

2026 DEN198

The following provides an all-inclusive list of dental services covered under the Humana Dual Fully Integrated (HMO D-SNP) plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the annual maximum benefit coverage amount. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call DentaQuest Dental Customer Service at **855-398-8412 (TTY: 711)**, Monday – Friday, 8:00 a.m. to 8:00 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Member Handbook for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call DentaQuest Provider Customer Service at **800-508-6780**, Monday – Friday, 8:00 a.m. to 5:00 p.m., in your time zone.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies).
- Dental benefits for this plan do not use the HumanaDental Medicare network. To locate an in-network dentist, visit DentaQuest.com.
- No out-of-network coverage for this plan.
- Humana is a Dual Eligible Special Needs HMO SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in this Humana plan depends on contract renewal.

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Deductible \$0
Annual Maximum* \$500
Waiting Periods None

*Services apply to annual maximum.

ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
Diagnostic Services				
D0120	Periodic oral evaluation-established patient	One per 12 months	100%	0%
D0140	Limited oral evaluation-problem focused	One type of evaluation per Day	100%	0%
D0150	Comprehensive oral evaluation new or established patient	One per Lifetime	100%	0%
D0160*	Detailed and extensive oral evaluation- problem focused, by report		100%	0%
D0170*	Re-evaluation- limited; problem focused (established patient; not post-operative visit)		100%	0%
D0171*	Re-evaluation-post-operative office visit		100%	0%
D0180*	Comprehensive periodontal evaluation- new or established patient		100%	0%
D0210	Intraoral – completed series of radiographic images	One complete series, 7-8 vertical xrays, or panoramic films every 36 Months	100%	0%
D0220	Intraoral – periapical first radiographic images	One per day	100%	0%
D0230	Intraoral – periapical each additional radiographic images		100%	0%
D0240*	Intraoral – occlusal radiographic image		100%	0%
D0270	Bitewing – single radiographic image		100%	0%
D0272	Bitewings – Two Films	One 2- 4 bitewing xrays per 12 Months	100%	0%
D0274	Bitewings – Four Films	One 2- 4 bitewing xrays per 12 Months	100%	0%
D0277	Vertical Bitewings – 7-8 Films	One complete series, 7-8 vertical xrays, or panoramic films every 36 Months	100%	0%
D0310*	Sialography		100%	0%
D0322*	Tomographic survey		100%	0%
D0330	Panoramic Film	One complete series, 7-8 vertical xrays, or panoramic films every 36 Months	100%	0%
D0340*	2D cephalometric radiographic image-acquisition, measurement and analysis		100%	0%
D0364*	Cone beam CT capture and interpretation with limited field of view- less than one whole jaw		100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D0365*	Cone beam CT capture and interpretation with field of view of one full dental arch- mandible		100%	0%
D0366*	Cone beam CT capture and interpretation with field of view of one full dental arch- maxilla, with or without cranium		100%	0%
D0367*	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		100%	0%
D0393*	Virtual treatment simulation using 3D image volume or surface scan		100%	0%
D0394*	Digital subtraction of two or more images or image volumes of the same modality		100%	0%
D0395*	Fusion of two or more 3D image volumes of one or more modalities		100%	0%
D0606	Molecular testing for a public health related pathogen, including coronavirus	One per Day	100%	0%
Preventive Services				
D1110	Prophylaxis –adult	Two cleanings per 12 Months	100%	0%
D1206	Topical application of fluoride varnish	Two fluoride treatments per Calendar year	100%	0%
D1208	Topical application of fluoride - excluding varnish	Two fluoride treatments per Calendar year	100%	0%
D1353	Sealant repair- per tooth		100%	0%
D1354	Interim caries arresting medicament application, per tooth	Six per Lifetime, Same tooth.	100%	0%
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1	One per Lifetime	100%	0%
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2	One per Lifetime	100%	0%
D1703	Moderna Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1	One per 1 Lifetime	100%	0%
D1704	Moderna Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2	One per 1 Lifetime	100%	0%
Comprehensive Services				
Fillings				
D2140	Amalgam - one surface, primary or permanent	One filling per 12 months per tooth.	100%	0%

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D2150	Amalgam - two surfaces, primary or permanent	One filling per 12 months per tooth.	100%	0%
D2160	Amalgam - three surfaces, primary or permanent	One filling per 12 months per tooth.	100%	0%
D2161	Amalgam - four or more surfaces, primary or permanent	One filling per 12 months per tooth.	100%	0%
D2330	Resin-based composite – one surface, anterior	One filling per 12 months per tooth.	100%	0%
D2331	Resin-based composite – two surfaces, anterior	One filling per 12 months per tooth.	100%	0%
D2332	Resin-based composite – three surfaces, anterior	One filling per 12 months per tooth.	100%	0%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	One filling per 12 months per tooth.	100%	0%
D2390*	Resin-based composite crown, anterior		100%	0%
D2391	Resin-based composite – one surface, posterior	One filling per 12 months per tooth.	100%	0%
D2392	Resin-based composite – two surfaces, posterior	One filling per 12 months per tooth.	100%	0%
D2393	Resin-based composite – three surfaces, posterior	One filling per 12 months per tooth.	100%	0%
D2394	Resin-based composite - four or more surfaces, posterior	One filling per 12 months per tooth.	100%	0%
Crowns				
D2510*	Inlay - metallic-one surface		100%	0%
D2520*	Inlay - metallic- two surfaces		100%	0%
D2530*	Inlay - metallic- three or more surfaces		100%	0%
D2542	Onlay - metallic - two surfaces	One crown per 60 Months per tooth.	100%	0%
D2543	Onlay - metallic - three surfaces	One crown per 60 Months per tooth.	100%	0%
D2544	Onlay - metallic – four or more surfaces	One crown per 60 Months per tooth.	100%	0%
D2610*	Inlay - porcelain/ceramic- one surface		100%	0%
D2620*	Inlay - porcelain/ceramic- two surfaces		100%	0%
D2630*	Inlay - porcelain/ceramic- three or more surfaces		100%	0%
D2642	Onlay - porcelain/ceramic - two surfaces	One crown per 60 Months per tooth.	100%	0%
D2643	Onlay - porcelain/ceramic - three surfaces	One crown per 60 Months per tooth.	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D2644	Onlay - porcelain/ceramic – four or more surfaces	One crown per 60 Months per tooth.	100%	0%
D2650*	Inlay - resin- based composite- one surface		100%	0%
D2651*	Inlay - resin-based composite- two surfaces		100%	0%
D2652*	Inlay - resin-based composite- three or more surfaces		100%	0%
D2662*	Onlay - resin-based composite- two surfaces		100%	0%
D2663*	Onlay - resin-based composite- three surfaces		100%	0%
D2664*	Onlay - resin-based composite- four or more surfaces		100%	0%
D2710*	Crown - resin-based composite (indirect)		100%	0%
D2712*	Crown - 3/4 resin-based composite (indirect)		100%	0%
D2720*	Crown - resin with high noble metal		100%	0%
D2721*	Crown - resin with predominantly base metal		100%	0%
D2722*	Crown - resin with noble metal		100%	0%
D2740	Crown - porcelain/ceramic substrate	One crown per 60 Months per tooth.	100%	0%
D2750	Crown - porcelain fused to high noble metal	One crown per 60 Months per tooth.	100%	0%
D2751	Crown - porcelain fused to predominantly base metal	One crown per 60 Months per tooth.	100%	0%
D2752	Crown - porcelain fused to noble metal	One crown per 60 Months per tooth.	100%	0%
D2753	Crown - porcelain fused to Titanium and Titanium Alloys	One crown per 60 Months per tooth.	100%	0%
D2780*	Crown - 3/4 cast high noble metal		100%	0%
D2781*	Crown - 3/4 cast predominantly base		100%	0%
D2782*	Crown - 3/4 cast noble metal		100%	0%
D2783*	Crown - 3/4 porcelain/ceramic		100%	0%
D2790	Crown - full cast high noble metal	One crown per 60 Months per tooth.	100%	0%
D2791	Crown - full cast predominantly base metal	One crown per 60 Months per tooth.	100%	0%
D2792	Crown - full cast noble metal	One crown per 60 Months per tooth.	100%	0%
D2794*	Crown - titanium and titanium alloys		100%	0%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		100%	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	0%

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D2920	Re-cement or re-bond crown		100%	0%
D2928*	Pre-fabricated porcelain/ceramic crown-permanent tooth		100%	0%
D2931	Prefabricated stainless steel crown-permanent tooth	One crown per 60 Months per tooth.	100%	0%
D2932	Prefabricated resin crown	One per Lifetime, Same tooth.	100%	0%
D2933*	Prefabricated stainless steel crown with resin window		100%	0%
D2940	Protective restoration		100%	0%
D2950	Core buildup, including any pins when required	One core build up or post and core per 60 months per tooth for All Permanent Teeth.	100%	0%
D2951	Pin retention - per tooth, in addition to restoration		100%	0%
D2952*	Post and core in addition to crown, indirectly fabricated		100%	0%
D2953*	Each additional indirectly fabricated post- same tooth		100%	0%
D2954	Prefabricated post and core in addition to crown	One core build up or post and core per 60 months per tooth	100%	0%
D2955*	Post removal		100%	0%
D2957*	Each additional prefabricated post- same tooth		100%	0%
D2975*	Coping		100%	0%
D2980*	Crown repair necessitated by restorative material failure		100%	0%
D2981*	Inlay repair necessitated by restorative material failure		100%	0%
D2982*	Onlay repair necessitated by restorative material failure		100%	0%
Endodontic Services				
D3110*	Pulp cap- direct (excluding final restoration)		100%	0%
D3120*	Pulp cap- indirect (excluding final restoration)		100%	0%
D3220*	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		100%	0%
D3221*	Pulpal debridement, primary and permanent teeth		100%	0%
D3222*	Partial pulpotomy for apexogenesis- permanent tooth with incomplete root development		100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per Lifetime, per tooth.	100%	0%
D3320*	Endodontic therapy, premolar tooth (excluding final restoration)		100%	0%
D3330*	Endodontic therapy, molar tooth (excluding final restoration)		100%	0%
D3331*	Treatment of root canal obstruction; non-surgical access		100%	0%
D3332*	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		100%	0%
D3333*	Internal root repair of perforation defects		100%	0%
D3346*	Retreatment of previous root canal therapy- anterior		100%	0%
D3347*	Retreatment of previous root canal therapy- premolar		100%	0%
D3348*	Retreatment of previous root canal therapy- molar		100%	0%
D3351*	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		100%	0%
D3352*	Apexification/recalcification- interim medication replacement		100%	0%
D3353*	Apexification/recalcification- final visit (includes completed root canal therapy- apical closure/ calcific repair of perforations, root resorption, etc.)		100%	0%
D3355*	Pulpal regeneration- initial visit		100%	0%
D3356*	Pupal regeneration- interim medication replacement		100%	0%
D3357*	Pupal regeneration- completion of treatment		100%	0%
D3410*	Apicoectomy- anterior		100%	0%
D3421*	Apicoectomy- bicuspid (first root)		100%	0%
D3425*	Apicoectomy- molar (first root)		100%	0%
D3426*	Apicoectomy (each additional root)		100%	0%
D3428*	Bone graft in conjunction with periradicular surgery- per tooth, single site		100%	0%
D3429*	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site		100%	0%
D3430*	Retrograde filling- per root		100%	0%

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D3431*	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		100%	0%
D3432*	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		100%	0%
D3450*	Root amputation- per root		100%	0%
D3470*	Intentional re-implantation (including necessary splinting)		100%	0%
D3471*	Surgical repair of root resorption- anterior		100%	0%
D3472*	Surgical repair of root resorption- premolar		100%	0%
D3473*	Surgical repair of root resorption- molar		100%	0%
D3501*	Surgical exposure of root surface without apicoectomy or repair of root resorption- anterior		100%	0%
D3502*	Surgical exposure of root surface without apicoectomy or repair of root resorption- premolar		100%	0%
D3503*	Surgical exposure of root surface without apicoectomy or repair of root resorption- molar		100%	0%
D3920*	Hemisection (including any root removal), not including root canal therapy		100%	0%
Periodontics				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per	One type of gingivectomy, gingivoplasty, or osseous surgery per 24 months per quadrant.	100%	0%
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per	One type of gingivectomy, gingivoplasty, or osseous surgery per 24 months per quadrant.	100%	0%
D4212*	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		100%	0%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	One type of gingivectomy, gingivoplasty, or osseous surgery per 24 months per quadrant.	100%	0%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	One type of gingivectomy, gingivoplasty, or osseous surgery per 24 months per quadrant.	100%	0%

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D4245*	Apically positioned flap		100%	0%
D4249	Clinical crown lengthening – hard tissue	One per lifetime per tooth.	100%	0%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant)	One type of gingivectomy, gingivoplasty, or osseous surgery per 24 months per quadrant.	100%	0%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded per quadrant)	One type of gingivectomy, gingivoplasty, or osseous surgery per 24 months per quadrant.	100%	0%
D4263	Bone replacement graft - first site in quadrant		100%	0%
D4264	Bone replacement graft – each additional site in quadrant		100%	0%
D4265*	Biologic materials to aid in soft osseous tissue regeneration		100%	0%
D4266*	Guided tissue regeneration, natural teeth-resorbable barrier, per site		100%	0%
D4267*	Guided tissue regeneration, natural teeth-nonresorbable barrier, per site		100%	0%
D4268*	Surgical revision procedure, per tooth		100%	0%
D4270	Pedicle soft tissue graft procedure		100%	0%
D4273	Subepithelial connective tissue graft procedure		100%	0%
D4274	Distal or proximal wedge procedure		100%	0%
D4275*	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		100%	0%
D4276*	Combined connective tissue and pedicle graft, per tooth		100%	0%
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position		100%	0%
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site		100%	0%
D4283*	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)-each additional contiguous tooth, implant or edentulous tooth position in same graft site		100%	0%

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D4285*	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		100%	0%
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns		100%	0%
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns		100%	0%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One scaling and root planing per 24 months	100%	0%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	One scaling and root planing per 24 months	100%	0%
D4346*	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation		100%	0%
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	One per 12 Months	100%	0%
D4910	Periodontal maintenance	One per 12 Months	100%	0%
Removable Dentures				
D5110	Complete denture - maxillary	One denture every 60 Months	100%	0%
D5120	Complete denture - mandibular	One denture every 60 Months	100%	0%
D5130	Immediate denture - maxillary	One per Lifetime	100%	0%
D5140	Immediate denture - mandibular	One per Lifetime	100%	0%
D5211*	Maxillary partial denture- resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5212*	Mandibular partial denture- resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5213*	Maxillary partial denture- cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5214*	Mandibular partial denture- cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5221*	Immediate maxillary partial denture- resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5222*	Immediate mandibular partial denture- resin base (including retentive/clasping materials, rests and teeth)		100%	0%

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D5223*	Immediate maxillary partial denture- cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5224*	Immediate mandibular partial denture- cast metal framework with resin denture bases (including retentive clasping materials, rests and teeth)		100%	0%
D5225*	Maxillary partial denture- flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5226*	Mandibular partial denture- flexible base (including retentive/clasping materials rests and teeth)		100%	0%
D5227*	Immediate Maxillary partial denture- flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5228*	Immediate Mandibular partial denture-flexible base (including retentive/clasping materials, rests and teeth)		100%	0%
D5282*	Removable unilateral partial denture- one piece case metal (including retentive/clasping materials, rests and teeth), maxillary		100%	0%
D5283*	Removable unilateral partial denture- one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		100%	0%
D5284*	Removable unilateral partial denture- one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant		100%	0%
D5286*	Removable unilateral partial denture- one piece resin (including retentive/clasping materials, rests and teeth)- per quadrant		100%	0%
D5410*	Adjust complete denture- maxillary		100%	0%
D5411*	Adjust complete denture- mandibular		100%	0%
D5421*	Adjust partial denture- maxillary		100%	0%
D5422*	Adjust partial denture- mandibular		100%	0%
D5511	Repair broken complete denture base, Mandibular		100%	0%
D5512	Repair broken complete denture base, Maxillary		100%	0%
D5520	Replace missing or broken teeth - complete denture (each tooth)		100%	0%
D5611	Repair resin partial denture base, Mandibular		100%	0%
D5612	Repair resin partial denture base, Maxillary		100%	0%

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D5621	Repair cast partial framework, Mandibular		100%	0%
D5622	Repair cast partial framework, Maxillary		100%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	0%
D5640	Replace broken teeth-per tooth		100%	0%
D5650	Add tooth to existing partial denture		100%	0%
D5660*	Add clasp to existing partial denture- per tooth		100%	0%
D5670*	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	0%
D5671*	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	0%
D5710*	Rebase complete maxillary denture		100%	0%
D5711*	Rebase complete mandibular denture		100%	0%
D5720*	Rebase maxillary partial denture		100%	0%
D5721*	Rebase mandibular partial denture		100%	0%
D5725*	Rebase hybrid prosthesis		100%	0%
D5730	Reline complete maxillary denture (chairside)	One reline per 24 months	100%	0%
D5731	Reline complete mandibular (chairside)	One reline per 24 months	100%	0%
D5740	Reline maxillary partial denture (chairside)	One reline per 24 months	100%	0%
D5741	Reline mandibular partial denture (chairside)	One reline per 24 months	100%	0%
D5750	Reline complete maxillary denture (laboratory)	One reline per 24 months	100%	0%
D5751	Reline complete mandibular (laboratory)	One reline per 24 months	100%	0%
D5760	Reline maxillary partial denture (laboratory)	One reline per 24 months	100%	0%
D5761	Reline mandibular partial denture (laboratory)	One reline per 24 months	100%	0%
Other removable prosthetic services				
D5850*	Tissue conditioning, maxillary		100%	0%
D5851*	Tissue conditioning, mandibular		100%	0%
D5862*	Precision attachment, by report		100%	0%
D5863*	Overdenture – complete maxillary – natural tooth borne		100%	0%
D5864*	Overdenture – partial maxillary – natural tooth borne		100%	0%
D5865*	Overdenture – complete mandibular – natural tooth borne		100%	0%
D5866*	Overdenture – partial mandibular – natural tooth borne		100%	0%

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D5867*	Replacement of replaceable part of semi-precision or precision attachment (male or female component)		100%	0%
D5875*	Modification of removable prosthesis following implant surgery		100%	0%
D5876*	Add metal substructure to acrylic full denture-per arch		100%	0%
D5877*	Duplication of complete denture – maxillary	One denture every 60 Months	100%	0%
D5878*	Duplication of complete denture – mandibular	One denture every 60 Months	100%	0%
D5909	Maxillary guidance prosthesis with guide flange		100%	0%
D5911	Facial moulage (sectional)		100%	0%
D5912	Facial moulage (complete)		100%	0%
D5913	Nasal prosthesis		100%	0%
D5914	Auricular prosthesis		100%	0%
D5915	Orbital prosthesis		100%	0%
D5916	Ocular prosthesis		100%	0%
D5919	Facial prosthesis		100%	0%
D5922	Nasal septal prosthesis		100%	0%
D5923	Ocular prosthesis, interim		100%	0%
D5924	Cranial prosthesis		100%	0%
D5925	Facial augment implant prosthesis		100%	0%
D5926	Nasal prosthesis, replacement		100%	0%
D5927	Auricular prosthesis, replace		100%	0%
D5928	Orbital prosthesis, replace		100%	0%
D5929	Facial prosthesis, replacement		100%	0%
D5930	Maxillary guidance prosthesis without guide flange		100%	0%
D5931	Obturator prosthesis, surgical		100%	0%
D5932	Obturator prosthesis, definitive		100%	0%
D5933	Obturator prosthesis, modification		100%	0%
D5934	Mandibular resection prosthesis with guide flange		100%	0%
D5935	Mandibular resection prosthesis without guide flange		100%	0%
D5936	Obturator prosthesis, interim		100%	0%
D5937	Trismus appliance (not for TMD treatment)		100%	0%
D5938	Resection prosthesis, maxillary complete removable		100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D5939	Resection prosthesis, mandibular complete removable		100%	0%
D5940	Resection prosthesis, maxillary partial removable		100%	0%
D5941	Resection prosthesis, mandibular partial removable		100%	0%
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch		100%	0%
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch		100%	0%
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch		100%	0%
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch		100%	0%
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch		100%	0%
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch		100%	0%
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch		100%	0%
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch		100%	0%
D5951	Feeding aid		100%	0%
D5953	Speech aid prosthesis, adult		100%	0%
D5954	Palatal augment prosthesis		100%	0%
D5955	Palatal lift prosthesis, definitive		100%	0%
D5958	Palatal lift prosthesis, interim		100%	0%
D5959	Palatal lift prosthesis, modification		100%	0%
D5960	Speech aid prosthesis		100%	0%
D5982	Surgical stent		100%	0%
D5983	Radiation carrier		100%	0%
D5984	Radiation shield		100%	0%
D5985	Radiation cone locator		100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D5986	Fluoride gel carrier		100%	0%
D5987	Commissure splint		100%	0%
D5988	Surgical splint		100%	0%
D5999	Unspecified maxillofacial		100%	0%
Bridges - pontic				
D6205*	Pontic – indirect resin based composite	One bridge, per tooth	100%	0%
D6210*	Pontic – cast high noble metal	One bridge, per tooth	100%	0%
D6211*	Pontic – cast predominantly base metal	One bridge, per tooth	100%	0%
D6212*	Pontic – cast noble metal	One bridge, per tooth	100%	0%
D6214*	Pontic – titanium and titanium alloys	One bridge, per tooth	100%	0%
D6240*	Pontic – porcelain fused to high noble metal	One bridge, per tooth	100%	0%
D6241*	Pontic – porcelain fused to predominantly base metal	One bridge, per tooth	100%	0%
D6242*	Pontic – porcelain fused to noble metal	One bridge, per tooth	100%	0%
D6243*	Pontic – porcelain fused to titanium and titanium alloys	One bridge, per tooth	100%	0%
D6245*	Pontic – porcelain/ceramic	One bridge, per tooth	100%	0%
D6250*	Pontic – resin with high noble metal	One bridge, per tooth	100%	0%
D6251*	Pontic – resin with predominantly base metal	One bridge, per tooth	100%	0%
D6252*	Pontic – resin with noble metal	One bridge, per tooth	100%	0%
Fixed Partial Denture Services				
D6545*	Retainer – cast metal for resin bonded fixed prosthesis	One type of retainer, per tooth	100%	0%
D6548*	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	One type of retainer, per tooth	100%	0%
D6549*	Resin retainer – for resin bonded fixed prosthesis	One type of retainer, per tooth	100%	0%
D6600*	Retainer inlay – porcelain/ceramic, two surfaces	One type of retainer, per tooth	100%	0%
D6601*	Retainer inlay – porcelain/ceramic, three or more surfaces	One type of retainer, per tooth	100%	0%
D6602*	Retainer inlay – cast high noble metal, two surfaces	One type of retainer, per tooth	100%	0%
D6603*	Retainer inlay – cast high noble metal, three or more surfaces	One type of retainer, per tooth	100%	0%
D6604*	Retainer inlay – cast predominantly base metal, two surfaces	One type of retainer, per tooth	100%	0%
D6605*	Retainer inlay – cast predominantly base metal, three or more surfaces	One type of retainer, per tooth	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D6606*	Retainer inlay – cast noble metal, two surfaces	One type of retainer, per tooth	100%	0%
D6607*	Retainer inlay – cast noble metal, three or more surfaces	One type of retainer, per tooth	100%	0%
D6608*	Retainer onlay – porcelain/ceramic, two surfaces	One type of retainer, per tooth	100%	0%
D6609*	Retainer onlay – porcelain/ceramic, three or more surfaces	One type of retainer, per tooth	100%	0%
D6610*	Retainer onlay – cast high noble metal, two surfaces	One type of retainer, per tooth	100%	0%
D6611*	Retainer onlay – cast high noble metal, three or more surfaces	One type of retainer, per tooth	100%	0%
D6612*	Retainer onlay – cast predominantly base metal, two surfaces	One type of retainer, per tooth	100%	0%
D6613*	Retainer onlay – cast predominantly base metal, three or more surfaces	One type of retainer, per tooth	100%	0%
D6614*	Retainer onlay – cast noble metal, two surfaces	One type of retainer, per tooth	100%	0%
D6615*	Retainer onlay – cast noble metal, three or more surfaces	One type of retainer, per tooth	100%	0%
D6624*	Retainer inlay – titanium	One type of retainer, per tooth	100%	0%
D6634*	Retainer onlay – titanium	One type of retainer, per tooth	100%	0%
D6710*	Retainer crown – indirect resin based composite	One type of retainer, per tooth	100%	0%
D6720*	Retainer crown – resin with high noble metal	One type of retainer, per tooth	100%	0%
D6721*	Retainer crown – resin with predominantly base metal	One type of retainer, per tooth	100%	0%
D6722*	Retainer crown – resin with noble metal	One type of retainer, per tooth	100%	0%
D6740*	Retainer crown – porcelain/ceramic	One type of retainer, per tooth	100%	0%
D6750*	Retainer crown – porcelain fused to high noble metal	One type of retainer, per tooth	100%	0%
D6751*	Retainer crown – porcelain fused to predominantly base metal	One type of retainer, per tooth	100%	0%
D6752*	Retainer crown – porcelain fused to noble metal	One type of retainer, per tooth	100%	0%
D6753*	Retainer crown – porcelain fused to titanium and titanium alloys	One type of retainer, per tooth	100%	0%
D6780*	Retainer crown – 3/4 cast high noble metal	One type of retainer, per tooth	100%	0%
D6781*	Retainer crown – 3/4 cast predominantly base metal	One type of retainer, per tooth	100%	0%
D6782*	Retainer crown – 3/4 cast noble metal	One type of retainer, per tooth	100%	0%
D6783*	Retainer crown – 3/4 porcelain/ceramic	One type of retainer, per tooth	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D6784*	Retainer crown – 3/4 titanium and titanium alloys	One type of retainer, per tooth	100%	0%
D6790*	Retainer crown – full cast high noble metal	One type of retainer, per tooth	100%	0%
D6791*	Retainer crown – full cast predominantly base metal	One type of retainer, per tooth	100%	0%
D6792*	Retainer crown – full cast noble metal	One type of retainer, per tooth	100%	0%
D6794*	Retainer crown – titanium and titanium alloys	One type of retainer, per tooth	100%	0%
D6930	Re-cement or re-bond fixed partial denture		100%	0%
D6980*	Fixed partial denture repair necessitated by restorative material failure		100%	0%
D6999	Fixed prosthodontic procedure		100%	0%
Oral Surgery				
D7111*	Extraction, coronal remnants – primary tooth		100%	0%
D7140	Extraction, erupted tooth or		100%	0%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth		100%	0%
D7220	Removal of impacted tooth-soft tissue		100%	0%
D7230	Removal of impacted tooth-partially bony		100%	0%
D7240	Removal of impacted tooth-completely bony		100%	0%
D7241*	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		100%	0%
D7251*	Coronectomy – intentional partial tooth removal, impacted teeth only		100%	0%
D7260*	Oroantral fistula closure		100%	0%
D7261*	Primary closure of a sinus perforation		100%	0%
D7282*	Mobilization of erupted or malpositioned tooth to aid eruption		100%	0%
D7283*	Placement of device to facilitate eruption of impacted tooth		100%	0%
D7284*	Excisional biopsy of minor salivary glands		100%	0%
D7285*	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	0%
D7286*	Incisional biopsy of oral tissue – soft		100%	0%
D7287*	Exfoliative cytological sample collection		100%	0%
D7288*	Brush biopsy – transepithelial sample collection		100%	0%
D7290*	Surgical repositioning of teeth		100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D7291*	Transseptal fiberotomy/supra crestal fiberotomy, by report		100%	0%
D7292*	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		100%	0%
D7293*	Placement of temporary anchorage device requiring flap; includes device removal		100%	0%
D7294*	Placement of temporary anchorage device without flap; includes device removal		100%	0%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One alveoloplasty per Lifetime, per quadrant.	100%	0%
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One alveoloplasty per Lifetime, per quadrant.	100%	0%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One alveoloplasty per Lifetime, per quadrant.	100%	0%
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One alveoloplasty per Lifetime, per quadrant.	100%	0%
D7340*	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		100%	0%
D7350*	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm		100%	0%
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm		100%	0%
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm		100%	0%
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm		100%	0%
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm		100%	0%
D7509	Marsupialization of odontogenic cyst		100%	0%
D7510	Incision and drainage of abscess - intraoral soft tissue	One incision and drainage per day, per tooth.	100%	0%
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	One incision and drainage per day, per tooth.	100%	0%
D7550*	Partial ostectomy/sequestrectomy for removal of non-vital bone		100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D7560*	Maxillary sinusotomy for removal of tooth fragment or foreign body		100%	0%
D7610	Maxilla - open reduction		100%	0%
D7620	Maxilla - closed reduction		100%	0%
D7630	Mandible-open reduction		100%	0%
D7640	Mandible- closed reduction		100%	0%
D7710	Maxilla- open reduction		100%	0%
D7720	Maxilla- closed reduction		100%	0%
D7730	Mandible - open reduction		100%	0%
D7740	Mandible - closed reduction		100%	0%
D7810	Open reduction of dislocation		100%	0%
D7820	Closed reduction dislocation		100%	0%
D7921*	Collection and application of autologous blood concentrate product		100%	0%
D7953*	Bone replacement graft for ridge preservation – per site		100%	0%
D7955*	Repair of maxillofacial soft and/or hard tissue defect		100%	0%
D7956*	Guided tissue regeneration, edentulous area – resorbable barrier, per site		100%	0%
D7957*	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site		100%	0%
D7961*	Buccal/labial frenectomy (frenectomy)		100%	0%
D7962*	Lingual frenectomy (frenectomy)		100%	0%
D7963*	Frenuloplasty		100%	0%
D7999	Unspecified oral surgery procedure, by report		100%	0%
Adjunctive General Services, Anesthesia and Miscellaneous Services				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	One type of evaluation per Day	100%	0%
D9219*	Evaluation for moderate sedation, deep sedation or general anesthesia		100%	0%
D9222	Administration of deep sedation/general anesthesia-first 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9223	Administration of deep sedation/general anesthesia-each subsequent 15 minute increment, or any portion thereof		100%	0%
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	One per date of service	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9230	Administration of nitrous oxide		100%	0%
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof		100%	0%
D9244	In-office administration of minimal sedation – single drug – enteral	One per date of service	100%	0%
D9245	Administration of moderate sedation – enteral	One per date of service	100%	0%
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or		100%	0%
D9610	Therapeutic drug injection, by report		100%	0%
D9630	Other drugs and/or medicaments, by report		100%	0%
D9920	Behavior management, by report	One per date of service	100%	0%
D9936*	Cleaning and inspection of occlusal guard – per appliance		100%	0%
D9944*	Occlusal guard – hard appliance, full arch		100%	0%
D9945*	Occlusal guard – soft appliance, full arch		100%	0%
D9946*	Occlusal guard – hard appliance, partial arch		100%	0%
D9951*	Occlusal adjustment – limited		100%	0%
D9995	Teledentistry-synchronous; real-time encounter		100%	0%
D9996	Teledentistry-asynchronous; information stored and forwarded to dentists for subsequent review		100%	0%
D9999	Unspecified adjunctive procedure, by report		100%	0%

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