

## Other Oral/Maxillofacial Surgery

CODE	DESCRIPTION
D7140	Extraction, erupted tooth or exposed root
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth
D7220	Removal of impacted tooth, soft tissue
D7230	Removal of impacted tooth, partially bony
D7240	Removal of impacted tooth, completely bony
D7241	Removal of impacted tooth, complete bony, complication
D7250	Removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure

## Dental Implants

CODE	DESCRIPTION
D6010	Surgical placement of implant body, endosteal
D6056	Prefabricated abutment, includes modification and placement
D6057	Custom fabricated abutment, includes placement
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to high noble crown
D6060	Abutment supported porcelain fused to base metal crown
D6061	Abutment supported porcelain fused to noble metal crown
D6063	Abutment supported cast metal crown, base metal
D6064	Abutment supported cast metal crown, noble metal
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported crown, porcelain fused to high noble alloys
D6067	Implant supported crown, high noble alloys
D6068	Abutment supported retainer, porcelain/ceramic FPD
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble
D6072	Abutment supported retainer, cast metal FPD, high noble
D6073	Abutment supported retainer, cast metal FPD, base metal
D6074	Abutment supported retainer, cast metal FPD, noble
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for FPD, porcelain fused to high noble alloys
D6077	Implant supported retainer for metal FPD, high noble alloys
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant
D6085	Interim implant crown
D6092	Re-cement or re-bond implant/abutment supported crown
D6093	Re-cement or re-bond implant/abutment supported FPD
D6096	Remove broken implant retaining screw
D6103	Bone graft for repair of peri-implant defect, does not include flap entry and closure
D6104	Bone graft at time of implant placement
D6110	Implant/abutment supported removable denture, maxillary
D6111	Implant/abutment supported removable denture, mandibular
D6114	Implant/abutment supported fixed denture, maxillary
D6115	Implant/abutment supported fixed denture, mandibular
D6194	Abutment supported retainer crown for FPD titanium, titanium and titanium alloys

For the most updated list of covered services and codes visit [IndependentHealth.com/Medicare](https://www.independenthealth.com/medicare) (on the 2023 Optional Supplemental Comprehensive Dental Benefit page). For additional information on your Comprehensive Dental benefit including frequency of covered services, see your Evidence of Coverage (EOC); EOCs are available online at [IndependentHealth.com/Medicare](https://www.independenthealth.com/medicare). Y0042\_C8989\_C 12062022

# COMPREHENSIVE DENTAL

## LIST OF COVERED SERVICES (BUILT-IN)

### Oral Exams

CODE	DESCRIPTION
D0160	Oral evaluation, problem focused
D0170	Re-evaluation, limited, problem focused
D0171	Re-evaluation, post operative office visit
D0180	Comprehensive periodontal evaluation

### Periodontics

CODE	DESCRIPTION
D4341	Periodontal scaling and root planing, four or more teeth per quadrant
D4342	Periodontal scaling and root planing, one to three teeth per quadrant
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation
D4355	Full mouth debridement
D4910	Periodontal maintenance

### Dental X-Rays

CODE	DESCRIPTION
D0240	Intraoral, occlusal radiographic image
D0277	Vertical bitewings, 7 to 8 radiographic images

### Endodontics

CODE	DESCRIPTION
D3221	Pulpal debridement, primary and permanent teeth
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3331	Treatment of root canal obstruction non-surgical access
D3332	Incomplete endodontic therapy inoperable, unrestorable, fractured tooth
D3333	Internal root repair of perforation defects
D3346	Retreatment of previous root canal therapy, anterior
D3347	Retreatment of previous root canal therapy, premolar
D3348	Retreatment of previous root canal therapy, molar



## Restorative

CODE	DESCRIPTION
D1208	Topical application of fluoride, excluding varnish
D2140	Amalgam, one surface, primary or permanent
D2150	Amalgam, two surfaces, primary or permanent
D2160	Amalgam, three surfaces, primary or permanent
D2161	Amalgam, four or more surfaces, primary or permanent
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, involving incisal angle
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite, one surface, posterior
D2392	Resin-based composite, two surfaces, posterior
D2393	Resin-based composite, three surfaces, posterior
D2394	Resin-based composite, four or more surfaces, posterior

## Other

CODE	DESCRIPTION
D9110	Palliative (emergency) treatment, minor procedure
D9310	Consultation, other than requesting dentist
D9311	Consultation with a medical health care professional

## Prosthodontics

CODE	DESCRIPTION
D2710	Crown, resin-based composite (indirect)
D2712	Crown, ¾ resin-based composite (indirect)
D2720	Crown, resin-based composite (indirect)
D2721	Crown, resin with predominantly base metal
D2722	Crown, resin with noble metal
D2740	Crown, porcelain/ceramic
D2750	Crown, porcelain fused to high noble metal
D2751	Crown, porcelain fused to predominantly base metal
D2752	Crown, porcelain fused to noble metal
D2780	Crown, ¾ cast high noble metal
D2781	Crown, ¾ cast predominantly base metal
D2782	Crown, ¾ cast noble metal
D2783	Crown, ¾ porcelain/ceramic
D2790	Crown, full cast high noble metal
D2791	Crown, full cast predominantly base metal
D2792	Crown, full cast noble metal
D2794	Crown, titanium
D2952	Post and core in addition to crown, indirectly fabricated
D2953	Each additional indirectly fabricated post, same tooth
D2954	Prefabricated post and core in addition to crown

## Prosthodontics, con't

CODE	DESCRIPTION
D5110	Complete denture, maxillary
D5120	Complete denture, mandibular
D5130	Immediate denture, maxillary
D5140	Immediate denture, mandibular
D5211	Maxillary partial denture, resin base
D5212	Mandibular partial denture, resin base
D5213	Maxillary partial denture, cast metal, resin base
D5214	Mandibular partial denture, cast metal, resin base
D5221	Immediate maxillary partial denture, resin base
D5222	Immediate mandibular partial denture, resin base
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base
D5225	Maxillary partial denture, flexible base
D5226	Mandibular partial denture, flexible base
D5282	Removable unilateral partial denture, one piece cast metal, maxillary
D5283	Removable unilateral partial denture, one piece cast metal, mandibular
D5410	Adjust complete denture, maxillary
D5411	Adjust complete denture, mandibular
D5421	Adjust partial denture, maxillary
D5422	Adjust partial denture, mandibular
D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5520	Replace missing or broken teeth, complete denture
D5611	Repair resin partial denture base, mandibular
D5612	Repair resin partial denture base, maxillary
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
D5630	Repair or replace broken retentive clasping, per tooth
D5640	Replace broken teeth, per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture, per tooth
D5670	Replace all teeth & acrylic on cast metal frame, maxillary
D5671	Replace all teeth & acrylic on cast metal frame, mandibular
D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture
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, laboratory
D5751	Reline complete mandibular denture, laboratory
D5760	Reline maxillary partial denture, laboratory
D5761	Reline mandibular partial denture, laboratory