

LIST OF COVERED DENTAL EXPENSES PROCEDURES

The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors, and nomenclature may be used to describe these covered procedures in compliance with federal legislation. The following represents codes and nomenclature excerpted from the version of the Current Dental Terminology (CDT) in effect on the date that this Contract or amendment was issued. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of the following, First Continental Life and Accident Insurance Company's administration of Benefits, Limitations, and Exclusions under this Contract will at all times be based on the current version of CDT whether or not revised. The following is a complete list of the dental procedures for which benefits are payable under this section. No benefits are payable for a procedure that is not listed. Text that appears in italics below is specifically intended to clarify the delivery of benefits under the First Continental Life and Accident Insurance Company's policy and is not to be interpreted as Current Dental Terminology (CDT) procedure codes, descriptors, or nomenclature.

CLASS I PROCEDURES – PREVENTIVE SERVICES

Clinical Oral Evaluations

****ORAL EVALUATION (EXAMINATION) AND PROPHYLAXIS (CLEANING).** Oral evaluation is limited to once in any six-month period. Prophylaxis is limited to once in any six-month period. Fluoride application is limited to once in any 12-month period.

Procedure Code	Procedure Description
D0120	Periodic oral evaluation.
D0140	Limited oral evaluation, problem focused.
D0145	Oral evaluation (patient under 3 years of age)
D0150	Comprehensive oral evaluation.
D0160	Detailed and extensive oral evaluation, problem focused, by report.
D0170	Re-evaluation-limited problem focused
D0180	Comprehensive periodontal evaluation

Diagnostic Imaging

D0270	Bitewing, single film (limited to once in any six month period).
D0272	Bitewing, two films (limited to once in any six month period).
D0274	Bitewing, four films (limited to once in any six month period).
D1110	Prophylaxis-adult (age 12 and older)
D1120	Prophylaxis (age 11 and order)
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride – excluding varnish

CLASS II PROCEDURES - BASIC SERVICES

*Only one of the two procedures 0210 and 0330 will be allowed in any 36 month period.

D0210	Intraoral - complete series of radiographic images
D0220	Intraoral – periapical first radiographic images
D0230	Intraoral, periapical, each additional radiographic image
D0240	Intraoral - occlusal
D0250	Extraoral- first radiographic image
D0260	Extraoral - each additional radiographic image
D0290	Posterior- anterior or lateral skull and facial bone survey radiographic image
D0330	Panoramic radiographic image
D0460	Pulp vitality tests
D0470	Diagnostic casts
D1351	Sealant – per tooth (once in any 36 month period, only for permanent molars, only for children at least 6, but less than 16 years of age).

PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

PROC. NO.	DESCRIPTION OF SERVICE
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CLASS II PROCEDURES - BASIC SERVICES – continued

BASIC RESTORATIONS (FILLINGS), excluding inlays, onlays, crowns and bridges.

Amalgam Restorations.

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

Resin Restorations. Benefit for resin restoration of a posterior tooth not to exceed benefit for amalgam restoration of the same tooth involving the same number of surfaces.

D2330	Resin-based composite – one surface - anterior
D2331	Resin-based composite, - two surfaces - anterior
D2332	Resin-based composite - three surfaces - anterior
D2335	Resin-based composite - four or more surfaces - anterior
D2391	Resin-based composite - one surface - posterior
D2392	Resin-based composite - two surfaces - posterior
D2393	Resin-based composite - three or more surfaces - posterior
D2394	Resin-based composite - four or more surfaces - posterior
D2940	Protective restoration

Simple extractions, excluding surgical extractions and extractions of impacted teeth. Fee includes any local anesthesia and routine post-operative visits. Not covered if preliminary to, or otherwise associated with, orthodontic therapy.

D7111	Extraction-coronal remnants - deciduous tooth
D7140	Extraction-erupted tooth or exposed root
D9110	Palliative (Emergency) treatment – Minor procedure

CLASS III PROCEDURES - MAJOR SERVICES

SPACE MAINTAINERS. Fee includes all adjustments within six months after installation. Allowable only for the purpose of maintaining spaces created by extractions of primary teeth or unerupted teeth.

D1510	Space maintainer-fixed-unilateral
D1515	Space maintainer-fixed-bilateral
D1520	Space maintainer-removable-unilateral
D1525	Space maintainer-removable-bilateral
D1555	Removal of fixed space maintainer
D1550	Recement or re-bond space maintainer

Gold Foil Restoration – Covered only when needed due to decay

D2410	Gold foil - one surface.
D2420	Gold foil - two surfaces.
D2430	Gold foil – three surfaces

SAMPLE PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

PROC. NO. DESCRIPTION OF SERVICE
CLASS III PROCEDURES - MAJOR SERVICES (Continued)

Inlay/Onlay Restorations - Covered only when needed due to decay

D2510	Inlay-metallic - one surface
D2520	Inlay-metallic - two surfaces
D2530	Inlay-metallic - three or more surfaces
D2543	Onlay-metallic - three surfaces
D2544	Onlay-metallic - four or more surfaces
D2610	Inlay-porcelain/ceramic - one surface
D2620	Inlay-porcelain/ceramic - two surfaces
D2630	Inlay-porcelain/ceramic - three or more surfaces
D2642	Onlay - porcelain/ceramic - two surfaces
D2643	Onlay - porcelain/ceramic - three surfaces
D2644	Onlay - porcelain/ceramic - four or more surfaces
D2650	Inlay Inlay - resin based composite - one surface
D2651	Inlay - resin based composite - two surfaces
D2652	Inlay - resin based composite - three or more surfaces
D2662	Onlay Onlay - resin based composite - two surfaces
D2663	Onlay - resin based composite - three surfaces
D2664	Onlay - resin based composite - four or more surfaces

Crowns-Single Restorations Only - Covered only when needed due to decay

D2710	Crown - resin based composite (indirect)
D2720	Crown - resin with high noble metal
D2721	Crown - resin with predominantly base metal
D2722	Crown - resin with noble metal
D2740	Crown - porcelain/ceramic substrate
D2750	Crown - porcelain fused to high noble metal
D2751	Crown - porcelain fused to predominantly base metal
D2752	Crown - porcelain fused to noble metal
D2790	Crown - full cast high noble metal
D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal
D2910	Recement crown
D2920	Recement crown
D2930	Prefabricated stainless steel crown- primary tooth
D2931	Prefabricated stainless steel crown- permanent tooth (available to children under age 19 only).
D2932	Prefabricated resin crown (available to children under age 19 only).
D2933	Prefabricated stainless steel crown with resin window (available to children under age 19 only).
D2950	Core build-up, including any pins when required
D2951	Pin retention-per tooth, in addition to restoration
D2952	Post and core in addition to crown, indirectly fabricated
D2954	Prefabricated post and core in addition to crown
D2955	Post removal
D2980	Crown repair necessitated by restorative material failure

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

PROC. NO. **DESCRIPTION OF SERVICE**
CLASS III PROCEDURES - MAJOR SERVICES - continued

Endodontics Endodontic surgical procedures include any local anesthesia and routine post-operative visits.

Endodontic Therapy for Primary Teeth, including necessary X-rays and cultures but excluding final restoration, limited to use on primary teeth only.

- D3110 Pulp cap - direct (excluding final restoration)
- D3120 Pulp cap - indirect (excluding final restoration)
- D3220 Therapeutic pulpotomy (excluding final restoration)
- D3230 Pulpal therapy (resorbable filling) - anterior primary
- D3240 Pulpal therapy (resorbable filling) - posterior primary

Endodontic Therapy - including necessary X-rays and cultures but excluding final restoration, limited to use on permanent teeth only.

- D3310 Endodontic therapy, anterior (excluding final restoration)
- D3320 Endodontic therapy, bicuspid (excluding final restoration)
- D3330 Endodontic therapy, molar (excluding final restoration)
- D3346 Retreatment of previous root canal-anterior
- D3347 Retreatment of previous root canal-bicuspid
- D3348 Retreatment of previous root canal-molar

Apexification/Recalcification

- D3351 Apexification/recalcification - initial visit
- D3352 Apexification/recalcification - interim medication replacement
- D3353 Apexification/recalcification - final visit

Apicoectomy/Periradicular Services

- D3410 Apicoectomy - anterior
- D3421 Apicoectomy - bicuspid (first root)
- D3425 Apicoectomy - molar (first root)
- D3426 Apicoectomy (each additional root)
- D3430 Retrograde filling- per root
- D3450 Root amputation- per root
- D3460 Endodontic endosseous implant
- D3470 Intentional re-implantation (including necessary splinting)

Other Endodontic Procedures

- D3920 Hemisection, including any root removal but not including root canal therapy.

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

PROC.
NO. DESCRIPTION OF SERVICE

CLASS III PROCEDURES - MAJOR SERVICES – continued

PERIODONTICS Periodontic surgical procedures include any local anesthesia and routine post-operative visits.

Surgical Periodontal Services

D4210 Gingivectomy or gingivoplasty-four or more teeth/quadrant
D4211 Gingivectomy or gingivoplasty-one to three teeth/quadrant
D4240 Gingival flap incl. root planning-four or more teeth/quadrant
D4249 Clinical crown lengthening-hard tissue
D4260 Osseous surgery - four or more teeth/quadrant
D4263 Bone replacement graft - first site in quadrant
D4264 Bone replacement graft - each additional site in quadrant
D4266 Guided tissue regeneration - resorbable barrier
D4267 Guided tissue regeneration - not resorbable barrier
D4270 Pedicle soft tissue graft procedure
D4273 Subepithelial connective tissue graft, per tooth
D4274 Distal or proximal wedge procedure
D4277 Free soft tissue graft procedure, including donor site surgery, first tooth or edentulous tooth position in graft

Non-Surgical Periodontal Services Service

D4320 Provisional splinting - intracoronal
D4321 Provisional splinting - extracoronal
D4341 **Periodontal scaling & root planing four or more teeth per/quad
D4342 **Periodontal scaling & root planing one to three teeth per/quad
D4355 Full mouth debridement.
D4381 Localized delivery of antimicrobial agents, per tooth
D4910 Periodontal maintenance

****Payment for D4341 and D4342 requires presence of periodontal disease as confirmed by both x-rays and pocket depth summaries of each tooth involved.**

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

PROC.
NO. DESCRIPTION OF SERVICE

CLASS III PROCEDURES - MAJOR SERVICES – continued

Prosthodontics, (Removable)

REMOVABLE PROSTHODONTICS (PARTIAL AND COMPLETE DENTURES). Fees for both partial and complete dentures and relining include adjustments within 6 months after installation. Relines are not covered until more than 6 months after installation. Adjustments are not covered as separate procedures until more than 6 months after installation. Precision attachments, overdentures, specialized techniques, and characterizations are considered optional and the additional expense for these shall be borne by the patient. All partials include conventional clasps, rests, and teeth.

Complete Dentures

D5110 Complete dentures-maxillary
D5120 Complete dentures-mandibular
D5130 Immediate denture- maxillary
D5140 Immediate denture- mandibular

Partial Dentures

D5211 Maxillary partial denture- resin base
D5212 Mandibular partial denture- resin base
D5213 Maxillary partial denture- metal framework/resin base
D5214 Mandibular partial denture- metal framework/resin base
D5281 Removable unilateral partial denture - one piece cast metal

Adjustments to Dentures

D5410 Adjust complete denture- maxillary
D5411 Adjust complete denture- mandibular
D5421 Adjust partial denture- maxillary
D5422 Adjust partial denture- mandibular

Repairs to Complete Dentures

D5510 Repair broken complete denture base
D5520 Replace missing or broken tooth on denture

Repairs to Partial Dentures

D5610 Repair resin denture base
D5620 Repair cast framework
D5630 Repair or replace broke clasp
D5640 Replace broken tooth-per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture

Denture Rebase Procedures

D5710 Rebase complete maxillary denture
D5711 Rebase complete mandibular denture
D5720 Rebas maxillary partial denture
D5721 Rebase mandibular partial denture

Denture Reline Procedures

D5730 Reline complete maxillary denture (chairside)
D5731 Reline complete mandibular denture (chairside)
D5740 Reline maxillary partial denture (chairside)
D5741 Reline mandibular partial denture (chairside)
D5750 Reline complete maxillary denture (lab)
D5751 Reline complete mandibular denture (lab)
D5760 Reline maxillary partial denture (lab)
D5761 Reline mandibular partial denture (lab)

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

**PROC.
NO.** **DESCRIPTION OF SERVICE**

CLASS III PROCEDURES - MAJOR SERVICES – continued

Other Removable Prosthetic Services

D5863 ** Overdenture-complete maxillary
D5864 **Overdenture- partial maxillary
D5865 **Overdenture-complete mandibular
D5866 **Overdenture- partial mandibular

Fixed Partial Denture Pontics

D6210 Pontic - cast high noble metal
D6211 Pontic - cast predominantly base metal
D6212 Pontic - cast noble metal
D6240 Pontic - porcelain fused to high noble metal
D6241 Pontic - porcelain fused to predominantly base metal
D6242 Pontic - porcelain fused to noble metal
D6245 Pontic – porcelain / ceramic
D6250 Pontic - resin with high noble metal
D6251 Pontic - resin with predominantly base metal
D6252 Pontic - resin with noble metal

Fixed Partial Denture Retainers - Inlays/Onlays

D6545 Retainer - cast metal for resin bonded fixed prosthesis
D6720 Crown - resin with high noble metal
D6721 Crown - resin with predominantly base metal
D6722 Crown - resin with noble metal
D6740 Crown - porcelain/ceramic
D6750 Crown - porcelain fused to high noble metal
D6751 Crown - porcelain fused to predominantly base metal

Fixed Partial Denture Retainers - Crowns

D6752 Crown - porcelain fused to noble metal
D6780 Crown - 3/4 cast high noble metal
D6790 Crown - full cast high noble metal
D6791 Crown - full cast predominantly base metal
D6792 Crown - full cast noble metal

Other Fixed Partial Denture Retainers Services

D6930 Re-cement or re-bond fixed partial denture
D6940 Stress breaker.
D6980 Fixed partial denture repair

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

PROC. NO.	DESCRIPTION OF SERVICE
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CLASS III PROCEDURES - MAJOR SERVICES – continued

Implant Services

Implant Services are not covered unless the Participating Employer elects the optional implant coverage (as shown in the Schedule of Benefits) and pays the required premium. Services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years. Prosthesis over implant replacement is limited to every 5 years if unserviceable and cannot be repaired.

Surgical Services

D6010	Surgical placement of implant body: endosteal implant
D6040	Surgical placement: eposteal implant
D6050	Surgical placement: transosteal implant

Single Crowns, Abutment Supported

D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)

Fixed Partial Denture Retainer, Abutment Supported

D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal fad (high noble metal)
D6073	Abutment supported retainer for cast metal fad (predominantly base metal)
D6074	Abutment supported retainer for cast metal fad (noble metal)

Fixed Partial Denture Retainer, Implant Supported

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

Other Implant Services

D6094	Abutment supported crown – (titanium)
D6100	Implant removal, by report
D6194	Abutment supported retainer crown for fad (titanium)

Fixed Partial Denture Pontics

D6205	Indirect resin based composite
D6210	Cast high noble
D6211	Cast predominately base metal
D6212	Cast noble metal
D6214	Titanium
D6240	Porcelain fused to high noble metal
D6241	Porcelain fused to predominately base metal
D6242	Porcelain fused to noble metal
D6245	Porcelain/ceramic

Inlays / Onlays

D6608	Porcelain/ceramic, two surfaces
D6609	Porcelain/ceramic, three or four surfaces
D6610	Cast high noble metal, two surfaces
D6611	Cast high noble metal, three or four surfaces
D6612	Cast predominately base metal. two surfaces
D6613	Cast predominately base metal, three or more surfaces
D6614	Cast noble metal, two surfaces
D6615	Cast noble metal, three or more surfaces
D6634	Titanium

LIST OF COVERED DENTAL EXPENSES PROCEDURES (Continued)

PROC. NO.	DESCRIPTION OF SERVICE
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CLASS III PROCEDURES - MAJOR SERVICES – continued

Oral and Maxillofacial Surgery including any local anesthesia and routine post-operative visits.

Surgical Extractions

- D7210 Surgical removal of erupted tooth
- D7220 Removal of impacted tooth-soft tissue
- D7230 Removal of impacted tooth-partial bony
- D7240 Removal of impacted tooth-completely bony
- D7241 Removal of impacted tooth-completely bony-complications
- D7250 Surgical removal of residual roots

Other Surgical Procedures

- D7270 Tooth re-implantation and/or stabilization
- D7272 Tooth transplantation
- D7280 Surgical access of an unerupted tooth
- D7282 Mobilization of erupted or malpositioned tooth to aid eruption
- D7285 Incisional biopsy of oral tissue – hard
- D7286 Incisional biopsy of oral tissue- soft
- D7290 Surgical repositioning of teeth
- D7291 Transseptal fiberotomy

Alveoplasty - Surgical Preparation of Ridge

- D7310 Alveoplasty in conjunction with extractions/four + per quad
- D7320 Alveoplasty not in conjunction with extractions/four + per quad

Vestibuloplasty

- D7340 Vestibuloplasty - ridge extension (secondary epithelialization)
- D7350 Vestibuloplasty - ridge extension (including soft tissue grafts)

Surgical Excision of Soft Tissue Lesions

- D7410 Radical excision of lesion up to 1.25 cm
- D7440 Excision of malignant tumor up to 1.25 cm
- D7441 Excision of malignant tumor greater than 1.25 cm

Surgical Excision of Intra-Osseous Lesions

- D7450 Removal of odontogenic cyst/tumor up to 1.25 cm
- D7451 Removal of odontogenic cyst/tumor greater than 1.25 cm
- D7460 Removal of nonodontogenic cyst/tumor up to 1.25 cm
- D7461 Removal of nonodontogenic cyst/tumor greater than 1.25 cm
- D7465 Destruction of lesion(s) by physical or chemical method

Surgical Incision

- D7510 Incision and drainage of abscess, intraoral soft tissue
- D7520 Incision and drainage of abscess, extraoral soft tissue

Other Repair Procedures

- D7960 Frenulectomy
- D7970 Excision of hyperplastic tissue- per arch
- D7971 Excision of percoronal gingiva

Anesthesia – When administered by the dentist in the dentist’s office (not covered unless a cutting procedure is being performed at that time.

- D9223 Deep sedation/general anesthesia - each 15 minute increment
- D9243 Intravenous conscious sedation – each 15 minutes increment