

PERIODONTICS - SPECIALISTS							
Code	Description	DP	DPO	DP1	DP2	DP3	DP4
<b>DIAGNOSTIC &amp; PREVENTIVE</b>							
D0140	Limited Oral Evaluation - Problem Focused	100%	100%	100%	100%	100%	100%
D0210	Intraoral - Comprehensive Series Of Radiographic Images	100%	100%	100%	100%	100%	100%
D0220	Intraoral - Periapical First Radiographic Image	100%	100%	100%	100%	100%	100%
D0230	Intraoral - Periapical Each Additional Radiographic Image	100%	100%	100%	100%	100%	100%
D0330	Panoramic Radiographic Image	100%	100%	100%	100%	100%	100%
D9310	Consultation	100%	100%	100%	100%	100%	100%
<b>PERIODONTICS</b>							
Benefit per policy year maximum		N/C	N/C	N/C	\$800	\$1,000	\$1,000
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	N/C	N/C	50%	25%	25%	25%
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant.	N/C	N/C	50%	25%	25%	25%
D4240	Gingival Flap Procedure, Including Root Planing - 4 Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	N/C	N/C	50%	25%	25%	25%
D4245	Apically Positioned Flap	N/C	N/C	50%	25%	25%	25%
D4249	Clinical Crown Lengthening - Hard Tissue	N/C	N/C	50%	25%	25%	25%
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	N/C	N/C	50%	25%	25%	25%
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	N/C	N/C	50%	25%	25%	25%
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	N/C	N/C	50%	25%	25%	25%
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	N/C	N/C	50%	25%	25%	25%
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier, Per Site	N/C	N/C	50%	25%	25%	25%
D4267	Guided Tissue Regeneration, Natural Teeth - Nonresorbable Barrier Per Site	N/C	N/C	50%	25%	25%	25%
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	N/C	N/C	50%	25%	25%	25%
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) First Tooth, Implant Or Edentulous Tooth Position In Graft	N/C	N/C	50%	25%	25%	25%
D4322	Splint - Intra-Coronal; Natural Teeth Or Prosthetic Crowns	N/C	N/C	50%	25%	25%	25%
D4323	Splint - Extra-Coronal; Natural Teeth Or Prosthetic Crowns	N/C	N/C	50%	25%	25%	25%
D4341	Periodontal Scaling&Root Planing - 4 Or More Teeth Per Quadrant	N/C	N/C	50%	25%	25%	25%
D4342	Periodontal Scaling&Root Planing - 1 To 3 Teeth Per Quadrant	N/C	N/C	50%	25%	25%	25%
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit	N/C	N/C	50%	25%	25%	25%
D4910	Periodontal Maintenance	N/C	N/C	50%	25%	25%	N/C
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	N/C	N/C	N/C	N/C	N/C	25%
D4999	Unspecified Periodontal Procedure By Report	N/C	N/C	50%	25%	25%	N/C

Code	Description	DP	DPO	DP1	DP2	DP3	DP4
<b>ORAL SURGERY</b>							
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	N/C	25%	25%	25%	25%	25%
D7471	Removal of lateral exostosis (maxilla or mandible)	N/C	N/C	N/C	25%	25%	25%
D7472	Removal of torus palatinus	N/C	N/C	N/C	25%	25%	25%
D7473	Removal of torus mandibularis	N/C	N/C	N/C	25%	25%	25%
D7510	Incision&Drainage Of Abscess - Intraoral Soft Tissue See Code 41800	N/C	25%	25%	25%	25%	25%
D7961	Buccal / Labial Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%
D7962	Lingual Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%
D7970	Excision Of Hyperplastic Tissue - Per Arch	N/C	N/C	N/C	25%	25%	25%
D7971	Excision Pericoronal Gingiva See Also Code 41821	N/C	25%	25%	25%	25%	25%
<b>ADJUNCTIVE GENERAL SERVICES</b>							
D9110	Palliative Treatment Of Dental Pain, Per Visit	25%	25%	25%	25%	25%	25%

N/C = Not Covered Services