330	PANORAMIC RADIOGRAPHIC IMAGE	YES	0	19	1 EVERY 24 MONTHS	NO
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	YES	0	19	1 EVERY 12 MONTHS	NO
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	YES	0	19	1 EVERY 12 MONTHS	NO
D0411	HbA1C IN-OFFICE POINT OF SERVICE TESTING	YES	0	19	BY REPORT	NO
D0470	DIAGNOSTIC CASTS	YES	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO

CDT Code	Description of Procedure	Covered Benefit	Min Age	Max Age	Limitation	Auth Required
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	YES	0	19	BY REPORT	YES
D1120	PROPHYLAXIS - CHILD	YES	0	19	1 EVERY 6 MONTHS	NO
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	YES	0	19	1 EVERY 6 MONTHS	NO
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	YES	0	19	1 EVERY 6 MONTHS	NO
D1351	SEALANT - PER TOOTH	YES	0	19	1 EVERY 5 YRS MOLAR ONLY	NO
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	YES	0	19	PERMANENT TEETH ONLY	NO
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	YES	0	19	PERMANENT TEETH ONLY	NO
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	YES	0	19	PERMANENT TEETH ONLY	NO
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	YES	0	19	PERMANENT TEETH ONLY	NO
D1526	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	YES	0	19	PERMANENT TEETH ONLY	NO
D1527	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	YES	0	19	PERMANENT TEETH ONLY	NO
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	YES	0	19	N/A	NO
D1555	REMOVAL OF FIXED SPACER MAINTAINER	YES	0	19	N/A	NO
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	YES	0	19	N/A	NO
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	YES	0	19	N/A	NO
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	YES	0	19	N/A	NO
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	YES	0	19	N/A	NO
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	YES	0	19	N/A	NO
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	YES	0	19	N/A	NO
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	YES	0	19	N/A	NO
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	YES	0	19	N/A	NO
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	YES	0	19	N/A	NO
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	YES	0	19	N/A	NO
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	YES	0	19	N/A	NO
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	YES	0	19	N/A	NO
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	YES	0	19	N/A	NO
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	YES	0	19	1 EVERY 5 YRS ANTERIOR TEETH ONLY	YES
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	YES	0	19	1 EVERY 5 YRS ANTERIOR TEETH ONLY	YES
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	YES	0	19	1 EVERY 5 YRS ANTERIOR TEETH ONLY	YES
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	YES	0	19	N/A	NO
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	YES	0	19	N/A	NO

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D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	YES	0	19	ANTERIOR TEETH ONLY	NO
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	YES	0	19	N/A	NO
D2940	PROTECTIVE RESTORATION	YES	0	19	N/A	YES
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	YES	0	19	N/A	YES
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	YES	0	19	N/A	YES
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	YES	0	19	N/A	NO
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	YES	0	19	N/A	NO
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D3320	ENDODONTIC THERAPY, PREMOLAR BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	YES	0	19	1 PER LIFETIME PER TOOTH	YES
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	YES	0	19	1 PER LIFETIME PER TOOTH	YES
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	YES	0	19	1 PER LIFETIME PER TOOTH	YES
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	YES	0	19	BY REPORT	YES
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT, PERFORMED TO ELIMINATE SUPRABONY POCKETS	YES	0	19	1 EVERY 36 MONTHS	NO
D4211	GINGIVECTOMY OR GINGIVOPLASTY ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	YES	0	19	1 EVERY 36 MONTHS	NO
D4240	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	YES	10	19	1 PROCEDURE PER QUADRANT EVERY 12 MONTHS	NO
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	YES	10	19	1 PROCEDURE PER QUADRANT EVERY 12 MONTHS	NO
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACE PER QUADRANT	YES	0	19	1 PROCEDURE PER LIFETIME PER QUADRANT	NO
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	YES	0	19	1 PROCEDURE PER LIFETIME PER QUADRANT	NO
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	YES	10	19	2 QUADS PER VISIT 4 QUADS PER YEAR	NO
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	YES	10	19	2 QUADS PER VISIT 4 QUADS PER YEAR	NO

CDT Code	Description of Procedure	Covered Benefit	Min Age	Max Age	Limitation	Auth Required
D5110	COMPLETE DENTURE - MAXILLARY	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D5120	COMPLETE DENTURE - MANDIBULAR	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASED (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	YES	0	19	1 PER 36 MONTHS	YES
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	YES	0	19	1 PER 36 MONTHS	YES
D5955	PALATAL LIFT PROsthESIS, DEFINITIVE	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	YES	0	19	BY REPORT	YES
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMO	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERISOTEAL FLAP IF INDICATED.	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D7241	REM.IMP. TOOTH, COMPLETELY BONY, WITH UNUSUAL SURG. COMPLICATIONS	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	YES	0	19	1 PER LIFETIME PER TOOTH	NO
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7260	ORAL ANTRAL FISTULA CLOSURE	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7272	TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7280	EXPOSURE OF AN UNERUPTED TOOTH	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7285	INCISIONAL BIOPSY OF ORAL TISSUE- HARD (BONE, TOOTH)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	YES	0	19	WHEN MEDICALLY NECESSARY	NO

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D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7290	SURGICAL REPOSITIONING OF TEETH	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES PER QUADRANT	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECOND EPITHELIALIZATION)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER OVER 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	YES	0	19	WHEN MEDICALLY NECESSARY	NO

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D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES - MUSCULOSKELETAL SYSTEM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7710	MAXILLA - OPEN REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7720	MAXILLA - CLOSED REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7730	MANDIBLE - OPEN REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7740	MANDIBLE - CLOSED REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO

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D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7780	FACIAL BONES COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7810	OPEN REDUCTION OF DISLOCATION	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7820	CLOSED REDUCTION OF DISLOCATION	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7830	MANIPULATION UNDER ANESTHESIA	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7840	CONDYLECTOMY	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7860	ARTHROTOMY	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D7870	ARTHROCENTESIS	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	NO
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7911	COMPLICATED SUTURE-UP TO 5CM	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7912	COMPLICATED SUTURE-GREATER THAN 5CM	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7941	OSTEOTOMY - MANDIBULAR RAMI	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	YES	0	19	WHEN MEDICALLY NECESSARY	YES

CDT Code	Description of Procedure	Covered Benefit	Min Age	Max Age	Limitation	Auth Required
D7945	OSTEOTOMY - BODY OF MANDIBLE	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7946	LEFORT I (MAXILLA - TOTAL)	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7947	LEFORT I (MAXILLA - SEGMENTED)	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7979	NON-SURGICAL SIALOLITHOTOMY	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7980	SURGICAL SIALOLITHOTOMY	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7982	SIALODOCHOPLASTY	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7983	CLOSURE OF SALIVARY FISTULA	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7990	EMERGENCY TRACHEOTOMY	YES	0	19	WHEN MEDICALLY NECESSARY	NO
D7991	CORONOIDECTOMY	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	YES	0	19	WHEN MEDICALLY NECESSARY	YES
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES

CDT Code	Description of Procedure	Covered Benefit	Min Age	Max Age	Limitation	Auth Required
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	YES	0	19	1 PER LIFETIME PER ARCH	YES
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	YES	0	19	BY REPORT	YES
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	YES	0	19	N/A	YES
D9222	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 15 MINUTES	YES	0	19	² WHEN CLINICALLY NECESSARY	YES
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	YES	0	19	² WHEN CLINICALLY NECESSARY	YES
D9230	INHALATION OF NITROUS OXIDE / ANALGESIA, ANXIOLYSIS	YES	0	19	ALLOWABLE WITH RESTORATIVE PROCEDURES ONLY 1 PER VISIT/DAY	YES
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA FIRST 15 MINUTES	YES	0	19	² WHEN CLINICALLY NECESSARY	YES
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA EACH SUBSEQUENT 15 MINUTE	YES	0	19	² WHEN CLINICALLY NECESSARY	YES
D9248	NON-INTRAVENOUS (CONSCIOUS) SEDATION	YES	0	19	² WHEN CLINICALLY NECESSARY	YES
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	YES	0	19	N/A	NO
D9944	OCCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D9945	OCCCLUSAL GUARD-SOFT APPLIANCE, FULL ARCH	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D9946	OCCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH	¹ SEE ACCIDENTAL INJURY BENEFIT	0	19	¹ SEE ACCIDENTAL INJURY BENEFIT	YES
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	YES	0	19	N/A	YES

PROCEDURES NOT LISTED ARE NOT A BENEFIT OF THIS PLAN - IF YOU HAVE A QUESTION REGARDING PLAN BENEFITS, PLEASE CONTACT PROVIDER SERVICES FOR ASSISTANCE.

¹ ACCIDENTAL INJURY BENEFIT - THE CALENDAR YEAR MAXIMUM DOES NOT APPLY TO THESE SERVICES

Benefits are provided for dental care, treatment, dental surgery, and dental appliances made necessary by accidental bodily injury to sound and natural teeth (which are free from effects of impairment or disease) effected solely through external means occurring while the Member is covered under the plan. Injury to teeth as a result of chewing or biting is not considered accidental injury.

FOR ACCIDENTAL INJURY BENEFITS – SUBMIT A TREATMENT PLAN WITH PROCEDURE CODES

FOR PRE-AUTHORIZATION APPROVAL.

FOR ORTHODONTIC BENEFITS - No benefits will be provided for orthodontics, dentures, occlusion reconstruction, or for inlays unless such services are provided pursuant to an accidental injury as described above or when such services are recommended by a physician or dentist for the treatment of severe craniofacial anomalies or meeting other pre-qualifying criteria.

FOR ORTHODONTIC BENEFITS – SUBMIT A TREATMENT PLAN WITH PROCEDURE CODES

FOR PRE-AUTHORIZATION APPROVAL.

² ANESTHESIA BENEFITS

Benefits are provided for anesthesia and for associated facility charges when the mental or physical condition of the Member requires dental treatment to be rendered under physician-supervised general anesthesia in a hospital setting, surgical center or dental office.

³ TMJ COVERAGE BENEFIT

Benefits are provided for diagnosis and surgical treatment of temporomandibular joint (TMJ) disorder or syndrome and craniomandibular disorder, whether such treatment is rendered by a Practitioner or dentist, subject to a lifetime maximum benefit of \$5,000 per Member. This lifetime maximum will apply regardless of whether the temporomandibular – craniomandibular joint disorder was caused by an accidental injury or was congenital in nature.

FOR TMJ BENEFITS – SUBMIT A TREATMENT PLAN WITH PROCEDURES

FOR PRE-AUTHORIZATION APPROVAL.