

Attachment J-2 Benefits, Limitations and Exclusions

INTRODUCTION

Covered dental services must meet accepted standards of dental practice. All dental procedures in this document conform to the 2019 version of the American Dental Association (ADA) *Code on Dental Procedures and Nomenclature*, in the Current Dental Terminology (CDT). Treatment for the following services will be initiated within a 21-day access standard:

- Examination and Diagnosis
- Dental prophylaxis
- Preventive
- Routine Restorative

Specialty consultations will be provided within a 28-day access standard. Dental emergency treatment will be provided within a 24-hour access standard. If a Dental Treatment Facility (DTF) cannot provide a covered dental service within the access standard, the DTF may refer the ADSM for care if that treatment is available elsewhere within the access standard.

GENERAL POLICIES

Supplemental healthcare benefits are intended to be an adjunct, not a replacement for, active duty dental treatment facility (DTF) dental care. **Treatment and services not immediately required to establish or maintain dental health to meet dental readiness or world-wide deployability standards may be delayed until this treatment can be provided at an active duty DTF.** All treatment and procedures should be reported following the guidelines and definitions of the most current version of the ADA's CDT.

The following services, supplies, or charges are not covered for supplemental healthcare funding unless specifically authorized by the Services' Dental Corps Chief(s) or designated representative(s) (e.g., DSPOCs):

1. Any dental service or treatment not specifically listed as a Covered Service.
2. Any dental service or treatment determined to be unnecessary or which do not meet accepted standards of dental practice.
3. Those services not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, only those covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law will be eligible for payment or reimbursement.
4. Those services submitted by a dental provider that are for the same service(s) performed on the same date for the same member by another dental provider.
5. Those services which are experimental or investigative in nature.
6. Those services which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not the member claims the benefits or compensation.
7. Those services which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law.
8. Those services provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
9. Those services for which the member would have no obligation to pay in the absence of this or any similar coverage.
10. Those services received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group.
11. Those services performed prior to the member's effective coverage date. This includes any treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges initiated prior to the effective date of the member's eligibility.
12. Those services provided after the termination date of the member's eligibility for coverage unless otherwise indicated. This includes those prosthesis delivered after the termination date of active duty eligibility and any treatment for crowns, inlays, onlays, cast post and cores, or dentures/bridges delivered or inserted prior

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to the termination date of active duty eligibility. The date of service for prosthodontic services (crowns, inlays, onlays, cast post and core, dentures/bridges) is the date of preparation. That date of service should be used when billing for all claims effective January 1, 2016.

13. Those services which are for unusual procedures and techniques.
14. Those services performed by a dental provider who is compensated by a facility for similar covered services performed for members.
15. Those services resulting from the patient's failure to comply with professionally prescribed treatment.
16. Telephone consultations.
17. Any charges for failure to keep a scheduled appointment.
18. Participating providers may not bill patients for the completion of claim forms.
19. Any services or restorations that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
20. Duplicate and temporary devices, appliances and services.
21. Plaque control programs, oral hygiene instruction, home care items and dietary instructions.
22. Services including evaluations, which are routinely performed in conjunction with, or as part of, another service are considered integral and will not be paid or reimbursed as a separate charge.
23. Services applicable to a "per site" payment as defined in the effective ADA CDT Dental Procedure Codes will not be paid as separate charges even if referred multiple times.
24. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for mal-alignment of teeth.
25. Gold foil restorations.
26. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
27. Hospital costs or any additional fees that the dental provider or hospital charges for treatment at the hospital (inpatient or outpatient).
28. Medical procedures as well as procedures covered as adjunctive dental care under TRICARE/Medical or other medical benefit coverage.
29. Infection control procedures and fees associated with Occupational Safety and Health Administration (OSHA) and/or governmental agency compliance are considered integral to the dental service(s) provide and will not be paid or reimbursed as a separate charge.
30. Adjunctive dental benefits as defined by applicable federal regulations.
31. Any request for payment more than 12 months after the month in which a service is provided is not eligible for payment. A participating dentist may not bill the member for services that are denied for this reason.
32. For remote ADSMs seeking services that include time and frequency limitations, if a service is provided within 30 calendar days of the expiration of the time period, the service shall be considered authorized.

EMERGENCY CARE

Emergency care is care that is required to treat or control hemorrhage, infection, swelling and pain. This includes treatment necessary to relieve pain, treat infection, or control hemorrhage to include: temporary or permanent fillings, root canal treatment, single tooth extractions, incision and drainage or other immediate required treatment. Crowns, bridges and dentures are not considered emergency care and require authorization (see below). For example, root canal therapy required to relieve acute pain or treat an acute exacerbation of a periradicular infection can be completed without authorization even if this treatment requires more than one appointment. If a crown is indicated following the root canal therapy, the crown must have authorization before initiating the crown preparation.

COVERED SERVICES

To be considered a Covered Service a procedure or treatment must meet the requirement of being appropriate and necessary to establish and maintain dental health to meet military worldwide readiness/deployment status.

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In addition, non-emergency covered services that exceed \$750 per procedure or appointment or \$1500 for any episode of treatment requires authorization to be considered for payment or reimbursement. (See definition of Emergency Care.) This includes appointments where routine care under \$750 may be combined with specialty care provided on the same date of service. In these cases, authorization for all care is required even if a portion of it has been previously approved. Certain procedures will always need an authorization regardless of the cost as indicated in this attachment. Authorization requirements may vary for each specific procedure but generally require the submission of a current diagnostic-quality periapical x-ray. A brief narrative report of the specific service(s) to be performed is recommended if there are any factors that may affect the care provided. **Initiating dental care requiring authorization without written authorization may result in the service member being responsible for part or all cost of treatment.** If the dental provider initiates this care without receiving written authorization, the provider has the responsibility to obtain written consent from the service member clearly explaining this financial responsibility and risk. Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service. Therefore, obtaining a written authorization of benefit is highly recommended prior to initiating care.

For each CDT Code listed, there is a letter code define in the table below. All four codes are only applicable to remote ADDP utilization. The code 'N' is the only one that applies for DTF referred care.

Code	Description
E	Emergency Care – No authorization required
R	Routine Care - No authorization required (unless over \$750)
S	Specialty Care – Authorization is required
N or Not Listed	Non-covered procedure

D0100-D0999 I. DIAGNOSTIC

Benefits and Limitations for Diagnostic Services

1. For Remote ADSMs, two routine examinations per consecutive 12-month period are covered without obtaining authorization. Oral evaluations are considered integral when provided on the same date of service as palliative or surgical procedure(s) by the same dental provider. If a Remote ADSM desires a second opinion, he/she may obtain a third exam from a different performing provider without obtaining authorization. Radiographic images completed during the third exam on the same day, by the same provider, in support of a second opinion are covered for payment.
2. Only one limited oral evaluation, problem-focused (D0140) will be allowed per patient per dentist in a 12 consecutive month period.
3. For a limited oral evaluation - problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.
4. Re-evaluations are considered integral procedures.
5. Radiographic images which are not of diagnostic quality are not covered and may not be charged to the patient when provided by a participating dentist.
6. Unless approved by DSPOC, one complete series of radiographic images or one panoramic radiographic image is covered in a 36 month period for Remote ADSMs.
7. Unless approved by DSPOC, one set of bitewing radiographic images, consisting of up to four bitewing radiographic images per visit, is covered during a 12 consecutive month period for Remote ADSMs.
8. Vertical bitewings (D0277) will be paid at the same allowance as four bitewings and are subject to the same benefit limitations as four bitewing radiographic images.
9. Periapical radiographic images are covered, when necessary.
10. Radiographic images are not a covered benefit when taken by an x-ray laboratory, unless billed by a licensed dental provider.
11. If the total allowance for individually reported periapical and/or bitewing radiographic images equals or exceeds the allowance for a complete series, the individually reported radiographic images are paid as a complete series and are subject to the same benefit limitations as a complete series. Any difference in fees may not be charged to the member by a participating dentist.
12. Periapical and/or bitewing radiographic images are considered integral when performed on the same date of service, by the same dental provider, as a complete series of radiographic images.

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13. Bitewing radiographic images are not considered integral when performed on the same date of service as a panoramic radiographic image; they may be paid as a separate service.
14. Pulp vitality tests are considered integral to all services.
15. Caries susceptibility tests are not payable unless specifically authorized in writing prior to initiating this service. This service will be considered only in conjunction with an intensive regimen of home preventive therapy (including prescription mouth rinses) to determine if the therapy should be continued. The test is payable once per regimen. The regimen must be initiated immediately following completion of restorative care for a recent episode of rampant caries.
16. Caries susceptibility tests are not payable on a routine basis, for patients with un-restored carious lesions, or when performed for patient education.
17. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral to the restorative procedure. Diagnostic casts are not covered as independent procedures.
18. A panoramic radiograph (D0330) is covered when performed by an oral surgeon.
19. The Contractor may reimburse dental care not indicated on the DTF referral/authorization if the service provided is a panoramic radiograph (D0330) performed by an oral surgeon. For all provider specialties, the Contractor may issue reimbursement for up to two bitewing radiographs (D0270/D0272) or two periapical radiographs (D0220/D0230). Additionally, the Contractor may reimburse for a limited oral evaluation-problem focused (D0140).
20. Lab fees for biopsies are a covered benefit at 100% of charge. The contractor does not pay the lab directly but will reimburse the provider if a lab invoice is submitted with the claim. If the member has paid for the lab fee, the contractor will reimburse the member at 100% of charge.
21. HbA1c POS testing (D0411) to be submitted in conjunction with or before surgical procedure for a known diabetic patient.

CLINICAL ORAL EVALUATIONS

- D0120 R** periodic oral evaluation – established patient
D0140 R limited oral evaluation - problem focused
D0150 R comprehensive oral evaluation –new or established patient
D0160 R detailed and extensive oral evaluation - problem focused, by report
D0170 R re-evaluation-limited, problem focused (established patient, not post-operative visit)
D0171 N re-evaluation - post-operative office visit
D0180 R comprehensive periodontal evaluation – new or established patient

PRE-DIAGNOSTIC SERVICES

- D0190 N** screening of a patient
D0191 N assessment of a patient

DIAGNOSTIC IMAGING

- D0210 R** intraoral - complete series of radiographic images
D0220 R intraoral - periapical first radiographic image
D0230 R intraoral - periapical each additional radiographic image
D0240 R intraoral - occlusal radiographic image
D0250 R extraoral - 2D projection radiographic image created using a stationary radiation source, and detector
D0251 R extraoral posterior dental radiographic image
D0270 R bitewing - single radiographic image
D0272 R bitewings - two radiographic images
D0273 R bitewings – three radiographic images
D0274 R bitewings - four radiographic images
D0277 R vertical bitewings - 7 to 8 radiographic images

D0310 R sialography
D0320 S temporomandibular joint arthrogram, including injection
D0321 S other temporomandibular joint radiographic images, by report
D0322 S tomographic survey

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- D0330 R panoramic radiographic image
- D0340 S 2D cephalometric radiographic image – acquisition, measurement and analysis
- D0364 S cone beam CT capture and interpretation with limited field of view – less than one whole jaw
- D0365 S cone beam CT capture and interpretation with field of view of one full dental arch – mandible
- D0366 S cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
- D0367 S cone beam CT capture and interpretation with field of view of both jaws, with or without cranium
- D0368 S cone beam CT capture and interpretation for TMJ series including two or more exposures
- D0369 S maxillofacial MRI capture and interpretation
- D0370 S maxillofacial ultrasound capture and interpretation
- D0371 S sialoendoscopy capture and interpretation
- D0380 S cone beam CT image capture with limited field of view – less than one whole jaw
- D0381 S cone beam CT image capture with field of view of one full dental arch – mandible
- D0382 S cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
- D0383 S cone beam CT image capture with field of view of both jaws, with or without cranium
- D0384 S cone beam CT image capture for TMJ series including two or more exposures
- D0385 S maxillofacial MRI image capture
- D0386 S maxillofacial ultrasound image capture
- D0391 S interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
- D0393 S treatment simulation using 3D image volume
- D0394 S digital subtraction of two or more images or image volumes of the same modality
- D0395 S fusion of two or more 3D image volumes of one or more modalities

TESTS EXAMINATIONS

- D0411 S HbA1c in-office point of service testing
- D0412 S blood glucose level test – in office using a glucose meter
- D0414 S laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
- D0415 S collection of microorganisms for culture and sensitivity
- D0416 S viral culture
- D0417 S collection and preparation of saliva sample for laboratory diagnostic testing
- D0418 S analysis of saliva sample
- D0422 N collection and preparation of genetic sample material for laboratory analysis and report
- D0423 N genetic test for susceptibility to diseases – specimen analysis
- D0425 S caries susceptibility test
- D0431 N adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
- D0460 S pulp vitality tests

ORAL PATHOLOGY LABORATORY (Use Codes D0472 – D0502)

- D0472 S accession of tissue, gross examination, preparation and transmission of written report
- D0473 S accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 S accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0475 S decalcification procedure
- D0476 S special stains for microorganisms
- D0477 S special stains, not for microorganisms
- D0478 S immunohistochemical stains
- D0479 S tissue in-situ hybridization, including interpretation

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D0480	S	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D0481	S	electron microscopy
D0482	S	direct immunofluorescence
D0483	S	indirect immunofluorescence
D0484	S	consultation on slides prepared elsewhere
D0485	S	consultation, including preparation of slides from biopsy material supplied by referring source
D0486	S	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
D0502	S	other oral pathology procedures, by report
D0600	N	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum
D0601	N	caries risk assessment and documentation, with a finding of low risk
D0602	N	caries risk assessment and documentation, with a finding of moderate risk
D0603	N	caries risk assessment and documentation, with a finding of high risk
D0999	N	unspecified diagnostic procedure, by report

D1000-D1999 II. PREVENTIVE

Benefits and Limitations for Preventive Services

1. Two routine prophylaxes are covered in a 12 consecutive month period. Additional prophylaxes in a 12-month period must be approved by the DSPOC.
2. Routine prophylaxes are considered integral when performed by the same dental provider/facility within 45 calendar days as scaling and root planing, periodontal surgery and periodontal maintenance procedures.
3. A routine prophylaxis is considered integral when performed in conjunction with, or as a finishing procedure to, periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, mucogingival surgery, osseous surgery or curettage.
4. A routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.
5. Two topical fluoride applications are covered in a consecutive 12-month period when performed as independent procedures. Additional fluoride applications must be preauthorized. The use of a prophylaxis paste containing fluoride qualifies for payment only as a prophylaxis.
6. Topical fluoride applications (D1204) are covered when provided as part of an intensive regimen of home preventive therapy to treat rampant caries. This service is only covered if authorized in writing prior to initiating the service.

NOTE: If a remote member requests or obtains care that exceeds the allowed quantity in a 12-consecutive month period, the care will be considered authorized if it occurs no more than one month prior to the expiration of the 12-consecutive month period.

Benefits and Limitations for Sealants

1. Sealants for teeth other than permanent bicuspid and permanent molars are not covered.
2. Sealants provided on the same date of service and on the same tooth as a restoration involving the occlusal surface are considered integral procedures.

DENTAL PROPHYLAXIS

D1110 R prophylaxis – adult

TOPICAL FLUORIDE TREATMENT (Office Procedure)

D1206 R topical application of fluoride varnish

D1208 R topical application of fluoride – excluding varnish

OTHER PREVENTIVE SERVICES

D1351 S sealant – per tooth

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D1352 S	preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1353 S	sealant repair – per tooth
D1354 N	interim caries arresting medicament application- per tooth
D1575 N	distal shoe space maintainer-fixed-unilateral

D2000-D2999 III. RESTORATIVE

Benefits and Limitations for Restorative Services

1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
2. The payment for restorations includes all related services including, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments and detection agents.
3. Pin retention is covered only when reported in conjunction with an eligible restoration.
4. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin-retained core buildup (D2950).
5. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.
6. Restorative services are covered only when necessary due to decay or fracture. Restorative services are not benefits when performed for cosmetic purposes.
7. Restorative services that are needed due to attrition, erosion, abrasion, or congenital or developmental defects require authorization.
8. Multiple restorations performed on the same surface of a tooth, without involvement of a second surface, on the same date of service and by the same dental provider/facility, will be processed as a single surface restoration.
9. A restoration involving two or more surfaces should be reported using the appropriate multiple surface restoration code.
10. If multiple restorations involving multiple surfaces with at least one common surface are reported, an allowance will be made for a single restoration reflecting the number of different surfaces involved.
11. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 12 months of the original restoration are considered integral procedures and a separate fee is not chargeable to the member by a participating dentist. However, payment may be allowed if the repair or replacement is due to fracture of the tooth or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is required to restore the tooth following root canal therapy.
12. Restorations performed on the same tooth and by the same dentist/facility within twelve months following the placement of any type of crown or onlay are considered integral.
13. For reporting and benefit purposes, the completion date for crowns, onlays and buildups is the preparation date for all claims effective January 1, 2016.
14. The charge for a crown or onlay should include all charges for work related to its placement and any follow-up care including, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, limited occlusal adjustments and cementations of both temporary and permanent crowns.
15. Prefabricated stainless steel crowns (with or without resin windows for anterior and premolar teeth) are covered only when authorized in writing prior to initiating the procedure.
16. Restorative and removable and fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment or reimbursement.
17. Current military guidance requires that all ceramic crowns D2740 on molars be either lithium disilicate (i.e. IPS e.max) or Full Contour Zirconia (i.e., Bruxir, Lava Plus, Zirlux) whether they are placed in active duty treatment facilities or via purchased private sector care. Civilian dental providers are required to provide a copy of the lab bill, for non DTF- referred care, with the dental claim providing evidence of the materials used for fabricating the crown. If the dental office has their own milling machine (Cerec, ProCad, Vitablocs, Paradigm) so indicate and also confirm what the material type of block used.

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AMALGAM RESTORATIONS (Including Polishing)

- D2140 R amalgam - one surface, permanent or primary
- D2150 R amalgam - two surfaces, permanent or primary
- D2160 R amalgam - three surfaces, permanent or primary
- D2161 R amalgam - four or more surfaces, permanent or primary

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT

- D2330 R resin-based composite - one surface, anterior
- D2331 R resin-based composite - two surfaces, anterior
- D2332 R resin-based composite - three surfaces, anterior
- D2335 R resin-based composite - four or more surfaces or involving incisal angle (anterior)
- D2390 S resin-based composite crown, anterior
- D2391 R resin-based composite - one surface, posterior
- D2392 R resin-based composite - two surfaces, posterior
- D2393 R resin-based composite - three surfaces, posterior
- D2394 R resin-based composite – four or more surfaces, posterior

GOLD FOIL RESTORATIONS

- D2410 N gold foil – one surface
- D2420 N gold foil – two surfaces
- D2430 N gold foil – three surfaces

INLAY/ONLAY RESTORATIONS

- D2510 N inlay – metallic – one surface
- D2520 N inlay – metallic – two surfaces
- D2530 N inlay – metallic – three or more surfaces
- D2542 S onlay - metallic-two surfaces
- D2543 S onlay - metallic-three surfaces
- D2544 S onlay - metallic-four or more surfaces

CROWNS - SINGLE RESTORATIONS ONLY

- D2710 N crown – resin-based composite (indirect)
- D2712 N crown – $\frac{3}{4}$ resin-based composite (indirect)
- D2720 N crown - resin with high noble metal
- D2721 N crown - resin with predominantly base metal
- D2722 N crown - resin with noble metal
- D2740 S crown – porcelain/ceramic
- D2750 S crown - porcelain fused to high noble metal
- D2751 N crown - porcelain fused to predominantly base metal
- D2752 S crown - porcelain fused to noble metal
- D2780 S crown - $\frac{3}{4}$ cast high noble metal
- D2781 N crown - $\frac{3}{4}$ cast predominantly base metal
- D2782 S crown - $\frac{3}{4}$ cast noble metal
- D2783 N crown - $\frac{3}{4}$ porcelain/ceramic
- D2790 S crown - full cast high noble metal
- D2791 N crown - full cast predominantly base metal
- D2792 S crown - full cast noble metal
- D2794 S crown - titanium
- D2799 S provisional crown – further treatment or completion of diagnosis necessary prior to final impression

OTHER RESTORATIVE SERVICES

Benefits and Limitations for Other Restorative Services

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1. For Remote ADSMs, replacement of crowns, onlays, buildups and posts and cores is covered only if the existing crown, onlay, buildup, or post and core was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing crown, onlay, buildup, or post and core is not and cannot be made serviceable. Prostheses for Remote ADSMs prior to the five-year replacement period must be approved by a DSPOC. The five year time limitation on crowns, onlays, buildups and posts and cores does not apply if the member moves as a result of a Permanent Change of Station (PCS) relocation at least 40 miles from the original servicing location. The five year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.
2. Inlays typically require greater reduction of sound natural tooth structure compared to restorations utilizing direct restorative materials and are therefore not as cost effective nor as conservative for restoring intracoronal defects.
3. Temporary crowns are usually preformed artificial crowns, which are fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization during crown fabrication.
4. Recementation of prefabricated and cast crowns, bridges, onlays, inlays and posts within six months of placement by the same dental provider/facility is considered integral to the original procedure.
5. Onlays, crowns and posts and cores are payable only when necessary due to decay or fracture. If the tooth can be adequately restored with amalgam or composite (resin) filling material, then authorization for restoration of the tooth will be limited to the lesser restorative procedure. This payment cannot be applied toward other treatment.
6. Substitution of a non-covered service for a covered service is not allowed even if the fee for the non-covered service is less than or equal to the covered service.
7. Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.
8. Porcelain ceramic and composite resin inlays are not covered benefits, unless approved by a DSPOC.
9. Glass ionomer restorations are not a covered benefit in load bearing areas. Payment for glass ionomer restorations in non-load bearing areas will be made based upon the fees for amalgam restorations for posterior teeth or resin restorations for anterior teeth.
10. Protective restorations are not a covered benefit. However, if a protective restoration is provided on an emergency basis, it may be considered for payment or reimbursement as palliative emergency treatment.

D2910 R	recement or rebond inlay, onlay, veneer or partial coverage restoration
D2915 S	recement or rebond indirectly fabricated or prefabricated post and core
D2920 R	recement or rebond crown
D2921 E	reattachment of tooth fragment, incisal edge or cusp
D2929 N	prefabricated porcelain/ceramic crown – primary tooth
D2931 S	prefabricated stainless steel crown - permanent tooth
D2932 N	prefabricated resin crown
D2933 N	prefabricated stainless steel crown with resin window
D2940 E	protective restoration
D2941 N	Interim therapeutic restoration-primary dentition
D2949 S	restorative foundation for an indirect restoration
D2950 S	core buildup, including any pins when required
D2951 R	pin retention - per tooth, in addition to restoration
D2952 S	post and core in addition to crown, indirectly fabricated
D2953 N	each additional indirectly fabricated post - same tooth
D2954 S	prefabricated post and core in addition to crown
D2955 S	post removal
D2957 N	each additional prefabricated post - same tooth
D2960 N	labial veneer (resin laminate) – chairside
D2971 S	additional procedures to construct new crown under existing partial denture framework
D2975 S	coping
D2980 R	crown repair, necessitated by restorative material failure
D2981 N	inlay repair necessitated by restorative material failure
D2982 N	onlay repair necessitated by restorative material failure

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- D2983 N veneer repair necessitated by restorative material failure**
- D2990 S resin infiltration of incipient smooth surface lesions**
- D2999 N unspecified restorative procedure, by report**

D3000-D3999 IV. ENDODONTICS

Benefits and Limitations for Endodontic Services

1. When endodontic services are performed by a general dentist, post treatment radiograph is required prior to approval of payment for services.
2. Direct pulp caps are considered an integral service when provided on the same date as a restoration.
3. Indirect pulp caps are considered integral to the restoration.
4. Pulpotomies are considered integral when performed by the same dentist who completes the root canal therapy.
5. Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.
6. Pulpal therapy (resorbable filling) is limited to primary teeth with unerupted succedaneous permanent teeth only and therefore not generally covered for active duty service members. If covered, it is a benefit once per tooth per lifetime. Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dental provider.
7. Gross pulpal debridement is considered integral to root canal therapy or palliative emergency treatment when provided on the same day by the same dental provider.
8. Treatment of a root canal obstruction is considered an integral procedure to the root canal therapy.
9. Incomplete endodontic therapy is not a covered benefit when due to the patient discontinuing treatment. All other circumstances require a report.
10. The placement of a post is not a covered benefit when provided as an independent procedure. Posts are eligible only when provided as part of a crown buildup and are considered integral to the buildup procedure.
11. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
12. Final restoration is covered separately and not part of endodontic therapy.
13. Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.
14. Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.

PULPOTOMY

- D3220 R therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament**
- D3221 R pulpal debridement, primary and permanent teeth**

ENDODONTIC THERAPY (Including Treatment Plan, Clinical Procedures and Follow-Up Care)

- D3310 E endodontic therapy - anterior (excluding final restoration)**
- D3320 E endodontic therapy - premolar tooth (excluding final restoration)**
- D3330 E endodontic therapy - molar tooth (excluding final restoration)**
- D3331 S treatment of root canal obstruction; non-surgical access**
- D3332 S incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth**
- D3333 S internal root repair of perforation defects**

ENDODONTIC RETREATMENT

- D3346 S retreatment of previous root canal therapy - anterior**
- D3347 S retreatment of previous root canal therapy - premolar**
- D3348 S retreatment of previous root canal therapy - molar**

APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES

Attachment J-2
Benefits, Limitations and Exclusions

- D3351 S apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 S apexification/recalcification - interim medication replacement
- D3353 S apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)
- D3355 S pulpal regeneration – initial visit
- D3356 S pulpal regeneration – interim medication replacement
- D3357 S pulpal regeneration – completion of treatment

APICOECTOMY/PERIRADICULAR SERVICES

- D3410 S apicoectomy - anterior
- D3421 S apicoectomy - premolar (first root)
- D3425 S apicoectomy - molar (first root)
- D3426 S apicoectomy (each additional root)
- D3427 S periradicular surgery without apicoectomy
- D3428 S bone graft in conjunction with periradicular surgery – per tooth, single site
- D3429 S bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
- D3430 S retrograde filling - per root
- D3431 S biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
- D3432 S guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
- D3450 S root amputation - per root
- D3460 N endodontic endosseous implant
- D3470 S intentional reimplantation (including necessary splinting)

OTHER ENDODONTIC PROCEDURES

- D3950 S canal preparation and fitting of preformed dowel or post
- D3999 N unspecified endodontic procedure, by report

D4000-D4999 V. PERIODONTICS

Benefits and Limitations for Periodontal Services

1. All periodontal treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.
2. Gingivectomies, gingival flap procedure, guided tissue regeneration and osseous surgery provided within 24 months of the same surgical periodontal procedure, in the same area of the mouth, are not covered.
3. Gingivectomies or gingivoplasties performed in conjunction with the placement of crowns, onlays, crown buildups, or posts and cores are considered integral to the restorative procedure.
4. Payment for gingivectomy/gingivoplasty will be made as follows:
 - a) one or two teeth will be paid at the per tooth allowance
 - b) three or four teeth will be paid at 50 percent of the full quadrant allowance.
5. Soft tissue grafts are processed according to the number of separate sites involved. Separate sites generally must be separated by two or more teeth.
6. Subepithelial connective tissue grafts are payable at the level of free soft tissue grafts.
7. A single site for reporting osseous grafts consists of one contiguous area, regardless of the number of teeth (e.g., crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Noncontiguous areas involving different teeth may be reported as additional sites.
8. Bone replacement grafts are eligible for payment or reimbursement when provided to treat periodontal defects. They are not eligible when provided for other reasons such as filling in an extraction site or a defect resulting from an apicoectomy or cyst removal.

Attachment J-2 Benefits, Limitations and Exclusions

9. Periodontal bone grafts are subject to the same limitations and requirements as bone replacement grafts using natural bone
10. Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.
11. Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dental provider/facility and in the same area of the mouth, will be processed for payment as a crown lengthening.
12. One crown lengthening per tooth, per lifetime, is covered.
13. Periodontal scaling and root planing is indicated to treat periodontal disease, which generally does not occur with frequency in younger patients. Periodontal scaling and root planing submitted for members under the age of 19 should be accompanied by x-rays and periodontal charting. If this information is not available, please provide an explanation regarding the need for periodontal care.
14. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing, or periodontal surgical procedures, in the same area of the mouth requires authorization.
15. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies, gingival flap procedures, osseous surgery, or curettage.
16. Up to four periodontal maintenance procedures or any combination of routine prophylaxes and periodontal maintenance procedures totaling four may be paid within a 12 consecutive month period.
17. Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.
18. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth after oral evaluation is eligible once per 36 months AND considered part of the routine prophylaxis limitation; the combination of a routine prophylaxis and scaling in presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation, should not exceed two in 12 consecutive months.
19. Periodontal scaling and root planing, periodontal maintenance or periodontal surgery will be denied if provided within six months of scaling in presence of generalized moderate or severe gingival inflammation - full mouth after oral evaluation.
20. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth after oral evaluation, will be denied when provided on the same day by the same provider as a routine prophylaxis, periodontal maintenance, periodontal scaling and root planing or full mouth debridement.
21. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth after oral evaluation, will be denied as integral when provided on the same day by the same provider as any periodontal surgery..
22. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth after oral evaluation, will be denied when reported within six months following full mouth debridement, periodontal maintenance, periodontal scaling and root planing or periodontal surgery.
23. Full mouth debridement to enable comprehensive periodontal evaluation (D4355) is covered only once in a 24 month time frame and must be at least 2 years since the last dental prophylaxis. When full mouth debridement is performed on the same date of service as scaling and root planing, periodontal maintenance procedures, or a routine prophylaxis, it is considered integral to these services. Not to be completed on the same day as D0150, D0160, or D0180.
24. Implantology and related services are considered on a case-by case basis **and require authorization**. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.
25. When covered, all procedures related to the placement of an implant (e.g., bone re-contouring and excision of gingival tissue) are considered integral to the implant placement procedure.

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

D4210 S gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant

D4211 S gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant

Attachment J-2
Benefits, Limitations and Exclusions

- D4212 N gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
- D4240 S gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4241 S gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4245 S apically positioned flap
- D4249 S clinical crown lengthening - hard tissue
- D4260 S osseous surgery (including elevation of a full thickness flap -and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4261 S osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4263 S bone replacement graft – retained natural tooth - first site in quadrant
- D4264 S bone replacement graft – retained natural tooth - each additional site in quadrant
- D4266 S guided tissue regeneration - resorbable barrier, per site
- D4267 S guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
- D4268 S surgical revision procedure, per tooth
- D4270 S pedicle soft tissue graft procedure
- D4273 S autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position
- D4274 S mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 N non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
- D4276 S combined connective tissue and double pedicle graft, per tooth
- D4277 S free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft
- D4278 S free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site
- D4283 S autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
- D4285 N non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site

NON-SURGICAL PERIODONTAL SERVICE

- D4320 S provisional splinting - intracoronal
- D4321 S provisional splinting - extracoronal
- D4341 S periodontal scaling and root planing – four or more teeth per quadrant
- D4342 S periodontal scaling and root planing – one to three teeth per quadrant
- D4346 S scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation
- D4355 R full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
- D4381 N localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

OTHER PERIODONTAL SERVICES

- D4910 R periodontal maintenance
- D4920 R unscheduled dressing change (by someone other than treating dentist or their staff)
- D4921 N gingival irrigation – per quadrant
- D4999 N unspecified periodontal procedure, by report

D5000-D5899 VL PROSTHODONTICS (Removable)

Attachment J-2 Benefits, Limitations and Exclusions

Benefits and Limitations for Prosthodontic Services

1. All prosthodontic treatment requires written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma.
2. For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the preparation date for all claims effective January 1, 2016. The completion date for removable prosthodontic procedures is the insertion date.
3. Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment or reimbursement.
4. The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures is considered integral and is included in the fee for these procedures.
5. Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.
6. Adjustments provided within six months of the insertion of an initial or replacement denture are integral to the denture.
7. The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.
8. A reline/rebase is covered once in any 36 months.
9. Payment for a denture or an overdenture made with precious metals is based on the allowance for a conventional denture
10. Specialized procedures performed in conjunction with an overdenture are not covered.
11. A fixed partial denture and removable partial denture are not covered benefits in the same arch. Payment will be made for a removable partial denture to replace all missing teeth in the arch.
12. Cast unilateral removable partial dentures are not covered benefits.
13. Precision attachments, personalization, precious metal bases and other specialized techniques are not covered benefits.
14. Temporary fixed partial dentures are not a covered service if provided independently and are considered integral to the allowance for the fixed partial denture procedure when provided in conjunction with a permanent fixed partial denture procedure. They will not be considered for payment or reimbursement.
15. Recementation of crowns, fixed partial dentures, inlays, onlays, or cast posts within six months of their placement by the same dental provider/facility is considered integral to the original procedure.
16. All placement/replacement of removable prostheses (D5110 through D5226, D5810 through D5821, and D5862 through D5875) and fixed prostheses (D6210 through D6792) requires approval by a DSPOC.
17. Implantology and related services **require authorization** for the complete procedure and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.
18. Posts are only eligible when provided as part of a core buildup and are considered integral to the buildup procedure. A separate charge for a post as an independent procedure is not a covered benefit.

COMPLETE DENTURES (Including Routine Post-Deliver Care)

- D5110 S complete denture - maxillary**
- D5120 S complete denture - mandibular**
- D5130 S immediate denture - maxillary**
- D5140 S immediate denture - mandibular**

PARTIAL DENTURES (Including Routine Post-Delivery Care)

- D5211 S maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)**
- D5212 S mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)**
- D5213 S maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**
- D5214 S mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**

Attachment J-2
Benefits, Limitations and Exclusions

- D5221 S immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
- D5222 S immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
- D5223 S immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, tests and teeth)
- D5224 S immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5225 S maxillary partial denture – flexible base (including any clasps, rests and teeth)
- D5226 S mandibular partial denture – flexible base (including any clasps, rests and teeth)
- D5282 N removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary
- D5283 N removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular

ADJUSTMENTS TO DENTURES

- D5410 R adjust complete denture - maxillary
- D5411 R adjust complete denture - mandibular
- D5421 R adjust partial denture - maxillary
- D5422 R adjust partial denture - mandibular

REPAIRS TO COMPLETE DENTURES

- D5511 R repair broken complete denture base, mandibular
- D5512 R repair broken complete denture base, maxillary
- D5520 R replace missing or broken teeth - complete denture (each tooth)

REPAIRS TO PARTIAL DENTURES

- D5611 R repair resin partial denture base, mandibular
- D5612 R repair resin partial denture base, maxillary
- D5621 R repair cast partial framework, mandibular
- D5622 R repair cast partial framework, maxillary
- D5630 R repair or replace broken retentive clasping materials – per tooth
- D5640 R replace broken teeth - per tooth
- D5650 S add tooth to existing partial denture
- D5660 S add clasp to existing partial denture – per tooth
- D5670 S replace all teeth and acrylic on cast metal framework (maxillary)
- D5671 S replace all teeth and acrylic on cast metal framework (mandibular)

DENTURE REBASE PROCEDURES

- D5710 S rebase complete maxillary denture
- D5711 S rebase complete mandibular denture
- D5720 S rebase maxillary partial denture
- D5721 S rebase mandibular partial denture

DENTURE RELINE PROCEDURES

- D5730 S reline complete maxillary denture (chairside)
- D5731 S reline complete mandibular denture (chairside)
- D5740 S reline maxillary partial denture (chairside)
- D5741 S reline mandibular partial denture (chairside)
- D5750 S reline complete maxillary denture (laboratory)
- D5751 S reline complete mandibular denture (laboratory)
- D5760 S reline maxillary partial denture (laboratory)
- D5761 S reline mandibular partial denture (laboratory)

INTERIM PROSTHESIS

**Attachment J-2
Benefits, Limitations and Exclusions**

- D5810 S interim complete denture (maxillary)
- D5811 S interim complete denture (mandibular)
- D5820 S interim partial denture (maxillary)
- D5821 S interim partial denture (mandibular)

OTHER REMOVABLE PROSTHETIC SERVICES

- D5850 R tissue conditioning, maxillary
- D5851 R tissue conditioning, mandibular
- D5862 S precision attachment, by report
- D5863 S overdenture – complete maxillary
- D5864 S overdenture – partial maxillary
- D5865 S overdenture – complete mandibular
- D5866 S overdenture – partial mandibular
- D5867 S replacement of replaceable part of semi-precision or precision attachment (male or female component)
- D5875 S modification of removable prosthesis following implant surgery
- D5876 S add metal substructure to acrylic full denture (per arch)
- D5899 N unspecified removable prosthodontics procedure, by report

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS

- D5911 S facial moulage (sectional)
- D5912 S facial moulage (complete)
- D5913 S nasal prosthesis
- D5914 S auricular prosthesis
- D5915 S orbital prosthesis
- D5916 S ocular prosthesis
- D5919 S facial prosthesis
- D5922 S nasal septal prosthesis
- D5923 S ocular prosthesis, interim
- D5924 S cranial prosthesis
- D5925 S facial augmentation implant prosthesis
- D5926 S nasal prosthesis, replacement
- D5927 S auricular prosthesis, replacement
- D5928 S orbital prosthesis, replacement
- D5929 S facial prosthesis, replacement
- D5931 S obturator prosthesis, surgical
- D5932 S obturator prosthesis, definitive
- D5933 S obturator prosthesis, modification
- D5934 S mandibular resection prosthesis with guide flange
- D5935 S mandibular resection prosthesis without guide flange
- D5936 S obturator prosthesis, interim
- D5937 S trismus appliance (not for TMD treatment)
- D5953 S speech aid prosthesis, adult
- D5954 S palatal augmentation prosthesis
- D5955 S palatal lift prosthesis, definitive
- D5958 S palatal lift prosthesis, interim
- D5959 S palatal lift prosthesis, modification
- D5960 S speech aid prosthesis, modification
- D5982 S surgical stent
- D5983 S radiation carrier
- D5984 S radiation shield
- D5985 S radiation cone locator
- D5986 S fluoride gel carrier

**Attachment J-2
Benefits, Limitations and Exclusions**

- D5987 S commissure splint
- D5988 S surgical splint
- D5991 S vestibulobullous disease medicament carrier
- D5992 S adjust maxillofacial prosthetic appliance, by report
- D5993 S maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
- D5994 N periodontal medicament carrier with peripheral seal – laboratory processed
- D5999 N unspecified maxillofacial prosthesis, by report

D6200-D6999 IX. PROSTHODONTICS (FIXED)

FIXED PARTIAL DENTURE PONTICS

- D6205 N pontic – indirect resin based composite
- D6210 S pontic - cast high noble metal
- D6211 N pontic - cast predominantly base metal
- D6212 S pontic - cast noble metal
- D6214 S pontic - titanium
- D6240 S pontic - porcelain fused to high noble metal
- D6241 N pontic - porcelain fused to predominantly base metal
- D6242 S pontic - porcelain fused to noble metal
- D6245 S pontic – porcelain / ceramic
- D6250 N pontic - resin with high noble metal
- D6251 N pontic - resin with predominantly base metal
- D6252 N pontic - resin with noble metal
- D6253 S provisional pontic – further treatment or completion of diagnosis necessary prior to final impression

FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS

- D6545 S retainer - cast metal for resin bonded fixed prosthesis
- D6548 S retainer – porcelain / ceramic for resin bonded fixed prosthesis
- D6549 S resin retainer – for resin bonded fixed prosthesis
- D6600 N retainer inlay – porcelain / ceramic, two surfaces
- D6601 N retainer inlay – porcelain / ceramic, three or more surfaces
- D6602 N retainer inlay - cast high noble metal, two surfaces
- D6603 N retainer inlay - cast high noble metal, three or more surfaces
- D6604 N retainer inlay – cast predominantly base metal, two surfaces
- D6605 N retainer inlay – cast predominantly base metal, three or more surfaces
- D6606 N retainer inlay – cast noble metal, two surfaces
- D6607 N retainer inlay - cast noble metal, three or more surfaces
- D6608 N retainer onlay – porcelain / ceramic, two surfaces
- D6609 N retainer onlay – porcelain / ceramic, three or more surfaces
- D6610 N retainer onlay – cast high noble metal, two surfaces
- D6611 N retainer onlay - cast high noble metal, three or more surfaces
- D6612 N retainer onlay – cast predominantly base metal, two surfaces
- D6613 N retainer onlay – cast predominantly base metal, three or more surfaces
- D6614 N retainer onlay – cast noble metal, two surfaces
- D6615 N retainer onlay – cast noble metal, three or more surfaces
- D6624 N retainer inlay – titanium
- D6634 N retainer onlay - titanium

FIXED PARTIAL DENTURE RETAINERS - CROWNS

- D6710 N retainer crown – indirect resin based composite
- D6720 N retainer crown - resin with high noble metal
- D6721 N retainer crown - resin with predominantly base metal

**Attachment J-2
Benefits, Limitations and Exclusions**

D6722	N	retainer crown - resin with noble metal
D6750	S	retainer crown - porcelain fused to high noble metal
D6751	N	retainer crown - porcelain fused to predominantly base metal
D6752	S	retainer crown - porcelain fused to noble metal
D6780	S	retainer crown - 3/4 cast high noble metal
D6781	N	retainer crown - 3/4 cast predominantly base metal
D6782	S	retainer crown - 3/4 cast noble metal
D6790	S	retainer crown - full cast high noble metal
D6791	N	retainer crown - full cast predominantly base metal
D6792	S	retainer crown - full cast noble metal
D6794	S	retainer crown – titanium

OTHER FIXED PARTIAL DENTURE SERVICES

D6920	S	connector bar
D6930	R	re-cement or re-bond fixed partial denture
D6940	S	stress breaker
D6950	S	precision attachment
D6980	S	fixed partial denture repair, necessitated by restorative material failure
D6999	N	unspecified fixed prosthodontics procedure, by report

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

Benefits and Limitations for Oral Surgery Services

1. All oral surgery procedures in excess of \$750 per procedure or \$1500 per treatment episode require written authorization prior to initiating treatment. The exception is emergency treatment required to repair defects caused by traumatic injury and is provided at the time of the initial treatment for that trauma or is required to control bleeding or infection or relieve pain.
2. Simple incision and drainage reported without root canal therapy will be processed as palliative treatment.
3. Simple incision drainage reported with root canal therapy is considered integral to the root canal therapy.
4. Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow up care is considered integral to the procedure.
5. Biopsies are an eligible benefit when tissue is surgically removed for the specific purpose of histopathological examination and diagnosis.
6. Biopsies are considered integral when performed in conjunction with other surgical procedures on the same day in the same area of the mouth except in states that require separate payments for the accession of the tissue and the lab bill.
7. Charges for related services such as necessary wires and splints, adjustments and follow up visits are considered integral to the fee for reimplantation.
8. Routine postoperative care such as suture removal is considered integral to the fee for the surgery.
9. The removal of exposed roots (D7130) is included in the allowance for the extraction and will not be considered for payment or reimbursement as a separate procedure when performed by the same dental provider/facility. Payment may be allowed only if performed by a different dental provider/facility.

EXTRACTIONS (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7111	R	extraction, coronal remnants – primary tooth
D7140	R	extraction, erupted tooth or exposed root (elevation and/or forceps removal)

SURGICAL EXTRACTIONS (Includes Local Anesthesia, Suturing and Routine Postoperative Care)

D7210	R	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	R	removal of impacted tooth - soft tissue
D7230	R	removal of impacted tooth - partially bony
D7240	R	removal of impacted tooth - completely bony
D7241	R	removal of impacted tooth - completely bony, with unusual surgical complications

**Attachment J-2
Benefits, Limitations and Exclusions**

- D7250 R removal of residual tooth roots (cutting procedure)
- D7251 S coronectomy – intentional partial tooth removal

OTHER SURGICAL PROCEDURES

- D7260 E oroantral fistula closure
- D7261 E primary closure of a sinus perforation
- D7270 E tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- D7272 N tooth transplantation (includes reimplantation from one site to another and splinting and / or stabilization)
- D7280 S exposure of an unerupted tooth
- D7282 S mobilization of erupted or malpositioned tooth to aid eruption
- D7283 S placement of device to facilitate eruption of impacted tooth
- D7285 S incisional biopsy of oral tissue - hard (bone, tooth)
- D7286 S incisional biopsy of oral tissue - soft
- D7287 N exfoliative cytological sample collection
- D7288 N brush biopsy – transepithelial sample collection
- D7290 N surgical repositioning of teeth
- D7291 S transseptal fiberotomy/supra crestal fiberotomy, by report
- D7292 N placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal
- D7293 N placement of temporary anchorage device requiring flap; includes device removal
- D7294 N placement of temporary anchorage device without flap; includes device removal
- D7295 S harvest of bone for use in autogenous grafting procedure
- D7296 N corticotomy- one to three teeth or tooth spaces, per quadrant
- D7297 N corticotomy- four or more teeth or tooth spaces, per quadrant

ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE

- D7310 S alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant
- D7311 N alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant
- D7320 S alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant
- D7321 N alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant

VESTIBULOPLASTY

- D7340 S vestibuloplasty - ridge extension (secondary epithelialization)
- D7350 S vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

SURGICAL EXCISION OF SOFT TISSUE LESIONS (Includes Non-Odontogenic Cysts)

- D7410 S excision of benign lesion up to 1.25 cm
- D7411 S excision of benign lesion greater than 1.25 cm
- D7412 S excision of benign lesion, complicated
- D7413 S excision of malignant lesion up to 1.25 cm
- D7414 S excision of malignant lesion greater than 1.25 cm
- D7415 S excision of malignant lesion, complicated
- D7465 S destruction of lesion(s) by physical or chemical method, by report

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS

- D7440 S excision of malignant tumor - lesion diameter up to 1.25 cm
- D7441 S excision of malignant tumor - lesion diameter greater than 1.25 cm
- D7450 S removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
- D7451 S removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
- D7460 S removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm

Attachment J-2
Benefits, Limitations and Exclusions

D7461 S removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm

EXCISION OF BONE TISSUE

D7471 S removal of lateral exostosis (mandible or maxilla)
D7472 S removal of torus palatinus
D7473 S removal of torus mandibularis
D7485 S reduction of osseous tuberosity
D7490 S radical resection of maxilla or mandible

SURGICAL INCISION

D7510 R incision and drainage of abscess - intraoral soft tissue
D7511 R incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520 R incision and drainage of abscess - extraoral soft tissue
D7521 R incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7530 R removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540 R removal of reaction producing foreign bodies, musculoskeletal system
D7550 R partial osteotomy/sequestrectomy for removal of non-vital bone
D7560 R maxillary sinusotomy for removal of tooth fragment or foreign body

TREATMENT OF FRACTURES - SIMPLE

D7610 S maxilla - open reduction (teeth immobilized, if present)
D7620 S maxilla - closed reduction (teeth immobilized, if present)
D7630 S mandible - open reduction (teeth immobilized, if present)
D7640 S mandible - closed reduction (teeth immobilized, if present)
D7650 S malar and/or zygomatic arch - open reduction
D7660 S malar and/or zygomatic arch - closed reduction
D7670 S alveolus – closed reduction, may include stabilization of teeth
D7671 S alveolus – open reduction, may include stabilization of teeth
D7680 S facial bones - complicated reduction with fixation and multiple surgical approaches

TREATMENT OF FRACTURES - COMPOUND

D7710 S maxilla open reduction
D7720 S maxilla - closed reduction
D7730 S mandible – open reduction
D7740 S mandible - closed reduction
D7750 S malar and/or zygomatic arch - open reduction
D7760 S malar and/or zygomatic arch - closed reduction
D7770 S alveolus – open reduction stabilization of teeth
D7771 S alveolus – closed reduction stabilization of teeth
D7780 S facial bones - complicated reduction with fixation and multiple approaches

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS.

D7810 S open reduction of dislocation
D7820 S closed reduction of dislocation
D7830 S manipulation under anesthesia
D7840 S condylectomy
D7850 S surgical discectomy, with/without implant
D7852 S disc repair
D7854 S synovectomy
D7856 S myotomy
D7858 S joint reconstruction
D7860 S arthrotomy

**Attachment J-2
Benefits, Limitations and Exclusions**

- D7865 S arthroplasty
- D7870 S arthrocentesis
- D7871 S non-arthroscopic lysis and lavage
- D7872 S arthroscopy - diagnosis, with or without biopsy
- D7873 S arthroscopy: lavage and lysis of adhesions
- D7874 S arthroscopy: disc repositioning and stabilization
- D7875 S arthroscopy: synovectomy
- D7876 S arthroscopy: discectomy
- D7877 S arthroscopy: debridement
- D7880 S occlusal orthotic device, by report
- D7881 N occlusal orthotic device adjustment
- D7899 N unspecified TMD therapy, by report

REPAIR OF TRAUMATIC WOUNDS (Excludes Closure of Surgical Incisions)

- D7910 E suture of recent small wounds up to 5 cm

COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE) (Excludes Closure of Surgical Incisions)

- D7911 E complicated suture - up to 5 cm
- D7912 E complicated suture - greater than 5 cm

OTHER REPAIR PROCEDURES

- D7920 S skin graft (identify defect covered, location and type of graft)
- D7921 S collection and application of autologous blood concentrate product
- D7940 N osteoplasty – orthognathic deformities
- D7941 N osteotomy – mandibular rami
- D7943 N osteotomy – mandibular rami with bone graft; includes obtaining the graft
- D7944 N osteotomy – segmented or subapical
- D7945 N osteotomy – body of mandible
- D7946 N LeFort I (maxilla – total)
- D7947 N LeFort I (maxilla – segmented)
- D7948 N LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
- D7949 N LeFort II or LeFort III – with bone graft
- D7950 N osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report
- D7951 S sinus augmentation with bone or bone substitutes via a lateral open approach
- D7952 S sinus augmentation via a vertical approach – the augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary – this includes obtaining the bone or bone substitutes
- D7953 S bone replacement graft for ridge preservation – per site
- D7955 S repair of maxillofacial soft and/or hard tissue defect
- D7960 S frenulectomy (also known as frenectomy or frenotomy) - separate procedure not incidental to another
- D7963 N frenuloplasty
- D7970 S excision of hyperplastic tissue - per arch
- D7971 S excision of pericoronal gingiva
- D7972 S surgical reduction of fibrous tuberosity
- D7979 S non-surgical sialolithotomy
- D7980 S sialolithotomy
- D7981 S excision of salivary gland, by report
- D7982 S sialodochoplasty
- D7983 S closure of salivary fistula
- D7990 E emergency tracheotomy

Attachment J-2
Benefits, Limitations and Exclusions

D7991	S	coronoidectomy
D7995	S	synthetic graft - mandible or facial bones, by report
D7996	S	implant - mandible for augmentation purposes (excluding alveolar ridge), by report
D7997	S	appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998	N	intraoral placement of a fixation device not in conjunction with a fracture
D7999	N	unspecified oral surgery procedure, by report

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

Benefits and Limitations for General Services

1. General anesthesia is covered (by report) only when provided in connection with a covered procedure(s) and when rendered by a dentist or other professional provider licensed and approved to provide anesthesia in the state where the service is rendered.
2. General anesthesia is covered only by report when determined to be medically or dentally necessary for documented uncontrollable patients or justifiable medical or dental conditions.
3. In order for general anesthesia to be covered, the procedure for which it was provided and the name of the dentist who provided the procedure must be submitted.
4. D9219 will be denied for coverage as integral to D9222, D9223, D9239 and D9243.
5. Intravenous (IV) sedation is covered only by report in conjunction with covered procedures for documented handicapped or uncontrollable patients or justifiable medical or dental conditions and if performed by a qualified dentist recognized by the State or jurisdiction in which they practice as authorized to perform IV sedation/general anesthesia.
6. General anesthesia and intravenous sedation submitted without a report will be denied as a non-covered benefit.
7. For a limited oral evaluation - problem focused or palliative (emergency) treatment to be covered, it must involve a problem or symptom that occurred suddenly and unexpectedly and require immediate attention.
8. Palliative (emergency) treatment and limited oral evaluations - problem focused are covered only if no definitive treatment is provided. However, only one of these services may be allowed on the same date.
9. In order for palliative (emergency) treatment to be covered, the dentist must provide treatment to alleviate the member's problem. If the only service provided is to evaluate the patient and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation - problem focused.
10. Consultations are covered only when provided by a dentist other than the dental provider/facility providing the treatment.
11. After hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.
12. Therapeutic drug injections are only payable in unusual circumstances, which must be documented by report. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation, nitrous oxide, or premedication.
13. When infiltration of sustained release therapeutic drugs are used (D9613), the specific drug used shall be identified.
14. Preparations and appliances to be used at home, such as over-the-counter fluoride gels, special mouth rinses (including antimicrobials), electric toothbrushes, irrigation units, etc., are not covered benefits.
15. Occlusal guards require authorization regardless of cost and written authorization must be obtained prior to initiating treatment.
16. Occlusal guard (D9946) are only covered when the issuing provider closely follows the care.
17. Athletic mouthguards are limited to one per 12 consecutive month period.
18. Bleaching of discolored teeth (D9974) is covered by report for endodontically treated anterior teeth. A current diagnostic-quality post-operative endodontic x-ray is required for consideration and written authorization must be obtained prior to initiating treatment. Bleaching of discolored teeth (D9974) is eligible once per tooth per three year period.
19. External bleaching of discolored teeth is not a covered benefit.

Attachment J-2 Benefits, Limitations and Exclusions

UNCLASSIFIED TREATMENT

- D9110 E palliative (emergency) treatment of dental pain - minor procedure
- D9120 N fixed partial denture sectioning
- D9130 N temporomandibular joint dysfunction – non-invasive physical therapies

ANESTHESIA

- D9210 S local anesthesia not in conjunction with operative or surgical procedures
- D9219 N evaluation for moderate sedation, deep sedation or general anesthesia
- D9222 S deep sedation/general anesthesia- first 15 minutes
- D9223 S deep sedation/general anesthesia – each subsequent 15 minute increment
- D9239 S intravenous moderate (conscious) sedation/analgesia- first 15 minutes
- D9243 S intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
- D9248 S non-intravenous (conscious) sedation

PROFESSIONAL CONSULTATION

- D9310 R consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
- D9311 S consultation with a medical health care professional

PROFESSIONAL VISITS

- D9410 N house / extended care facility call
- D9420 S hospital or ambulatory surgical center call
- D9430 N office visit for observation (during regularly scheduled hours) - no other services performed
- D9440 R office visit - after regularly scheduled hours
- D9450 N case presentation, detailed and extensive treatment planning

DRUGS

- D9610 S therapeutic parenteral drug, single administration
- D9612 S therapeutic parenteral drugs, two or more administrations, different medications
- D9613 S infiltration of sustained release therapeutic drug – single or multiple sites
- D9630 S drugs or medicaments dispensed in the office for home use

MISCELLANEOUS SERVICES

- D9920 N behavior management, by report
- D9930 S treatment of complications (post-surgical) - unusual circumstances, by report
- D9932 N cleaning and inspection of removable complete denture, maxillary
- D9933 N cleaning and inspection of removable complete denture, mandibular
- D9934 N cleaning and inspection of removable partial denture, maxillary
- D9935 N cleaning and inspection of removable partial denture, mandibular
- D9941 R fabrication of athletic mouthguard
- D9942 S repair and/or reline of occlusal guard
- D9943 S occlusal guard adjustment
- D9944 S occlusal guard – hard appliance, full arch
- D9945 S occlusal guard – soft appliance, full arch
- D9946 S occlusal guard – hard appliance, partial arch
- D9950 S occlusion analysis - mounted case
- D9951 S occlusal adjustment – limited
- D9952 S occlusal adjustment - complete
- D9961 N duplicate/copy patient's records
- D9971 S odontoplasty 1 - 2 teeth; includes removal of enamel projections
- D9974 S internal bleaching – per tooth
- D9975 N external bleaching for home application, per arch; includes materials and fabrication of custom trays
- D9985 N sales tax
- D9986 N missed appointment

Attachment J-2 Benefits, Limitations and Exclusions

D9987	N	cancelled appointment
D9990	N	certified translation or sign-language services – per visit
D9991	N	dental case management-addressing appointment compliance barriers
D9992	N	dental case management-care coordination
D9993	N	dental case management-motivational interviewing
D9994	N	dental case management-patient education to improve oral health literacy
D9995	N	teledentistry- synchronous; real-time encounter
D9996	N	teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review
D9999	N	unspecified adjunctive procedure, by report

OTHER DENTAL SERVICES

ADSMs may be eligible for the following **Other Dental Services** (Other Diagnostic Services through Other Miscellaneous Services) if these procedures are available through their local Dental Treatment Facility and the dental condition meets accepted clinical diagnostic criteria. The Services' Dental Corps Chiefs or designated representatives will be solely responsible for determining the availability of "Other Dental Services". Some indications for these other services are:

- Adjunctive procedures to other medical or dental therapies
- Restoration of service-connected injuries
- Staff or Resident training
- Maintain clinical competency
- Occupational requirements
- Scientific research

"When other dental services are not available at the local Dental Treatment Facility, ADSMs should not be referred to have them accomplished through private sector care unless it is the most conservative or cost effective option available or provides for a predictable and significantly better prognosis (e.g. greater longevity). **Elective dental procedures will not be referred/outsourced to private sector care.**"

OTHER DIAGNOSTIC SERVICES

D0350	S	2D oral/facial photographic image obtained intraorally or extraorally
D0351	S	3D photographic image
D0470	N	diagnostic casts

OTHER PREVENTIVE SERVICES

D1310	N	nutritional counseling for control of dental disease
D1320	N	tobacco counseling for the control and prevention of oral disease
D1330	N	oral hygiene instructions

SPACE MAINTENANCE (PASSIVE APPLIANCES) SERVICES

D1510	N	space maintainer – fixed – unilateral
D1516	N	space maintainer – fixed – bilateral, maxillary
D1517	N	space maintainer – fixed – bilateral, mandibular
D1520	N	space maintainer – removable – unilateral
D1526	N	space maintainer – removable – bilateral, maxillary
D1527	N	space maintainer – removable – bilateral, mandibular
D1550	N	re-cement or re-bond space maintainer
D1555	S	removal of fixed space maintainer
D1999	N	unspecified preventive procedure, by report

PORCELAIN/CERAMIC RESTORATIVE SERVICES

D2610	S	inlay - porcelain/ceramic - one surface
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Attachment J-2 Benefits, Limitations and Exclusions

D2620 S inlay - porcelain/ceramic - two surfaces
D2630 S inlay - porcelain/ceramic - three or more surfaces
D2642 S onlay - porcelain/ceramic - two surfaces
D2643 S onlay - porcelain/ceramic - three surfaces
D2644 N onlay - porcelain/ceramic - four or more surfaces

RESIN BASED RESTORATIVE SERVICES

D2650 N inlay - resin-based composite - one surface
D2651 N inlay - resin-based composite - two surfaces
D2652 N inlay - resin-based composite - three or more surfaces
D2662 N onlay - resin-based composite - two surfaces
D2663 N onlay - resin-based composite - three surfaces
D2664 N onlay - resin-based composite - four or more surfaces

OTHER RESTORATIVE SERVICES

D2961 N labial veneer (resin laminate) - laboratory
D2962 N labial veneer (porcelain laminate) - laboratory

PULP CAPPING

D3110 N pulp cap - direct (excluding final restoration)
D3120 N pulp cap - indirect (excluding final restoration)

OTHER ENDODONTIC PROCEDURES

D3910 S surgical procedure for isolation of tooth with rubber dam
D3920 S hemisection (including any root removal), not including root canal therapy

NON-SURGICAL PERIODONTAL SERVICE

D4230 S anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant
D4231 S anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant
D4265 S biologic materials to aid in soft and osseous tissue regeneration

D6000-D6199 VIII. IMPLANT SERVICES

Benefits and Limitations for Implantology Services

1. Implantology and related services **require authorization** for the complete procedure (placement of implant and the restoration) and are considered on a case by case basis. Implant services must meet all protocol(s) established by the service member's branch of Service Dental Corps Chief or designated representative.
2. All implants must be either Nobel Biocare or 3i or a compatible system.
3. When covered, all procedures related to the placement of an implant (e.g., bone re-contouring (D4268) and excision of gingival tissue) are considered integral to the implant placement procedure.
4. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure will deny as integral when reported on the same day by the same provider of a routine prophylaxis or periodontal maintenance procedure.
5. When authorized, D6190 shall only be paid once per arch or comprehensive treatment plan.

PRE-SURGICAL SERVICES

D6190 S radiographic/surgical implant index, by report

SURGICAL SERVICES

D6010 S surgical placement of implant body: endosteal implant
D6011 S second stage implant surgery
D6012 S surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6013 N surgical placement of mini implant

Attachment J-2
Benefits, Limitations and Exclusions

- D6040 S surgical placement: eposteal implant
- D6050 S surgical placement: transosteal implant
- D6081 S scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- D6085 S provisional implant crown
- D6100 S implant removal, by report
- D6101 N debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
- D6102 N debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces including flap entry and closure
- D6103 S bone graft for repair of peri-implant defect – does not include flap entry and closure.
- D6104 S bone graft at time of implant placement

IMPLANT SUPPORTED PROSTHETICS - SUPPORTING STRUCTURES

- D6051 N interim abutment
- D6052 S semi-precision attachment abutment
- D6055 S connecting bar – implant supported or abutment supported
- D6056 S prefabricated abutment – includes modification and placement
- D6057 S custom fabricated abutment – includes placement
- D6096 S remove broken implant retaining screw

IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURES

- D6110 S implant /abutment supported removable denture for edentulous arch – maxillary
- D6111 S implant /abutment supported removable denture for edentulous arch – mandibular
- D6112 S implant /abutment supported removable denture for partially edentulous arch – maxillary
- D6113 S implant /abutment supported removable denture for partially edentulous arch – mandibular
- D6114 S implant /abutment supported fixed denture for edentulous arch – maxillary
- D6115 S implant /abutment supported fixed denture for edentulous arch – mandibular
- D6116 S implant /abutment supported fixed denture for partially edentulous arch – maxillary
- D6117 S implant /abutment supported fixed denture for partially edentulous arch – mandibular
- D6118 S implant/abutment supported interim fixed denture for edentulous arch- mandibular
- D6119 S implant/abutment supported interim fixed denture for edentulous arch- maxillary

SINGLE CROWNS, ABUTMENT SUPPORTED

- D6058 S abutment supported porcelain/ceramic crown
- D6059 S abutment supported porcelain fused to metal crown (high noble metal)
- D6060 N abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 S abutment supported porcelain fused to metal crown (noble metal)
- D6062 S abutment supported cast metal crown (high noble metal)
- D6063 N abutment supported cast metal crown (predominantly base metal)
- D6064 S abutment supported cast metal crown (noble metal)
- D6094 S abutment supported crown - titanium

SINGLE CROWNS, IMPLANT SUPPORTED

- D6065 S implant supported porcelain/ceramic crown
- D6066 S implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 S implant supported metal crown (titanium, titanium alloy, high noble metal)

FIXED PARTIAL DENTURE, ABUTMENT SUPPORTED

- D6068 S abutment supported retainer for porcelain/ceramic FPD
- D6069 S abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 N abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 S abutment supported retainer for porcelain fused to metal FPD (noble metal)

Attachment J-2 Benefits, Limitations and Exclusions

- D6072 S abutment supported retainer for cast metal FPD (high noble metal)
- D6073 N abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 S abutment supported retainer for cast metal FPD (noble metal)
- D6194 S abutment supported retainer crown for FPD - (titanium)

FIXED PARTIAL DENTURE, IMPLANT SUPPORTED

- D6075 S implant supported retainer for ceramic FPD
- D6076 S implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 S implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

OTHER IMPLANT SERVICES

- D6080 S implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
- D6090 S repair implant supported prosthesis, by report
- D6091 S replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
- D6092 S Recement or re-bond implant/abutment supported crown
- D6093 S Recement or re-bond implant/abutment supported fixed partial denture
- D6095 S repair implant abutment, by report
- D6199 N unspecified implant procedure, by report

OTHER PROSTHODONTICS - FIXED PARTIAL DENTURE RETAINERS - CROWNS

- D6740 N retainer crown – porcelain / ceramic
- D6783 N retainer crown - 3/4 porcelain/ceramic
- D6793 N provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression

D8000-D8999 XI. ORTHODONTIC SERVICES

Orthodontics is elective treatment unless required to correct recent trauma and/or in support of required oral/maxillofacial surgery or prosthodontic procedures.

Benefits and Limitations for Orthodontic Services

1. Orthodontic consultations will be processed as comprehensive or periodic evaluations and are subject to the same time limitations.
2. Orthodontic treatment provided in conjunction with orthognathic surgery must be coordinated through the Military Treatment Facility and the orthognathic surgery must be provided by an active duty military dental provider.
3. Orthodontics will not be approved for remote ADSMs. Eligible Active Duty Service Members must check with their unit commanders to ensure compliance with Service policies prior to receiving orthodontic treatment. Orthodontic treatment is not considered essential to military service and authorization for payment of orthodontic procedures is very limited. All authorization for payment of orthodontic treatment requires written authorization by the member's Service Dental Corps Chief or designated representative prior to initiating treatment. The presence of orthodontic appliances may affect dental readiness for recall and eligibility for certain assignments and may necessitate the inactivation or removal of the orthodontic appliances at the reservist's expense.
4. Orthodontic treatment (limited) in support of prosthodontic treatment must be in support of an active duty military prosthodontist or appropriately trained general dentist specialist. It is the responsibility of the restoring dentist to ensure adequate time on station remains for both patient and restoring dentist for completion of the restoration phase prior to initiation of orthodontic treatment.
5. When orthodontic treatment is initiated at an active duty dental treatment facility (DTF) with in-house orthodontic treatment capability, it is the responsibility of the DTF orthodontist to ensure sufficient time on

Attachment J-2 Benefits, Limitations and Exclusions

station remains for both patient and DTF orthodontic support for completion of treatment prior to initiation of orthodontic treatment. If the DTF restricts, suspends or terminates orthodontic services at any installation or if the service member receives permanent change of station (PCS) orders to a location where military orthodontic treatment is not available, the service member assumes the financial responsibility for continuing or completing orthodontic treatment. In the case of limited orthodontic treatment, the military is not obligated to provide orthodontic care or restorative/prosthetic care at a later date.

6. If the service member separates from active duty before orthodontic treatment is complete, the service member may elect to maintain orthodontic appliances and continue treatment with a civilian orthodontist at their own expense. If orthodontic care was in support of orthognathic surgery, the military will in no way be responsible for payment of any care. If the member desires not to continue treatment with a civilian orthodontist after separating from the military or upon PCS to a location where military orthodontic treatment is not available, the service member may elect to have orthodontic appliances removed. The service member accepts responsibility for any relapse that may occur after this removal.
7. Diagnostic casts (D0470) are payable once per orthodontic treatment plan.
8. Initial payment for orthodontic services will not be made until a banding date has been submitted.
9. All retention and case-finishing procedures are integral to the total case fee.
10. Observations and adjustments are integral to the payment for retention appliances.
11. Repair of damaged orthodontic appliances is not covered as a separate charge.
12. Recementation of an orthodontic appliance by the same dental provider/facility who placed the appliance and/or who is responsible for the ongoing care of the patient is not covered. However, recementation or repair will be considered for payment as palliative emergency treatment if provided by other than the dental provider/facility rendering complete orthodontic treatment.
13. Periodic orthodontic treatment visits (as part of contract) are considered an integral part of a complete orthodontic treatment plan and are not reimbursable as a separate service. ADA code D8670 should be used when submitting claims for periodic payments as part of the complete treatment plan payment.
14. It is the dental provider's and service member's shared responsibility to notify appropriate military units and government agencies if orthodontic treatment is discontinued or completed sooner than anticipated.
15. The replacement of a lost or missing appliance is not a covered benefit.
16. Myofunctional therapy is integral to orthodontic treatment and is not payable as a separate benefit.

LIMITED ORTHODONTIC TREATMENT

D8040 S limited orthodontic treatment of the adult dentition

COMPREHENSIVE ORTHODONTIC

D8090 S comprehensive orthodontic treatment of the adult dentition

OTHER ORTHODONTIC SERVICES

D8660 S pre-orthodontic treatment examination to monitor growth and development
D8670 S periodic orthodontic treatment visit
D8680 S orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8681 N removable orthodontic retainer adjustment
D8691 S repair of orthodontic appliance.
D8692 S replacement of lost or broken retainer
D8693 S re-cement or re-bond fixed retainers
D8694 S repair of fixed retainers, includes reattachment
D8695 S removal of fixed orthodontic appliances for reasons other than completion of treatment
D8999 N unspecified orthodontic procedure, by report

OTHER ANESTHESIA SERVICES

D9211 S regional block anesthesia
D9212 S trigeminal division block anesthesia
D9215 N local anesthesia in conjunction with operative or surgical procedures
D9230 N inhalation of nitrous oxide/analgesia, anxietyolysis

Attachment J-2
Benefits, Limitations and Exclusions

OTHER MISCELLANEOUS SERVICES

- D9910 S application of desensitizing medicament
- D9911 S application of desensitizing resin for cervical and/or root surface, per tooth
- D9970 S enamel microabrasion
- D9972 N external bleaching - per arch - performed in office
- D9973 N external bleaching - per tooth