

2025 DEN441

HumanaDental® Medicare Network

The following provides an all-inclusive list of dental services covered under this 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 dental coverage limit. 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 Humana Dental Customer Service at **800-457-4708 (TTY: 711)**, Monday – Friday, 8 a.m. to 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) 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 Humana Dental Provider Customer Service at **800-833-2223**, Monday – Friday, 8 a.m. to 8 p.m., Eastern time.

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).
- No out-of-network coverage on this plan.
- Humana is a Medicare Advantage health maintenance organization (HMO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a preferred provider organization (PPO) dental network.



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|-----------------|---------|
| Deductible | \$0 |
| Annual maximum | \$3,000 |
| Waiting periods | None |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---------------------------|--|--------------------------------|---------------------|-------------------------|
| Exams | | | | |
| D0120 | Periodic oral evaluation – established patient | Unlimited up to annual maximum | 100% | 0% |
| D0140 | Limited oral evaluation – problem focused | | 100% | 0% |
| D0150 | Comprehensive oral evaluation – new or established patient | | 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% |
| Diagnostic imaging | | | | |
| D0210 | Intraoral – comprehensive series of radiographic images | Unlimited up to annual maximum | 100% | 0% |
| D0220 | Intraoral – periapical first radiographic image | | 100% | 0% |
| D0230 | Intraoral – periapical each additional radiographic image | | 100% | 0% |
| D0240 | Intraoral – occlusal radiographic image | | 100% | 0% |
| D0270 | Bitewing – single radiographic image | | 100% | 0% |
| D0272 | Bitewings – two radiographic images | | 100% | 0% |
| D0273 | Bitewings – three radiographic images | | 100% | 0% |
| D0274 | Bitewings – four radiographic images | | 100% | 0% |
| D0310 | Sialography | | 100% | 0% |
| D0322 | Tomographic survey | | 100% | 0% |
| D0330 | Panoramic radiographic image | | 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---------------------------------------|--|--------------------------------|---------------------|-------------------------|
| Diagnostic imaging (continued) | | | | |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | Unlimited up to annual maximum | 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% |
| Prophylaxis (cleaning) | | | | |
| D1110 | Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.) | Unlimited up to annual maximum | 100% | 0% |
| Other preventive services | | | | |
| D1353 | Sealant repair – per tooth | Unlimited up to annual maximum | 100% | 0% |
| Restorations (fillings) | | | | |
| D2140 | Amalgam – one surface, primary or permanent | Unlimited up to annual maximum | 100% | 0% |
| D2150 | Amalgam – two surfaces, primary or permanent | | 100% | 0% |
| D2160 | Amalgam – three surfaces, primary or permanent | | 100% | 0% |
| D2161 | Amalgam – four or more surfaces, primary or permanent | | 100% | 0% |
| D2330 | Resin-based composite – one surface, anterior (front) | | 100% | 0% |
| D2331 | Resin-based composite – two surfaces, anterior (front) | | 100% | 0% |
| D2332 | Resin-based composite – three surfaces, anterior (front) | | 100% | 0% |
| D2335 | Resin-based composite – four or more surfaces (anterior) | | 100% | 0% |
| D2390 | Resin-based composite crown, anterior | | 100% | 0% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|---|--------------------------------|---------------------|-------------------------|
| Restorations (fillings) (continued) | | | | |
| D2391 | Resin-based composite – one surface, posterior (back) | Unlimited up to annual maximum | 100% | 0% |
| D2392 | Resin-based composite – two surfaces, posterior (back) | | 100% | 0% |
| D2393 | Resin-based composite – three surfaces, posterior (back) | | 100% | 0% |
| D2394 | Resin-based composite – four or more surfaces, posterior (back) | | 100% | 0% |
| Inlay/Onlay restorations | | | | |
| D2510 | Inlay – metallic – one surface | Unlimited up to annual maximum | 100% | 0% |
| D2520 | Inlay – metallic – two surfaces | | 100% | 0% |
| D2530 | Inlay – metallic – three or more surfaces | | 100% | 0% |
| D2542 | Onlay – metallic – two surfaces | | 100% | 0% |
| D2543 | Onlay – metallic – three surfaces | | 100% | 0% |
| D2544 | Onlay – metallic – four or more surfaces | | 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 | | 100% | 0% |
| D2643 | Onlay – porcelain/ceramic – three surfaces | | 100% | 0% |
| D2644 | Onlay – porcelain/ceramic – four or more surfaces | | 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% |
| Crowns | | | | |
| D2710 | Crown – resin-based composite (indirect) | Unlimited up to annual maximum | 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|-----------------------------------|---|--------------------------------|---------------------|-------------------------|
| Crowns (continued) | | | | |
| D2722 | Crown – resin with noble metal | Unlimited up to annual maximum | 100% | 0% |
| D2740 | Crown – porcelain/ceramic | | 100% | 0% |
| D2750 | Crown – porcelain fused to high noble metal | | 100% | 0% |
| D2751 | Crown – porcelain fused to predominantly base metal | | 100% | 0% |
| D2752 | Crown – porcelain fused to noble metal | | 100% | 0% |
| D2753 | Crown – porcelain fused to titanium and titanium alloys | | 100% | 0% |
| D2780 | Crown – 3/4 cast high noble metal | | 100% | 0% |
| D2781 | Crown – 3/4 cast predominantly base metal | | 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 | | 100% | 0% |
| D2791 | Crown – full cast predominantly base metal | | 100% | 0% |
| D2792 | Crown – full cast noble metal | | 100% | 0% |
| D2794 | Crown – titanium and titanium alloys | | 100% | 0% |
| Other restorative services | | | | |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | Unlimited up to annual maximum | 100% | 0% |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | | 100% | 0% |
| D2920 | Re-cement or re-bond crown | | 100% | 0% |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | | 100% | 0% |
| D2931 | Prefabricated stainless steel crown – permanent tooth | | 100% | 0% |
| D2932 | Prefabricated resin crown | | 100% | 0% |
| D2933 | Prefabricated stainless steel crown with resin window | | 100% | 0% |
| D2950 | Core buildup, including any pins when required | | 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 | | 100% | 0% |
| D2955 | Post removal | | 100% | 0% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---|---|--------------------------------|---------------------|-------------------------|
| Other restorative services (continued) | | | | |
| D2957 | Each additional prefabricated post – same tooth | Unlimited up to annual maximum | 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) | Unlimited up to annual maximum | 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% |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | | 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|---|--------------------------------|---------------------|-------------------------|
| Endodontic services (continued) | | | | |
| D3352 | Apexification/recalcification – interim medication replacement | Unlimited up to annual maximum | 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 | Pulpal regeneration – interim medication replacement | | 100% | 0% |
| D3357 | Pulpal 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% |
| 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% | |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|---|--------------------------------|---------------------|-------------------------|
| Endodontic services (continued) | | | | |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | Unlimited up to annual maximum | 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 quadrant | Unlimited up to annual maximum | 100% | 0% |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces 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 | | 100% | 0% |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant | | 100% | 0% |
| D4245 | Apically positioned flap | | 100% | 0% |
| D4249 | Clinical crown lengthening – hard tissue | | 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 | | 100% | 0% |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | | 100% | 0% |
| D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | | 100% | 0% |
| D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | | 100% | 0% |
| D4265 | Biologic materials to aid in soft and 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---------------------------------|---|--------------------------------|---------------------|-------------------------|
| Periodontics (continued) | | | | |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | Unlimited up to annual maximum | 100% | 0% |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | | 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 recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | | 100% | 0% |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant 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% |
| 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% |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | | 100% | 0% |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant | | 100% | 0% |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | | 100% | 0% |
| D4910 | Periodontal maintenance | | 100% | 0% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|--|--------------------------------|---------------------|-------------------------|
| Complete dentures (including routine post-delivery care) | | | | |
| D5110 | Complete denture – maxillary | Unlimited up to annual maximum | 100% | 0% |
| D5120 | Complete denture – mandibular | | 100% | 0% |
| D5130 | Immediate denture – maxillary | | 100% | 0% |
| D5140 | Immediate denture – mandibular | | 100% | 0% |
| Removable partial dentures (including routine post-delivery care) | | | | |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | Unlimited up to annual maximum | 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% |
| 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|---|--------------------------------|---------------------|-------------------------|
| Removable partial dentures (including routine post-delivery care) (continued) | | | | |
| D5282 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary | Unlimited up to annual maximum | 100% | 0% |
| D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular | | 100% | 0% |
| Other removable partial dentures (including routine post-delivery care) | | | | |
| D5284 | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant | Unlimited up to annual maximum | 100% | 0% |
| D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant | | 100% | 0% |
| Denture adjustments (not covered if within six months of initial placement) | | | | |
| D5410 | Adjust complete denture – maxillary | Unlimited up to annual maximum | 100% | 0% |
| D5411 | Adjust complete denture – mandibular | | 100% | 0% |
| D5421 | Adjust partial denture – maxillary | | 100% | 0% |
| D5422 | Adjust partial denture – mandibular | | 100% | 0% |
| Repairs to dentures (not covered if within six months of initial placement) | | | | |
| D5511 | Repair broken complete denture base, mandibular | Unlimited up to annual maximum | 100% | 0% |
| D5512 | Repair broken complete denture base, maxillary | | 100% | 0% |
| D5520 | Replace missing or broken teeth – complete denture – per tooth | | 100% | 0% |
| D5611 | Repair resin partial denture base, mandibular | | 100% | 0% |
| D5612 | Repair resin partial denture base, maxillary | | 100% | 0% |
| 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 missing or broken teeth – partial denture – per tooth | | 100% | 0% |
| D5650 | Add tooth to existing partial denture – per tooth | | 100% | 0% |
| D5660 | Add clasp to existing partial denture – per tooth | | 100% | 0% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|--|--------------------------------|---------------------|-------------------------|
| Repairs to dentures (not covered if within six months of initial placement) (continued) | | | | |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | Unlimited up to annual maximum | 100% | 0% |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | | 100% | 0% |
| Dentures rebase (not covered if within six months of initial placement) | | | | |
| D5710 | Rebase complete maxillary denture | Unlimited up to annual maximum | 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% |
| Denture reline (not allowed on spare dentures or if within six months of initial placement) | | | | |
| D5730 | Reline complete maxillary denture (direct) | Unlimited up to annual maximum | 100% | 0% |
| D5731 | Reline complete mandibular denture (direct) | | 100% | 0% |
| D5740 | Reline maxillary partial denture (direct) | | 100% | 0% |
| D5741 | Reline mandibular partial denture (direct) | | 100% | 0% |
| D5750 | Reline complete maxillary denture (indirect) | | 100% | 0% |
| D5751 | Reline complete mandibular denture (indirect) | | 100% | 0% |
| D5760 | Reline maxillary partial denture (indirect) | | 100% | 0% |
| D5761 | Reline mandibular partial denture (indirect) | | 100% | 0% |
| Other removable prosthetic services | | | | |
| D5850 | Tissue conditioning, maxillary | Unlimited up to annual maximum | 100% | 0% |
| D5851 | Tissue conditioning, mandibular | | 100% | 0% |
| D5862 | Precision attachment, by report | | 100% | 0% |
| D5863 | Overdenture – complete maxillary | | 100% | 0% |
| D5864 | Overdenture – partial maxillary | | 100% | 0% |
| D5865 | Overdenture – complete mandibular | | 100% | 0% |
| D5866 | Overdenture – partial mandibular | | 100% | 0% |
| 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% |

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|--|--|--------------------------------|---------------------|-------------------------|
| Bridges – pontic | | | | |
| D6205 | Pontic – indirect resin based composite | Unlimited up to annual maximum | 100% | 0% |
| D6210 | Pontic – cast high noble metal | | 100% | 0% |
| D6211 | Pontic – cast predominantly base metal | | 100% | 0% |
| D6212 | Pontic – cast noble metal | | 100% | 0% |
| D6214 | Pontic – titanium and titanium alloys | | 100% | 0% |
| D6240 | Pontic – porcelain fused to high noble metal | | 100% | 0% |
| D6241 | Pontic – porcelain fused to predominantly base metal | | 100% | 0% |
| D6242 | Pontic – porcelain fused to noble metal | | 100% | 0% |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys | | 100% | 0% |
| D6245 | Pontic – porcelain/ceramic | | 100% | 0% |
| D6250 | Pontic – resin with high noble metal | | 100% | 0% |
| D6251 | Pontic – resin with predominantly base metal | | 100% | 0% |
| D6252 | Pontic – resin with noble metal | | 100% | 0% |
| Fixed partial denture retainers – inlays/onlays | | | | |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | Unlimited up to annual maximum | 100% | 0% |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | | 100% | 0% |
| D6549 | Resin retainer – for resin bonded fixed prosthesis | | 100% | 0% |
| D6600 | Retainer inlay – porcelain/ceramic, two surfaces | | 100% | 0% |
| D6601 | Retainer inlay – porcelain/ceramic, three or more surfaces | | 100% | 0% |
| D6602 | Retainer inlay – cast high noble metal, two surfaces | | 100% | 0% |
| D6603 | Retainer inlay – cast high noble metal, three or more surfaces | | 100% | 0% |
| D6604 | Retainer inlay – cast predominantly base metal, two surfaces | | 100% | 0% |
| D6605 | Retainer inlay – cast predominantly base metal, three or more surfaces | | 100% | 0% |
| D6606 | Retainer inlay – cast noble metal, two surfaces | | 100% | 0% |
| D6607 | Retainer inlay – cast noble metal, three or more surfaces | | 100% | 0% |
| D6608 | Retainer onlay – porcelain/ceramic, two surfaces | | 100% | 0% |
| D6609 | Retainer onlay – porcelain/ceramic, three or more surfaces | | 100% | 0% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|--|--------------------------------|---------------------|-------------------------|
| Fixed partial denture retainers – inlays/onlays (continued) | | | | |
| D6610 | Retainer onlay – cast high noble metal, two surfaces | Unlimited up to annual maximum | 100% | 0% |
| D6611 | Retainer onlay – cast high noble metal, three or more surfaces | | 100% | 0% |
| D6612 | Retainer onlay – cast predominantly base metal, two surfaces | | 100% | 0% |
| D6613 | Retainer onlay – cast predominantly base metal, three or more surfaces | | 100% | 0% |
| D6614 | Retainer onlay – cast noble metal, two surfaces | | 100% | 0% |
| D6615 | Retainer onlay – cast noble metal, three or more surfaces | | 100% | 0% |
| D6624 | Retainer inlay – titanium | | 100% | 0% |
| D6634 | Retainer onlay – titanium | | 100% | 0% |
| Fixed partial denture retainers – crowns | | | | |
| D6710 | Retainer crown – indirect resin based composite | Unlimited up to annual maximum | 100% | 0% |
| D6720 | Retainer crown – resin with high noble metal | | 100% | 0% |
| D6721 | Retainer crown – resin with predominantly base metal | | 100% | 0% |
| D6722 | Retainer crown – resin with noble metal | | 100% | 0% |
| D6740 | Retainer crown – porcelain/ceramic | | 100% | 0% |
| D6750 | Retainer crown – porcelain fused to high noble metal | | 100% | 0% |
| D6751 | Retainer crown – porcelain fused to predominantly base metal | | 100% | 0% |
| D6752 | Retainer crown – porcelain fused to noble metal | | 100% | 0% |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | | 100% | 0% |
| D6780 | Retainer crown – 3/4 cast high noble metal | | 100% | 0% |
| D6781 | Retainer crown – 3/4 cast predominantly base metal | | 100% | 0% |
| D6782 | Retainer crown – 3/4 cast noble metal | | 100% | 0% |
| D6783 | Retainer crown – 3/4 porcelain/ceramic | | 100% | 0% |
| D6784 | Retainer crown – 3/4 titanium and titanium alloys | | 100% | 0% |
| D6790 | Retainer crown – full cast high noble metal | | 100% | 0% |
| D6791 | Retainer crown – full cast predominantly base metal | | 100% | 0% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---|---|--------------------------------|---------------------|-------------------------|
| Fixed partial denture retainers – crowns (continued) | | | | |
| D6792 | Retainer crown – full cast noble metal | Unlimited up to annual maximum | 100% | 0% |
| D6794 | Retainer crown – titanium and titanium alloys | | 100% | 0% |
| Other fixed partial denture services | | | | |
| D6930 | Re-cement or re-bond fixed partial denture | Unlimited up to annual maximum | 100% | 0% |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | | 100% | 0% |
| Oral surgery | | | | |
| D7111 | Extraction, coronal remnants – primary tooth | Unlimited up to annual maximum | 100% | 0% |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | | 100% | 0% |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | | 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 | 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% | |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---------------------------------|---|--------------------------------|---------------------|-------------------------|
| Oral surgery (continued) | | | | |
| D7290 | Surgical repositioning of teeth | Unlimited up to annual maximum | 100% | 0% |
| D7291 | Transseptal fibrotomy/supra crestal fibrotomy, 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 | Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | | 100% | 0% |
| D7311 | Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | | 100% | 0% |
| D7320 | Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | | 100% | 0% |
| D7321 | Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | | 100% | 0% |
| D7340 | Vestibuloplasty – ridge extension (secondary epithelialization) | | 100% | 0% |
| D7350 | Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | | 100% | 0% |
| D7450 | Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | | 100% | 0% |
| D7451 | Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm | | 100% | 0% |
| D7509 | Marsupialization of odontogenic cyst | | 100% | 0% |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | | 100% | 0% |
| D7511 | Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | | 100% | 0% |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | | 100% | 0% |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | | 100% | 0% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|---|--------------------------------|---------------------|-------------------------|
| Oral surgery (continued) | | | | |
| D7921 | Collection and application of autologous blood concentrate product | Unlimited up to annual maximum | 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 (frenulectomy) | | 100% | 0% |
| D7962 | Lingual frenectomy (frenulectomy) | | 100% | 0% |
| D7963 | Frenuloplasty | | 100% | 0% |
| Adjunctive general services | | | | |
| D9110 | Palliative treatment of dental pain – per visit | Unlimited up to annual maximum | 100% | 0% |
| Anesthesia (subject to plan limitations and exclusions) | | | | |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | Unlimited up to annual maximum | 100% | 0% |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | | 100% | 0% |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | | 100% | 0% |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | | 100% | 0% |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | | 100% | 0% |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | | 100% | 0% |
| Miscellaneous services | | | | |
| D9944 | Occlusal guard – hard appliance, full arch | Unlimited up to annual maximum | 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% |

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