

2022 Quick Reference Guide

Dental Procedure Codes – Silver

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Preventive Dental coverage includes:

Service	Periodicity	Procedure Code
Oral Exams	2 every 12 months per procedure	D0120, D0140, D0150, D0160, D0170, D0171, D0180
X-Rays	1 every 12 months per procedure	D0240, D0708
	1 every 36 months per procedure	D0210, D0250, D0277, D0310, D0330, D0340, D0350, D0701, D0702, D0703, D0709
	1 per date of service	D0220, D0391, D0707
	2 every 12 months per procedure	D0251, D0270, D0272, D0273, D0274, D0705, D0706
	4 per date of service	D0230
Fluoride Services	1 every 12 months per procedure	D1206, D1208
Other Preventive Services	1 per visit	D0604 Antigen Testing, D0605 Antibody Test
	1 every 6 months per procedure	D1110 Prophylaxis, adult
	1 visit per member, per 12 months	D9110 Palliative (emergency) treatment, minor procedure
	1 every 12 months	D1355 Caries prevention medicament



Comprehensive Services coverage includes:

Diagnostic Services	1 every 12 months per test	D0414, D0415, D0416, D0431, D0470, D0472, D0473, D0474, D0475, D0476, D0477, D0478, D0479, D0480, D0481, D0482, D0483, D0484, D0485, D0486, D0502, D0999
Restorative Services	1 every 12 months per tooth	D2910, D2915, D2920, D2921
	1 every 24 months per tooth	D2940
	1 every 24 months, per surface per tooth	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394

For more detailed information on limitations and exclusions, please see the Routine Dental – 2022 Exclusions and Limitations document.

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Comprehensive Services coverage includes:

Service	Periodicity	Procedure Code
Restorative Services	1 every 36 months per tooth	D2928, D2931, D2932, D2980, D2981, D2982, D2983, D2999
	1 every 84 months or 7 years per tooth	D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2971, D2975
	Unlimited per tooth	D2949
Endodontics	1 per lifetime per tooth	D3110, D3120, D3220, D3221, D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348, D3351, D3352, D3353
Periodontics	1 every 12 months per procedure	D4920, D4999
	1 every 24 months per procedure	D4346, D4355
	1 every 24 months per site/per quadrant	D4341, D4342
	1 every 36 months per quadrant	D4322, D4323
	2 every 12 months per procedure	D4910
	2 sites per quadrant per 24 months	D4381
Fixed Prosthodontics	1 every 24 months per arch per procedure	D6980, D6999
	1 every 24 months per tooth	D6930
	1 every 84 months or 7 years per tooth	D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6253, D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6710, D6720, D6721, D6722, D6740, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

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Comprehensive Services coverage includes:

Service	Periodicity	Procedure Code
Removable Prosthodontics	1 every 12 months	D5410, D5411, D5421, D5422, D5511, D5512, D5611, D5612, D5621, D5622, D5850, D5851, D5899
	1 every 12 months per arch	D5520, D5630, D5640, D5650, D5660
	1 every 24 months per arch	D5670, D5671
	1 every 24 months per arch per procedure	D5725, D5765
	1 every 24 months	D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761
	1 every 60 months	D5810, D5811, D5820, D5821, D5867, D5875
	1 every 60 months per procedure	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5863, D5864, D5865, D5866
Other Oral/Maxillofacial Surgery	1 every 12 months per procedure	D9120
	1 every 60 months per arch per procedure	D7970
	1 every 60 months per procedure	D7961, D7962, D7963, D7997
	1 every 60 months per site/quadrant	D7340, D7350
	1 every 24 months per tooth/site/quadrant per procedure	D7292, D7293, D7294, D7298, D7299, D7300
	1 per lifetime per maxillary quadrant	D7485, D7972
	1 per lifetime per procedure	D7471, D7472, D7473
	1 per lifetime per tooth	D7140, D7210, D7220, D7230, D7240, D7241, D7250
	1 per lifetime per tooth per procedure	D7971

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Comprehensive Services coverage includes:

Service	Periodicity	Procedure Code
Other Oral/Maxillofacial Surgery	1 per quadrant per lifetime	D7310, D7311, D7320, D7321
	Once per 24 months per site per procedure	D7285, D7286, D7287, D7288
	Once per quadrant per lifetime	D7260, D7261
	Once per tooth per lifetime	D7270, D7272, D7280, D7282, D7290, D7291
	Unlimited per procedure	D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7510, D7511, D7520, D7521, D7530, D7540, D7999



Additional Dental coverage includes:

Non-Routine Services	1 per date of service	D9410, D9420, D9997
Teledentistry	1 per date of service	D9995, D9996