

2025 DENE09

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).
- Out-of-network dental providers have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

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Deductible	\$0
Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	100%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
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.)	Two procedure codes per calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia (subject to plan limitations and exclusions)				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	100%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7284	Excisional biopsy of minor salivary glands		100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue – per arch		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7971	Excision of pericoronal gingiva	Two procedure codes from this group per calendar year	100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface	One per tooth per lifetime	70%	70%
D2520	Inlay – metallic – two surfaces		70%	70%
D2530	Inlay – metallic – three or more surfaces		70%	70%
D2542	Onlay – metallic – two surfaces		70%	70%
D2543	Onlay – metallic – three surfaces		70%	70%
D2544	Onlay – metallic – four or more surfaces		70%	70%
D2610	Inlay – porcelain/ceramic – one surface		70%	70%
D2620	Inlay – porcelain/ceramic – two surfaces		70%	70%
D2630	Inlay – porcelain/ceramic – three or more surfaces		70%	70%
D2642	Onlay – porcelain/ceramic – two surfaces		70%	70%
D2643	Onlay – porcelain/ceramic – three surfaces		70%	70%
D2644	Onlay – porcelain/ceramic – four or more surfaces		70%	70%
D2650	Inlay – resin-based composite – one surface		70%	70%
D2651	Inlay – resin-based composite – two surfaces		70%	70%
D2652	Inlay – resin-based composite – three or more surfaces		70%	70%
D2662	Onlay – resin-based composite – two surfaces		70%	70%
D2663	Onlay – resin-based composite – three surfaces		70%	70%
D2664	Onlay – resin-based composite – four or more surfaces		70%	70%
D2710	Crown – resin-based composite (indirect)		70%	70%
D2712	Crown – 3/4 resin-based composite (indirect)		70%	70%
D2720	Crown – resin with high noble metal		70%	70%
D2721	Crown – resin with predominantly base metal		70%	70%
D2722	Crown – resin with noble metal		70%	70%
D2740	Crown – porcelain/ceramic		60%	60%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2750	Crown – porcelain fused to high noble metal	One per tooth per lifetime	65%	65%
D2751	Crown – porcelain fused to predominantly base metal		70%	70%
D2752	Crown – porcelain fused to noble metal		70%	70%
D2753	Crown – porcelain fused to titanium and titanium alloys		70%	70%
D2780	Crown – 3/4 cast high noble metal		70%	70%
D2781	Crown – 3/4 cast predominantly base metal		70%	70%
D2782	Crown – 3/4 cast noble metal		70%	70%
D2783	Crown – 3/4 porcelain/ceramic		70%	70%
D2790	Crown – full cast high noble metal		70%	70%
D2791	Crown – full cast predominantly base metal		70%	70%
D2792	Crown – full cast noble metal		70%	70%
D2794	Crown – titanium and titanium alloys		70%	70%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	70%	70%
D2952	Post and core in addition to crown, indirectly fabricated		70%	70%
D2953	Each additional indirectly fabricated post – same tooth		70%	70%
D2954	Prefabricated post and core in addition to crown		70%	70%
D2957	Each additional prefabricated post – same tooth		70%	70%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete or one upper and lower immediate denture every five calendar years	70%	70%
D5120	Complete denture – mandibular		70%	70%
D5130	Immediate denture – maxillary		70%	70%
D5140	Immediate denture – mandibular		70%	70%
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	70%	70%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		70%	70%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		70%	70%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		70%	70%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		70%	70%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		70%	70%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	70%	70%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		70%	70%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		70%	70%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		70%	70%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		70%	70%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		70%	70%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		70%	70%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		70%	70%
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	One procedure code per quadrant from this group every five calendar years	70%	70%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		70%	70%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%

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)				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture – per tooth		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace missing or broken teeth – partial denture – per tooth		100%	100%
D5650	Add tooth to existing partial denture – per tooth		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Denture reline (not allowed on spare dentures or if within six months of initial placement) (continued)				
D5760	Reline maxillary partial denture (indirect)	One procedure code from this group per calendar year	100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
Bridges – pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	70%	70%
D6211	Pontic – cast predominantly base metal		70%	70%
D6212	Pontic – cast noble metal		70%	70%
D6214	Pontic – titanium and titanium alloys		70%	70%
D6240	Pontic – porcelain fused to high noble metal		70%	70%
D6241	Pontic – porcelain fused to predominantly base metal		70%	70%
D6242	Pontic – porcelain fused to noble metal		70%	70%
D6243	Pontic – porcelain fused to titanium and titanium alloys		70%	70%
D6245	Pontic – porcelain/ceramic		70%	70%
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic	Two procedure codes from this group every five calendar years	60%	60%
D6750	Retainer crown – porcelain fused to high noble metal		65%	65%
D6751	Retainer crown – porcelain fused to predominantly base metal		70%	70%
D6752	Retainer crown – porcelain fused to noble metal		70%	70%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		70%	70%
D6790	Retainer crown – full cast high noble metal		70%	70%
D6791	Retainer crown – full cast predominantly base metal		70%	70%
D6792	Retainer crown – full cast noble metal		70%	70%
D6794	Retainer crown – titanium and titanium alloys		70%	70%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code every three calendar years	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6010	Surgical placement of implant body: endosteal implant	One per tooth per lifetime	70%	70%
D6011	Surgical access to an implant body (second stage implant surgery)	One per tooth per lifetime	70%	70%
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	One per tooth per lifetime	70%	70%
D6013	Surgical placement of mini implant	One per tooth per lifetime	70%	70%
D6040	Surgical placement: eposteal implant	One per tooth per lifetime	70%	70%
D6050	Surgical placement: transosteal implant	One per tooth per lifetime	70%	70%
D6100	Surgical removal of implant body	One per tooth per lifetime	100%	100%
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	One per tooth per lifetime	100%	100%
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	One per tooth per lifetime	100%	100%
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	One per tooth per lifetime	70%	70%
D6104	Bone graft at time of implant placement	One per tooth per lifetime	70%	70%
D6105	Removal of implant body not requiring bone removal or flap elevation	One per tooth per lifetime	70%	70%
D6106	Guided tissue regeneration – resorbable barrier, per implant	One per tooth per lifetime	70%	70%
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	One per tooth per lifetime	70%	70%
D6055	Connecting bar – implant supported or abutment supported	One per tooth per lifetime Subject to review, clinical necessity and frequencies	70%	70%
D6056	Prefabricated abutment – includes modification and placement	One per tooth per lifetime	70%	70%
D6057	Custom fabricated abutment – includes placement	One per tooth per lifetime	70%	70%
D6058	Abutment supported porcelain/ceramic crown	One per tooth per lifetime	70%	70%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	One per tooth per lifetime	70%	70%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	One per tooth per lifetime	70%	70%
D6061	Abutment supported porcelain fused to metal crown (noble metal)	One per tooth per lifetime	70%	70%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6062	Abutment supported cast metal crown (high noble metal)	One per tooth per lifetime	70%	70%
D6063	Abutment supported cast metal crown (predominantly base metal)	One per tooth per lifetime	70%	70%
D6064	Abutment supported cast metal crown (noble metal)	One per tooth per lifetime	70%	70%
D6065	Implant supported porcelain/ceramic crown	One per tooth per lifetime	70%	70%
D6066	Implant supported crown – porcelain fused to high noble alloys	One per tooth per lifetime	70%	70%
D6067	Implant supported crown – high noble alloys	One per tooth per lifetime	70%	70%
D6068	Abutment supported retainer for porcelain/ceramic FPD	One per tooth per lifetime	70%	70%
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	One per tooth per lifetime	70%	70%
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	One per tooth per lifetime	70%	70%
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	One per tooth per lifetime	70%	70%
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	One per tooth per lifetime	70%	70%
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	One per tooth per lifetime	70%	70%
D6074	Abutment supported retainer for cast metal FPD (noble metal)	One per tooth per lifetime	70%	70%
D6075	Implant supported retainer for ceramic FPD	One per tooth per lifetime	70%	70%
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	One per tooth per lifetime	70%	70%
D6077	Implant supported retainer for metal FPD – high noble alloys	One per tooth per lifetime	70%	70%
D6094	Abutment supported crown – titanium and titanium alloys	One per tooth per lifetime	70%	70%
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	One per tooth per lifetime	70%	70%
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	One per tooth per lifetime	70%	70%
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	One per tooth per lifetime	70%	70%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	One per tooth per lifetime	70%	70%
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	One per tooth per lifetime	70%	70%
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	One per tooth per lifetime	70%	70%
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	One per tooth per lifetime	70%	70%
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	One per tooth per lifetime	70%	70%
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	One per tooth per lifetime Subject to review, clinical necessity and frequencies	70%	70%
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure	One per calendar year	100%	100%
D6090	Repair of implant/abutment supported prosthesis	One per five years Subject to review, clinical necessity and frequencies	100%	100%
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	One per five years	100%	100%
D6092	Re-cement or re-bond implant/abutment supported crown	One per tooth per lifetime	100%	100%
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	One per tooth per lifetime	100%	100%
D6082	Implant supported crown – porcelain fused to predominantly base alloys	One per tooth per lifetime Subject to review, clinical necessity and frequencies	70%	70%
D6083	Implant supported crown – porcelain fused to noble alloys	One per tooth per lifetime	70%	70%
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	70%	70%
D6086	Implant supported crown – predominantly base alloys	One per tooth per lifetime	70%	70%
D6087	Implant supported crown – noble alloys	One per tooth per lifetime	70%	70%
D6088	Implant supported crown – titanium and titanium alloys	One per tooth per lifetime	70%	70%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants				
D6089	Accessing and retorquing loose implant screw – per screw	One per tooth per lifetime	100%	100%
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	70%	70%
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	One per tooth per lifetime	70%	70%
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	One per tooth per lifetime	70%	70%
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	70%	70%
D6121	Implant supported retainer for metal FPD – predominantly base alloys	One per tooth per lifetime	70%	70%
D6122	Implant supported retainer for metal FPD – noble alloys	One per tooth per lifetime	70%	70%
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	One per tooth per lifetime	70%	70%
D6190	Radiographic/surgical implant index, by report	One per tooth per lifetime Subject to review, clinical necessity and frequencies	70%	70%
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	One per tooth per lifetime	70%	70%
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Two per calendar year	100%	100%
Implants – other				
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis	One per arch every calendar year	100%	100%
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments		100%	100%

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