

Section 2: Dental Benefit and Copayment Tables

PPO Benefit Table

Refer to the current HMSA Benefit Table

HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2009)

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L CODES
REVISED 12-08-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES					OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
00F	NONE	100%/70% [C] [J]	100%/70% [C] [J]	NOT A BENEFIT [G]	70%/50% [D]	70%/50% [D] [E]	100%/70% [C] [K]	NOT A BENEFIT	70%/50% [D]	70%/50% [D] [K]	70%/50% [D] [K]	70%/50% [D] [K] [N]	NOT A BENEFIT [N]	NOT A BENEFIT	NOT A BENEFIT [N]	50% of the eligible charge, up to \$125 [K]	\$0	NONE	NONE	NONE	
L01	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	80%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L02	\$2,000	100%	100%	100%	100%	100%	100%	100% [H]	85%	85%	85%	85%	85%	NOT A BENEFIT	85%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L03	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L04	\$2,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L05	\$1,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L06	\$600	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L07	\$1,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L08	\$1,000	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	100%/70% [C]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	70%/50% [D]	NOT A BENEFIT	70%/50% [D]	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
L09	\$2,000	100%	100%	100%	100%	100%	100%	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	85%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
L10	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L11	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	80%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L12	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L13	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	80%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
L22	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
L23	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,500	NONE	NONE	NONE	

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L CODES

REVISED 12-08-11

		% OF ELIGIBLE CHARGE																				
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES					OTHER PLAN BENEFITS				
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max		
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit			
L24	\$600	100%	100%	100%	100%	100%	100%	50%	50%	50%	50%	50%	50%	50%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE
L30	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE
L33	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE
L35	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE	
L46	\$600	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L47	\$600	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L48	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L53	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L54	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L60	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L65	NONE	100%	100%	100%	100%	100%	100%	100% [H]	100%	100%	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L69	NONE	100%/ 0% [B]	100%/ 0% [B]	100%/ 0% [B]	100%/ 0% [B]	NOT A BENEFIT	100%/ 0% [B]	100%/ 0% [B] [H]	100%/ 0% [B]	100%/ 0% [B]	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L71	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L79	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L81	NONE	100%	100%	100%	100%	100%	100%	100% [H]	100%	100%	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L82	\$600	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	70%/ 50% [D]	NOT A BENEFIT	\$0	NONE	NONE	NONE	
L83	\$900	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE	

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L CODES

REVISED 12-08-11

		% OF ELIGIBLE CHARGE																		
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max
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L84	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE
L85	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE
L86	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	NONE	NONE
L87	NONE	100%	100%	100%	100%	100%	100%	100% [H]	85%	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	\$0	NONE	NONE	NONE
L89	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	NONE	NONE

NOTES:

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan OOF.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Fluoride not a benefit under Federal Plan OOF.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.
- K** For OOF coverage code, services on deciduous teeth **not** covered except for prophylaxis, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at www.bshi.net.
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge re cementation are **not** benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.

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V CODES

REVISED 07-11-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES						MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/ Periodontics	Palliative and Other Dental Services [L]	Bridges/ Dentures [M]	Implants [M]	Crowns, Inlay/ Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/ relines/ rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
V48	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
V53	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
V54	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
V60	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
V71	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
V84	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
V85	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
V86	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250	
V92	\$1,500	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250	

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- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Flouride not a benefit under Federal Plan 00F.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.
- K** For 00F coverage code, services on deciduous teeth **not** covered except for prophys, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at www.bshi.net.
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		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/ Periodontics	Palliative and Other Dental Services [L]	Bridges/ Dentures [M]	Implants [M]	Crowns, Inlay/ Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings (amalgams, anterior and posterior composites), oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions denture repair/adjustments/ relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
C01	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500
C02	\$2,000	100%	100%	100%	100%	100%	100%	100% [H]	85%	85%	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500
C03	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000
C04	\$2,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	\$0	NONE	\$600	\$1,500
C05	\$1,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000
C07	\$1,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	\$0	NONE	\$350	\$1,000
C08	\$1,000	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	100%/ 70% [C]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	70%/ 50% [D]	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000
C09	\$2,000	100%	100%	100%	100%	100%	100%	85%	85%	85%	85%	85%	85%	85%	85%	85%	NOT A BENEFIT	\$1,000	NONE	\$600	\$1,500
C10	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500
C11	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000
C13	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$600	\$1,500
C22	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000
C23	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,500	NONE	\$350	\$1,000
C30	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250
C33	\$1,200	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000

HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JULY 1, 2010)

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C CODES
REVISED 12-08-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX.	PREVENTIVE SERVICES						BASIC SERVICES						MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings (amalgams, anterior and posterior composites), oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relines/rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
C35	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
C48	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
C53	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
C54	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$0	NONE	\$500	\$1,250	
C60	\$2,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$600	\$1,500	
C71	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	
C84	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%	80%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
C85	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$350	\$1,000	
C86	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%	NOT A BENEFIT	\$1,000	NONE	\$500	\$1,250	
C96	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$0	NONE	NONE	NONE	

NOTES:

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Flouride not a benefit under Federal Plan 00F.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.

- K** For 00F coverage code, services on deciduous teeth **not** covered except for prophys, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at www.bshi.net.
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge recementation **arenot** benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.

HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2010)

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D CODES

REVISED 07-11-11

		% OF ELIGIBLE CHARGE																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES						MAJOR SERVICES				OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relinings/ rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
D03	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50% (EFF 07/01/10) [O]	50%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$350 (EFF 7/01/10)	\$1,000	
D48	\$1,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70% (EFF 07/01/10) [O]	70%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$350 (EFF 7/01/10)	\$1,000	
D54	\$1,500	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70% (EFF 07/01/10) [O]	70%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$500 (EFF 7/01/10)	\$1,250	
D88	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$1,500	\$25 SINGLE/\$75 FAMILY	NONE	NONE	
D90	\$2,000	100%	100%	100%	100%	100%	100%	70%	70%	70%	70%	70%	50%	50%	50%	NOT A BENEFIT	\$1,500	\$25 SINGLE/\$75 FAMILY	\$600	\$1,500	
D98	\$2,000	100%	100%	100% [P]	100%	100%	100%	80% [Q]	80%	80% [R]	80%	80%	50%	50%	50%	NOT A BENEFIT	\$0	\$25 SINGLE/\$75 FAMILY	\$600	\$1,500	

NOTES:

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Fluoride not a benefit under Federal Plan 00F.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.
- K** For 00F coverage code, services on deciduous teeth **not** covered except for prophylaxis, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at www.bshi.net.
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge recementation **are not** benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.
- P** Fluoride benefit covered to **age 19**.
- Q** Sealants covered to **age 18**.
- R** Space maintainers covered to **age 17**.

HMSA'S PREFERRED PROVIDER DENTAL PLANS (EFFECTIVE JANUARY 1, 2012)

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A CODES

REVISED 12-08-11

		<div style="text-align: center;">% OF ELIGIBLE CHARGE</div>																			
COV CODE	CALENDAR YEAR MAX	PREVENTIVE SERVICES						BASIC SERVICES					MAJOR SERVICES					OTHER PLAN BENEFITS			
		Exams	Prophy	Fluoride	Bitewings	Full Mouth or Pano X-Ray	Pulp Test	Sealants	Periapical X-Rays	Space Maintainers	Endodontics/Periodontics	Palliative and Other Dental Services [L]	Bridges/Dentures [M]	Implants [M]	Crowns, Inlay/Onlays, Veneers	Occlusal Splint Therapy	Ortho	Deductibles	CY Rollover Amount	Accum Rollover Max	
		2 per calendar year	2 per calendar year	2 per calendar year through age 18	1 set per calendar year	Once every 3 years (based on last service date)	Once per calendar year	Through age 16; once per permanent molar/lifetime	As needed	Through age 13	Root canals, gum therapy	Fillings, oral surgery, pins, pre-fab stainless and resin crowns, post & core, crown build-ups, anesthesia, extractions, denture repair/adjustments/relinings/ rebase and tissue conditioning	12 month waiting period for new members [F]	12 month waiting period for new members	12 month waiting period for new members	Age 15 years or older; once per lifetime. Pre-auth required	Lifetime Max	Not applicable to Preventive and any Ortho services	Member must meet criteria for rollover benefit		
A99	\$1,000	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%	80%	50%	NOT A BENEFIT	50%	NOT A BENEFIT	\$0	NONE	\$350	\$1,000	

NOTES:

- A** 100% benefit when using a participating provider; 50% benefit when using a non-participating provider
- B** 100% benefit when using a participating provider; 0% benefit when using a non-participating provider
- C** 100% benefit when using a participating provider; 70% benefit when using a non-participating provider
- D** 70% benefit when using a participating provider; 50% benefit when using a non-participating provider
- E** Full mouth x-ray or panoramic x-ray once every 5 years for Federal Plan 00F.
- F** Repairs and relines of dentures, rebase and tissue conditioning are not subject to the waiting period.
- G** Fluoride not a benefit under Federal Plan 00F.
- H** Sealants paid at 100% of the eligible charge.
- J** One per calendar year for Federal Plan members.
- K** For 00F coverage code, services on deciduous teeth not covered except for prophys, exam and x-rays.
- L** Some oral surgery biopsy procedures are paid under the member's medical plan and medical guidelines for coverage.
- M** Please refer to the HMSA Procedure Code List and the members' specific Guide to Benefits for complete benefit details. Both documents are available on the BSH website at www.bshi.net.
- N** Crowns, fixed and removable dentures, any crown or denture-related services, veneers, inlays, onlays, crown build ups, post and cores, crown and bridge repair, crown and bridge recementation are not benefits.
- O** Implants and calendar year rollover not a benefit prior to 7/01/10.

HMSA Dental Procedure Code List

Procedure code descriptions – officially referred to as "nomenclature" – used in this list generally are based on the current American Dental Association CDT (Current Dental Terminology) coding manual. Coverage for any dental procedure described in this code list is subject to member eligibility at time of service, plan benefits, plan maximums and dental plan guidelines. **CDT codes not included in this listing are not covered under HMSA dental plans.**

A description of how HMSA applies its benefits to the procedure appears in bold print following the CDT nomenclature.

Providers reporting services not specifically described in this procedure code list may use the appropriate CDT codes or the unspecified (999) code and attach a narrative description. HMSA may request additional information if no benefit determination can be made from the narrative submitted.

Diagnostic (D0100–D0999)

Clinical oral evaluations

Exam benefits vary from one to two per calendar year depending on plan coverage.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D0120	Periodic oral evaluation - established patient For benefit purposes, all CDT exam codes are paid at the same level.
D0140	Limited oral evaluation - problem-focused For benefit purposes, all CDT exam codes are paid at the same level.
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver For benefit purposes, all CDT exam codes are paid at the same levels.
D0150	Comprehensive oral evaluation - new or established patient For benefit purposes, all CDT exam codes are paid at the same level.
D0160	Detailed and extensive oral evaluation - problem-focused, by report For benefit purposes, all CDT exam codes are paid at the same level.
D0180	Comprehensive periodontal evaluation - new or established patient For benefit purposes, all CDT exam codes are paid at the same level.

Radiographs/Diagnostic imaging (including interpretations)

Radiographs taken as part of treatment procedure are included in treatment service coverage. It is highly recommended that clear, high-quality, properly labeled and identified copies of original radiographs be submitted for claims processing when necessary. Radiograph benefits vary per calendar year depending on plan coverage.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D0210	Intraoral - complete series (including bitewings)
D0220	Intraoral - periapical - first film Diagnostic films as needed
D0230	Intraoral - periapical - each additional film Diagnostic films as needed
D0240	Intraoral-occlusal film HMSA's definition is that occlusal-sized film is used to detect fractures and other abnormalities that may be covered by the dental plan. Narrative required. These films are not payable as a substitute for children's full-mouth radiographs.
D0270	Bitewings - single film HMSA's definition is one film used for the right or left side. Interproximal areas should be visible without overlap. For benefit purposes, any of the bitewing codes constitute a set.
D0272	Bitewings - two films HMSA's definition is a total of two films, one each for the right and left side. Interproximal areas should be visible without overlap. For benefit purposes, any of the bitewing codes constitute a set.
D0273	Bitewings - three films HMSA's definition is two films on either the right or left side, and one film on the opposite side. Interproximal areas should be visible without overlap. For benefit purposes, any of the bitewing codes constitute a set.
D0274	Bitewings - four films HMSA's definition is a total of four films, two each for the right and left side. Interproximal areas should be visible without overlap. For benefit purposes, any of the bitewing codes constitute a set.
D0330	Panoramic film HMSA covers additional panoramic film or full mouth series (D0210) taken by oral surgeons, when no other panoramic film was taken within a year. Narrative indicating need must accompany the claim.

Tests and examinations

Procedure Code	Nomenclature (description) Application of HMSA benefit
D0460	Pulp vitality tests HMSA covers once per calendar year.
D0999	Unspecified diagnostic procedure, by report

Preventive (D1000–D1999)

Dental prophylaxis

Prophylaxis benefits vary from one to two per calendar year depending on plan coverage

Procedure Code	Nomenclature (description) Application of HMSA benefit
D1110	Prophylaxis - adult HMSA's definition of an adult is a member 13 years of age or older.
D1120	Prophylaxis - child HMSA limits benefits through age 12.

Topical fluoride treatment (office procedure)

Procedure Code	Nomenclature (description) Application of HMSA benefit
D1203	Topical application of fluoride (prophylaxis not included) - child HMSA limits benefits through age 18.
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients. HMSA limits benefit through age 18. Fluoride varnish, code D1206, can be used in combination with D1203 or D1204 up to a total of two, topical or varnish fluoride applications per calendar year.

Other preventive services

Procedure Code	Nomenclature (description) Application of HMSA benefit
D1351	Sealant - per tooth HMSA limits benefits to members age 16. Benefits may vary depending on plan coverage. Once per molar tooth per lifetime. Tooth number must accompany the claim.

Space maintenance (passive appliances)

HMSA limits benefits to members age 13. Benefits may vary depending on plan coverage. Once per arch per lifetime.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D1510	Space maintainer - fixed - unilateral
D1515	Space maintainer - fixed - bilateral
D1520	Space maintainer - removable - unilateral

D1525	Space maintainer - removable - bilateral
D1550	Recementation of space maintainer HMSA will cover recementation of a space maintainer if more than 6 months have passed from the date of cementation. Once per calendar year.
D1555	Removal of fixed space maintainer HMSA's coverage is once per space maintainer and service is performed by dentist or group practice that did not place the original appliance.

Restorative (D2000–D2999)

Local anesthesia is considered to be part of restorative procedures. For payment purposes, a tooth surface will be considered restored once regardless of how many separate restorations of the same, or different materials, share the same surface.

Direct restorations are subject to a twelve-month limitation when services are done on the same surface(s).

Amalgam restorations (including polishing)

Coverage includes tooth preparation, acid etching, all adhesives, liners and bases as part of the restoration. Specify surfaces and tooth numbers.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160	Amalgam - three surfaces, primary or permanent
D2161	Amalgam - four or more surfaces, primary or permanent

Pin retention: see code 2951 under single crown restorative section.

Resin-based composite restorations

For some dental coverage codes, posterior resin-based composite restorations are considered benefits. Specify surfaces and tooth numbers. Coverage includes tooth preparation, acid etching, all adhesives, liners, bases and curing as part of the restoration. Members will be responsible up to eligible charge for covered services.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior

Pin retention: See code D2951 under single crown restorative section.

Gold foil restorations

Coverage is for patients age 15 or older. Include tooth number, surface and narrative. Coverage is for permanent teeth only and includes liners and bases. Gold foil is subject to a five-year service limitation.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D2410	Gold foil - one surface HMSA covers repair of defective crowns only, by report.

Inlay/Onlay restorations (metallic)

HMSA covers these restorations for patients age 15 or older who meet HMSA's criteria. Coverage is for permanent teeth only. Tooth number(s), surfaces and a narrative description of the proposed services and why they have been recommended must accompany the claim. Inlays/onlays may be covered when clinical conditions do not permit a direct restoration (extensive caries or fracture). Benefits will be paid based on either an amalgam or composite restoration or a high noble metal inlay/onlay, whichever is appropriate. If HMSA makes a payment, the member is responsible for the plan copayment and the participating dentist agrees to accept HMSA's eligible charge as payment in full. Inlay/onlays are subject to a five-year service limitation. Coverage includes laboratory charges, acid etching, all adhesives, liners and bases. Date of service is the cementation date.

For Dental HMO plans, an alternative benefit, if paid, will be paid based on amalgam restoration and member will be responsible for the difference between HMSA's payment and the provider's actual charge.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D2510	Inlay - metallic - one surface HMSA coverage is for high noble alloy.
D2520	Inlay - metallic - two surfaces HMSA coverage is for high noble alloy.
D2530	Inlay - metallic - three or more surfaces HMSA coverage is for high noble alloy.
D2542	Onlay - metallic - two surfaces HMSA coverage is for high noble alloy.
D2543	Onlay - metallic - three surfaces HMSA coverage is for high noble alloy.
D2544	Onlay - metallic - four or more surfaces HMSA coverage is for high noble alloy.

Inlay/Onlay restorations - (porcelain/ceramic or composite/resin)

Indirect, porcelain/ceramic and composite/resin inlays/onlays are considered cosmetic and are not routinely covered. HMSA will consider alternate benefits for these restorations for patients age 15 or older who meet HMSA's criteria. Coverage is for permanent teeth only. Tooth number(s), surfaces and a narrative description of the proposed services and why they have been recommended must accompany the claim.

Inlays/onlays may be covered when clinical conditions do not permit a direct restoration (extensive caries or fracture). To prevent misunderstandings, if services are approved, you may wish to have the member complete an [Agreement of Financial Responsibility - Dental](#) form. Benefits will be paid based on either an amalgam restoration or at the high noble metal equivalent, whichever is appropriate. If HMSA makes an alternate payment, the member will be responsible for the difference between HMSA's payment and the provider's actual charge.

Porcelain/ceramic or composite/resin inlay/onlay is not an HMO benefit. Alternate benefits will not be considered for these restorations.

Inlays and onlays are subject to a five-year service limitation. Coverage includes laboratory charges, acid etching, all adhesives, liners and bases. Date of service is the cementation date.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D2610	Inlay - porcelain/ceramic - one surface
D2620	Inlay - porcelain/ceramic - two surfaces
D2630	Inlay - porcelain/ceramic - three or more surfaces
D2642	Onlay - porcelain/ceramic - two surfaces
D2643	Onlay - porcelain/ceramic - three surfaces
D2644	Onlay - porcelain/ceramic - four or more surfaces
D2650	Inlay - resin-based composite - one surface
D2651	Inlay - resin-based composite - two surfaces
D2652	Inlay - resin-based composite - three or more surfaces
D2662	Onlay - resin-based composite - two surfaces
D2663	Onlay - resin-based composite - three surfaces
D2664	Onlay - resin-based composite - four or more surfaces

Crowns - single restorations only

Crowns and related services are covered for patients age 15 or older. For younger patients, services will be paid an alternate benefit based on the rate for a pre-fabricated stainless steel crown, and the member may be billed for the difference between HMSA's allowance and the provider's billed charge. Coverage is for permanent teeth only and based on eligibility, dental necessity and periodontal health. Crowns will be considered when the tooth, as a result of extensive caries or fracture, cannot be restored in a direct restoration. Tooth numbers must accompany the claim. Services are subject to a five-year service limitation. Coverage includes

laboratory charges, acid etching, all adhesives, liners and bases. Date of service is the cementation date.

Molars are covered at the full metal crown level. Resin/porcelain crowns or resin/porcelain on metal crowns placed on molars are covered as an alternate benefit at the full metal crown rate. The member is responsible for the difference between HMSA's allowance and the provider's billed charge.

Indirect crowns placed on primary teeth are paid at the stainless steel level except when the permanent tooth is congenitally missing.

HMSA accepts the American Dental Association's definition of the types of metals used in the fabrication of metallic restorations. This definition, as found in the ADA code book, is as follows: **High Noble** - Gold (Au), Palladium (Pd), and/or Platinum (Pt) greater than or equal to 60 percent. Must have at least 40 percent Gold (Au). **Noble** - Gold (Au), Palladium (Pd), and/or Platinum (Pt) greater than or equal to 25 percent. **Predominantly Base** - Gold (Au), Palladium (Pd), and/or Platinum (Pt) less than 25 percent.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D2710	Crown - resin based composite (indirect)
D2712	Crown - ¾ resin based composite (indirect)
D2720	Crown - resin with high noble metal
D2721	Crown - resin with predominantly base metal
D2722	Crown - resin with noble metal
D2740	Crown - porcelain/ceramic substrate
D2750	Crown - porcelain fused to high noble metal
D2751	Crown - porcelain fused to predominantly base metal
D2752	Crown - porcelain fused to noble metal
D2780	Crown - ¾ cast high noble metal
D2781	Crown - ¾ cast predominately base metal
D2782	Crown - ¾ cast noble metal
D2783	Crown - ¾ porcelain/ceramic This code does not include facial veneers.
D2790	Crown - full cast high noble metal
D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal
D2794	Crown - titanium

Other restorative services

Tooth number must accompany the claim.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D2910	Recent inlay, onlay, or partial coverage restoration HMSA will cover two re-cementations per restoration in 5 years. HMSA will cover re-

	cementation of an inlay if more than 6 months have passed from the date of cementation. There is a 12-month waiting period between re-cementations.
D2915	Recement cast or prefabricated post and core HMSA will cover two re-cementations restoration in 5 years. HMSA will cover the re-cementation of a cast or prefabricated post and core if more than 6 months have passed from the date of cementation. There is a 12-month waiting period between re-cementations.
D2920	Recement crown HMSA will cover two re-cementations per restoration in 5 years. HMSA will cover the re-cementation of a crown if more than 6 months have passed from the date of cementation. There is a 12-month waiting period between re-cementations.
D2930	Pre-fabricated stainless steel crown - primary tooth HMSA covers replacement once every three years.
D2931	Pre-fabricated stainless steel crown - permanent tooth HMSA covers replacement once every three years.
D2932	Pre-fabricated resin crown - permanent tooth HMSA covers replacement once every three years.
D2934	Pre-fabricated esthetic coated stainless steel crown - primary tooth HMSA covers once every 3 years as an alternate benefit of D2930 and member owes up to billed charged.
D2950	Core buildup, including any pins HMSA coverage is for age 15 and older. HMSA will consider coverage for build-ups for vital teeth as well as for root canal-treated teeth. Vital teeth that have lost more than 50 percent of their coronal tooth structure prior to crown preparation may be considered for crown build-up benefits. No coverage will be allowed for a vital crown build-up if there is sufficient structure to retain the final restoration. Not covered separately when claimed with cast post and core or prefabricated post and core, done on the same day and or same tooth.
D2951	Pin retention - per tooth, in addition to restoration HMSA covers a maximum of two pins. Not covered separately when claimed with cast post and core, prefabricated post and core or core buildup.
D2952	Cast post and core in addition to crown HMSA coverage is for age 15 and older. Replacement once every five years as needed.
D2954	Prefabricated post and core in addition to crown HMSA coverage is for age 15 and older. Replacement once every five years as needed.
D2961	Labial veneer (resin laminate) - laboratory HMSA criteria for an anterior crown must be met. Coverage is for age 15 and older. Radiographs must accompany the claim.
D2962	Labial veneer (porcelain laminate) - laboratory HMSA criteria for an anterior crown must be met. Coverage is for age 15 and older. Radiographs must accompany the claim.
D2971	Additional procedures to construct new crown under existing partial denture framework; by report
D2980	Crown repair; by report
D2999	Unspecified restorative procedure, by report

Endodontics (D3000–D3999)

Local anesthesia is considered to be part of endodontic procedures. Tooth number must accompany the claim.

Pulp capping

Procedure Code	Nomenclature (description) Application of HMSA benefit
D3110	Pulp cap - direct (excluding final restoration) Narratives must accompany the claim. HMSA coverage is once per tooth per lifetime.

Pulpotomy

Procedure Code	Nomenclature (description) Application of HMSA benefit
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament. This procedure is not to be considered as the first stage of root canal therapy. HMSA coverage is once per tooth per lifetime.
D3221	Pulpal debridement, primary and permanent teeth. HMSA recognizes this service for relief of acute dental pain prior to conventional root canal therapy. Narrative describing the symptoms must accompany the claim. HMSA coverage is once per tooth per lifetime.

Endodontic therapy (including treatment plan, clinical procedures and follow-up care)

Complete root canal therapy: Pulpectomy is part of root canal therapy. Includes all appointments necessary to complete treatment; also includes all intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. HMSA coverage is once per tooth per lifetime.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D3310	Anterior (excluding final restoration)
D3320	Bicuspid (excluding final restoration)
D3330	Molar (excluding final restoration)
D3332	Incomplete endodontic therapy; by report

Endodontic retreatment

Like endodontic surgical services, retreatment is considered a lifetime benefit. If re-treatment does not meet HMSA guidelines for coverage, the member is responsible for the dentist's charges.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D3346	Re-treatment of previous root canal therapy – anterior HMSA coverage is once per tooth per lifetime.
D3347	Re-treatment of previous root canal therapy – bicuspid HMSA coverage is once per tooth per lifetime.
D3348	Re-treatment of previous root canal therapy – molar HMSA coverage is once per tooth per lifetime.

Apexification/Recalcification procedures

Procedure Code	Nomenclature (description) Application of HMSA benefit
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) HMSA accepts this code only for endodontic treatment for immature roots to complete apical closure. HMSA coverage is once per tooth per lifetime.
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) HMSA accepts this code only for endodontic treatment for immature roots to complete apical closure.
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) HMSA accepts this code only for endodontic treatment for immature roots to complete apical closure. HMSA coverage is once per tooth per lifetime.

Apicoectomy/Periradicular services

Procedure Code	Nomenclature (description) Application of HMSA benefit
D3410	Apicoectomy/periradicular surgery - anterior HMSA accepts apicoectomy without retrograde filling. HMSA coverage is once per tooth per lifetime.
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) HMSA accepts apicoectomy without retrograde filling, first root. HMSA coverage is once per tooth per lifetime.
D3425	Apicoectomy/periradicular surgery - molar (first root) HMSA accepts apicoectomy without retrograde filling, first root. HMSA coverage is once per tooth per lifetime.
D3426	Apicoectomy/periradicular surgery (each additional root) HMSA accepts apicoectomy without retrograde filling. HMSA coverage is once per tooth for the same bicuspid and no more than three times for the same molar.
D3430	Retrograde filling - per root HMSA coverage is once per anterior tooth, twice for bicuspid and no more than four times for molars.
D3450	Root amputation - per root HMSA coverage is up to twice per tooth.

Other endodontic procedures

Procedure Code	Nomenclature (description) Application of HMSA benefit
D3910	Surgical procedure for isolation of tooth with rubber dam; by report Narrative must accompany the claim.
D3920	Hemisection (including any root removal), not including root canal therapy HMSA coverage allows for the remaining root or roots to be paid as a single or bi-rooted tooth for root canal purposes. HMSA coverage is once per tooth per lifetime.
D3999	Unspecified endodontic procedure, by report

Periodontics (D4000–D4999)

Local anesthesia is considered to be part of periodontal procedures.

Surgical services (including usual postoperative care)

HMSA assumes that surgical procedures include all initial therapy/preparation and post-operative care as needed for six months.

Complete periodontal charting is required for all surgical and non-surgical services.

Charting should include six-point probing, recession, mobility, furcations, gingival contours, missing teeth and width of attached tissue. Any other important information used in arriving at the current diagnosis of the patient's periodontal condition should be included. Four teeth constitute a quadrant. The charting needs to be updated if it is older than a year.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant HMSA coverage is limited to suprabony pockets 5 mm or greater in depth with fibrotic tissue that persists after adequate initial conservative therapy and/or fibrotic hyperplasia due to medication. Coverage is not available for the correction of unaesthetic gingival contours. For age 18 or older. Eligible once every three years. Periodontal charting and quadrant(s) treated must accompany the claim.
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant See D4210 for explanation. Periodontal charting and quadrant(s) treated must accompany the claim.
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant HMSA defines this code to be root surface debridement and granulation tissue removal following reflection of the soft tissue flap without osseous recontouring. This procedure is covered for pocket depths 4 mm or greater. Coverage is for maintaining gingival attachment and height and for increasing access to root surface. Coverage is for age 18 and older. Eligible once every three years. Periodontal charting and

	quadrant(s) treated must accompany the claim.
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant See D4240 for explanation. Periodontal charting and quadrant(s) treated must accompany the claim.
D4249	Clinical crown lengthening - hard tissue HMSA coverage is for accidentally fractured teeth only (not due to decay). However, compelling cases of decay well below the alveolar crest may be considered for coverage. For age 18 and older. Narrative must accompany the claim.
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant HMSA coverage is for age 18 and older. This procedure is covered for pocket depths 5 mm or greater. Provider is responsible for all complications and maintenance for six months after surgery. Eligible once every three years. Periodontal charting and quadrant(s) treated must accompany the claim.
D4261	Osseous surgery (including flap entry and closure) - one to three teeth or bounded teeth spaces per quadrant See D4260 for explanation. Periodontal charting and quadrant(s) treated must accompany the claim.
D4266	Guided tissue regeneration-resorbable barrier, per site HMSA coverage is for 18 and older and coverage is allowable once per site per three-year period. A narrative/remarks describing the procedure and tooth numbers are required with the claim.
D4267	Guided tissue regeneration-non resorbable barrier, per site HMSA coverage is for 18 and older and coverage is allowable once per site per three-year period. A narrative/remarks describing the procedure and tooth numbers are required with the claim.
D4271	Free soft graft procedure (including donor site surgery) HMSA coverage is for age 18 and older and is once per tooth per lifetime for correction of rapidly receding gingiva. Not intended for root coverage. Narrative, along with six-point probing of affected area, must accompany the claim.

Non-surgical periodontal service

Procedure Code	Nomenclature (description) Application of HMSA benefit
D4341	Periodontal scaling and root planing - four or more teeth per quadrant HMSA coverage is for age 18 and older. This procedure is covered for pocket depths 4 mm or greater. Eligible once every two years. Periodontal charting and quadrant(s) treated must accompany the claim.
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant See D4341 for explanation. Periodontal charting and quadrant(s) treated must accompany the claim.

Other periodontal services

If a member needs follow-up periodontal services within six months of surgery, the service is considered part of the surgery.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D4910	Periodontal maintenance HMSA coverage is twice per calendar year. Coverage is for members age 18 and older. Please indicate the date of definitive therapy.
D4920	Unscheduled dressing change; by report
D4999	Unspecified periodontal procedure, by report

Prosthodontics, Removable (D5000–D5899)

Local anesthesia is considered to be part of removable prosthodontic procedures.

Removable prosthodontics and related services are covered for members ages 15 and older. Accompanying information should include tooth or teeth numbers being replaced, all missing teeth, existing placements and the date of initial prosthetic placement if known. Coverage is based on eligibility, dental necessity, missing teeth, dental arch relationships and periodontal health. Services are subject to a five-year service limitation. Coverage includes laboratory charges. Date of service is the insertion date.

Complete dentures (including routine post-delivery care)

Coverage includes six-month, post-insertion care and adjustments.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5110	Complete denture - maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary HMSA coverage includes reline/rebase.
D5140	Immediate denture - mandibular HMSA coverage includes reline/rebase.

Partial dentures (including routine post-delivery care)

Coverage includes six month post-insertion care and adjustments.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)

D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) HMSA coverage requires report of arch involved.

Adjustments to Dentures

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5410	Adjust complete denture – maxillary Coverage is available six months after the date of insertion of the complete or partial denture. Two adjustments are allowed per arch per calendar year.
D5411	Adjust complete denture – mandibular Coverage is available six months after the date of insertion of the complete or partial denture. Two adjustments are allowed per arch per calendar year.
D5421	Adjust partial denture – maxillary Coverage is available six months after the date of insertion of the complete or partial denture. Two adjustments are allowed per arch per calendar year.
D5422	Adjust partial denture – mandibular Coverage is available six months after the date of insertion of the complete or partial denture. Two adjustments are allowed per arch per calendar year.

Repairs to complete dentures

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5510	Repair broken complete denture base HMSA coverage requires report of arch involved.
D5520	Replace missing or broken teeth - complete denture (each tooth)

Repairs to partial dentures

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5610	Repair resin denture base HMSA coverage requires report of the arch involved.
D5620	Repair cast framework HMSA coverage requires report of the arch involved.
D5630	Repair or replace broken clasp and rest - per tooth Tooth number must accompany the claim.
D5640	Repair or replace broken teeth - per tooth
D5650	Add tooth to existing partial denture - per tooth

D5660	Add clasp to existing partial denture - per tooth Tooth number must accompany the claim.
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Denture Rebase Procedures

Coverage of rebase is available six months after the date of insertion of the denture. One rebase allowed per arch per three-year period. Coverage includes all necessary adjustments.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture

Denture reline procedures

Denture relines are covered if more than six months have passed since the date of insertion. One reline per arch is allowed per three-year period. Coverage includes all necessary adjustments.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5730	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5740	Reline maxillary partial denture (chairside)
D5741	Reline mandibular partial denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5760	Reline maxillary partial denture (laboratory)
D5761	Reline mandibular partial denture (laboratory)

Other removable prosthetic services

Procedure Code	Nomenclature (description) Application of HMSA benefit
D5850	Tissue conditioning, maxillary HMSA coverage is twice per arch per calendar year.
D5851	Tissue conditioning, mandibular HMSA coverage is twice per arch per calendar year.
D5860	Overdenture - complete, by report
D5899	Unspecified removable prosthodontic procedure, by repo

Implant Services (D6000–D6199)

For some dental coverage codes, the surgical placement of dental implants and their related services are plan benefits. Unless otherwise noted, most services are considered major and have a 12 month waiting period for new members. If an implant code is not listed, it is not covered. Some implant services are paid as an alternate benefit and the member will be responsible for the difference between HMSA's payment and the provider's actual charge. If services are approved as an alternate benefit, you may wish to have the member complete and sign an Agreement of Financial Responsibility with your office.

Members must be age 15 or older. Once placed, implant services are subject to a five-year service limitation. Unless otherwise noted, coverage is once per tooth per five years. Date of completion is the final placement or service date. Radiographs are required for new restorations involving implants. HMSA accepts the American Dental Association's definition of the materials used in the fabrication of dental restorations.

Metals

High Noble – Gold (Au), Palladium (Pd), and/or Platinum (Pt) greater than or equal to 60 percent. Must have at least 40 percent Gold (Au). **Titanium and titanium alloys** – titanium (Ti) greater than 85%. **Noble** – Gold (Au), Palladium (Pd), and/or Platinum (Pt) greater than or equal to 25 percent. **Predominantly Base** – Gold (Au), Palladium (Pd), and/or Platinum (Pt) less than 25 percent.

Porcelain/ceramic

Non-metal, non-resin inorganic refractory compounds processed at high temperatures (600 degree Celsius/1112 degree Fahrenheit and above) and pressed, polished or milled. Includes porcelains, glasses, and glass-ceramics.

Resin

Includes any resin-based composite, fiber or ceramic reinforced polymer compounds.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D6010	Surgical placement of implant body endosteal implant HMSA coverage is once per tooth per lifetime
D6053	Implant/abutment supported removable denture for completely edentulous arch HMSA coverage is once per arch per five years as an alternate benefit of D5110 or D5120.
D6054	Implant/abutment supported removable denture for partially edentulous arch HMSA coverage is once per arch per five years as an alternate benefit of D5213 or 5214.
D6056	Prefabricated abutment- includes placement
D6057	Custom abutment – includes placement.

D6058	Abutment supported porcelain ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominately base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078	Implant/abutment supported fixed denture for completely edentulous arch HMSA coverage is once per arch per five years as an alternate benefit of D5110 or D5120.
D6079	Implant/abutment supported fixed denture for partially edentulous arch HMSA coverage is once per arch per five years as an alternate benefit or D5213 or D5214.
D6080	Implant maintenance procedure, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis. HMSA coverage is once per six months for all teeth involved.
D6090	Repair implant supported prosthesis, by report HMSA coverage is once per arch six months.
D6092	Recent implant/abutment supported crown HMSA coverage is "basic" and not subject to 12 month waiting period and is once per tooth per twelve months.
D6093	Recent implant/abutment supported fixed partial denture HMSA coverage is "basic" and not subject to 12 month waiting period and is once per bridge per twelve months.
D6094	Abutment supported crown (titanium)
D6095	Repair implant abutment, by report HMSA coverage is once per tooth per six months
D6100	Implant removal, by report HMSA coverage is once per tooth per lifetime.
D6194	Abutment supported retainer crown for FPD (titanium)

D6199	Unspecified implant procedure, by report
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Prosthodontics, Fixed (D6200–D6999)

Each retainer and each pontic constitutes a unit in a fixed partial denture.

Local anesthesia is considered to be part of fixed prosthodontic procedures.

Fixed prosthetics and related services are covered for members age 15 and older. Tooth number and the initial date of placement if known must accompany the claim. Coverage is based on eligibility, dental necessity, missing teeth, dental arch relationships and periodontal health. Fixed partial dentures to replace existing teeth that have moved and spaces enlarged are not a benefit. Services are subject to a five-year service limitation. Coverage includes laboratory charges, acid etching all adhesives, liners, and bases. Date of service is the cementation date.

HMSA accepts the American Dental Association's definition of the metal types used in the fabrication of metallic abutments and pontics. This definition, as found in the ADA code book, is as follows: **High Noble** - Gold (Au), Palladium (Pd), and/or Platinum (Pt) greater than or equal to 60 percent. Must have at least 40 percent Gold (Au). **Noble** - Gold (Au), Palladium (Pd), and/or Platinum (Pt) greater than or equal to 25 percent. **Predominantly Base** - Gold (Au), Palladium (Pd), and/or Platinum (Pt) less than 25 percent.

Fixed partial denture pontics

Procedure Code	Nomenclature (description) Application of HMSA benefit
D6205	Pontic - indirect resin-based composite
D6210	Pontic - cast high noble metal
D6211	Pontic - cast predominantly base metal
D6212	Pontic - cast noble metal
D6214	Pontic - titanium
D6240	Pontic - porcelain fused to high noble metal
D6241	Pontic - porcelain fused to predominantly base metal
D6242	Pontic - porcelain fused to noble metal
D6245	Pontic - porcelain/ceramic, by report
D6250	Pontic - resin with high noble metal
D6251	Pontic - resin with predominantly base metal
D6252	Pontic - resin with noble metal

Fixed partial denture retainers - Inlays/Onlays

Includes full coverage of occlusal surfaces if necessary.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D6545	Retainer - cast metal for resin bonded fixed prosthesis HMSA coverage is per abutment tooth. Use appropriate Pontic codes.
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis, by report
D6600	Inlay - porcelain/ceramic, two surfaces
D6601	Inlay - porcelain/ceramic, three or more surfaces
D6602	Inlay - cast high noble metal, two surfaces
D6603	Onlay - cast high noble metal, three or more surfaces
D6604	Inlay - cast predominantly base metal, two surfaces
D6605	Inlay - cast predominantly base metal, three or more surfaces
D6606	Inlay - cast noble metal, two surfaces
D6607	Inlay - cast noble metal, three or more surfaces
D6608	Onlay - porcelain/ceramic, two surfaces
D6609	Onlay - porcelain/ceramic, three or more surfaces
D6610	Onlay - cast high noble metal, two surfaces
D6611	Onlay - cast high noble metal, three or more surfaces
D6612	Onlay - cast predominantly base metal, two surfaces
D6613	Onlay - cast predominantly base metal, three or more surfaces
D6614	Onlay - cast noble metal, two surfaces
D6615	Onlay - cast noble metal, three or more surfaces
D6624	Inlay - titanium
D6634	Onlay - titanium

Fixed partial denture retainers – Crowns

Procedure Code	Nomenclature (description) Application of HMSA benefit
D6710	Crown - indirect resin-based composite
D6720	Crown - resin with high noble metal
D6721	Crown - resin with predominantly base metal
D6722	Crown - resin with noble metal
D6740	Crown - porcelain/ceramic, by report
D6750	Crown - porcelain fused to high noble metal
D6751	Crown - porcelain fused to predominantly base metal
D6752	Crown - porcelain fused to noble metal
D6780	Crown - $\frac{3}{4}$ cast high noble metal
D6781	Crown - $\frac{3}{4}$ cast predominately base metal
D6782	Crown - $\frac{3}{4}$ cast noble metal
D6783	Crown - $\frac{3}{4}$ porcelain/ceramic, by report
D6790	Crown - full cast high noble metal
D6791	Crown - full cast predominantly base metal

D6792	Crown - full cast noble metal
D6794	Crown - titanium

Other fixed partial denture services

Procedure Code	Nomenclature (description) Application of HMSA benefit
D6930	Recent fixed partial denture HMSA covers two recementations per fixed partial denture in 5 years. HMSA will cover the recementation of a fixed partial denture if more than 6 months have passed from the date of cementation. There is a 12-month waiting period between recementations.
D6970	Cast post and core in addition to fixed partial denture retainer, indirectly fabricated. HMSA coverage is for age 15 or older. Replacement is once every five years.
D6972	Prefabricated post and core in addition to fixed partial denture retainer. HMSA coverage is for age 15 or older. Replacement is once every five years.
D6973	Core build up for retainer, including any pins HMSA coverage is for age 15 and older. HMSA will consider coverage for build-ups for vital teeth as well as for root canal-treated teeth. Vital teeth that have lost more than 50 percent of their coronal tooth structure prior to crown preparation may be considered for crown build-up benefits. No coverage will be allowed for a vital crown build-up if there is sufficient structure to retain the final restoration. Not covered separately when claimed with cast post and core or prefabricated post and core, done on the same day and or same tooth.
D6980	Fixed partial denture repair, by report
D6999	Unspecified, fixed prosthodontic procedure, by report

Oral and Maxillofacial Surgery (D7000–D7999)

Local anesthesia is considered to be part of oral and maxillofacial surgery procedures.

Extractions

Includes local anesthesia, suturing, if needed, and routine postoperative care. Tooth number must accompany the claim.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7111	Coronal remnants - deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Surgical extractions

Includes local anesthesia, suturing, if needed, and routine postoperative care. Radiographs and tooth numbers must accompany the claim.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Includes cutting of gingiva and bone, removal of tooth structure and closure.
D7220	Removal of impacted tooth - soft tissue Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.
D7230	Removal of impacted tooth - partially bony Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. Radiographs required.
D7240	Removal of impacted tooth - completely bony Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. Radiographs required.
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications; by report. Radiographs required.
D7250	Surgical removal of residual tooth roots (cutting procedure) Includes cutting of gingiva and bone, removal of tooth structure, and closure.

Other surgical procedures

Some of the following dental procedure codes will be processed first under the member's medical plan. Continue to use the appropriate dental codes and submit claims using a Dental Claim form. These dental/medical procedures will then be processed under the member's medical plan. For complete information on how your claim will be affected, please call HMSA's Dental Services.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7260	Oroantral fistula closure Brief narrative and tooth number/area must accompany the claim. Will be processed under the member's medical plan.
D7261	Primary closure of a sinus perforation Brief narrative and tooth number/area must accompany the claim.
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth. Brief narrative and tooth number/area must accompany the claim.
D7280	Surgical access of an unerupted tooth Tooth number must accompany the claim.
D7285	Biopsy of oral tissue - soft (bone, tooth) Biopsy report or brief narrative including location must accompany the claim. Will be processed under the member's medical plan.

D7286	Biopsy of oral tissue - soft (all others) Biopsy report or brief narrative including location must accompany the claim. Will be processed under the member's medical plan.
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Alveoloplasty - surgical preparation of ridge for dentures

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

Surgical excision of soft tissue lesions

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7410	Excision of benign lesion up to 1.25 cm Brief narrative including location must accompany the claim. Will be processed under the member's medical plan.
D7411	Excision of benign lesion greater than 1.25 cm Brief narrative including location must accompany the claim. Will be processed under the member's medical plan.
D7412	Excision of benign lesion, complicated Brief narrative including location must accompany the claim; by report. Will be processed under the member's medical plan.
D7413	Excision of malignant lesion up to 1.25 cm Brief narrative including location must accompany the claim; by report. Will be processed under the member's medical plan.
D7414	Excision of malignant lesion greater than 1.25 cm Brief narrative including location must accompany the claim; by report. Will be processed under the member's medical plan.
D7415	Excision of malignant lesion complicated Brief narrative including location must accompany the claim; by report. Will be processed under the member's medical plan.

Surgical excision of intra-osseous lesions

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm Brief narrative including location must accompany the claim. Will be processed under

	the member's medical plan.
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm Brief narrative including location must accompany the claim. Will be processed under the member's medical plan.
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm - per procedure Brief narrative including location and pathology report if available must accompany the claim.
D7451	Removal of odontogenic cyst or tumor-lesion diameter greater than 1.25 cm - per procedure Brief narrative including location and pathology report if available must accompany the claim.
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm Brief narrative including location and pathology report if available must accompany the claim. Will be processed under the member's medical plan.
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm Brief narrative including location and pathology report if available must accompany the claim. Will be processed under the member's medical plan.

Excision of bone tissue

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7471	Removal of exostosis-per site Brief narrative including size and location must accompany the claim.
D7472	Removal of torus palatinus Narrative required; by report
D7473	Removal of torus mandibularis Narrative required; by report

Surgical incision

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7510	Incision and drainage of abscess - intraoral soft tissue Brief narrative including size and location must accompany the claim.
D7511	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces) Brief narrative including size and location must accompany the claim; by report
D7520	Incision and drainage of abscess - extraoral soft tissue Brief narrative including size and location must accompany the claim. Will be processed under the member's medical plan.
D7521	Incision and drainage of abscess – extra-oral soft tissue – complicated. Will be processed under the member's medical plan

D7550	Sequestrectomy for osteomyelitis Brief narrative describing location, size and exceptional circumstances if applicable. Will be processed under either the member's dental or medical plan based on complexity.
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Reduction of dislocation and management of other temporomandibular joint dysfunctions

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7880	Occlusal orthotic device, by report HMSA coverage is for the temporary relief from TMD distress involving the muscles of mastication by use of a removable plastic appliance. Treatment is not intended to produce irreversible changes in occlusion. Coverage is once per lifetime and includes all necessary radiographs, tests and consultations. Coverage is not intended for bruxism or as an athletic mouth guard. Benefit for Federal plan members only.

Other repair procedures

Procedure Code	Nomenclature (description) Application of HMSA benefit
D7910	Suture of recent small wounds up to 5 cm; by report Brief narrative including location must accompany the claim. Will be processed under the member's medical plan.
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure Brief narrative including location must accompany the claim.
D7963	Frenuloplasty Brief narrative including location must accompany the claim.
D7970	Excision of hyperplastic tissue - per arch Brief narrative including location must accompany the claim.
D7971	Excision of pericoronal gingiva Brief narrative including location must accompany the claim.
D7999	Unspecified oral surgery procedure, by report Brief narrative describing the procedure must accompany the claim.

Orthodontics (D8000–D8999)

Benefits are allowed once in a lifetime when included in a dental plan.

Comprehensive orthodontic treatment

Accompanying information should include the diagnosis and treatment leading to the correction of a patient's malocclusion; anatomic function and esthetic relationship of the teeth; and supporting alveolar bone. Treatment is usually by fixed appliances and may begin at the

transitional, adolescent or adult dentition. Orthodontic codes include retention until stable. Coverage is not provided for limited orthodontic treatment.

Procedure Code	Nomenclature (description) Application of HMSA benefit
D8010	Limited Orthodontic Treatment Of The Primary Dentition
D8020	Limited Orthodontic Treatment Of The Transitional Dentition
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition
D8040	Limited Orthodontic Treatment Of The Adult Dentition
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition
D8070	Comprehensive orthodontic treatment of the transition dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8210	Minor Treatment To Control Harmful Habits – Removable Appliance Therapy
D8220	Minor Treatment To Control Harmful Habits – Fixed Appliance Therapy
D8660	Pre- Orthodontic Treatment Visit
D8670	Periodic Orthodontic Treatment Visit (As Part Of Contract)
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(s))
D8690	Orthodontic Treatment, (Alternative Billing To Contract Fee)
D8691	Other Orthodontic Services – Repair Of Orthodontic Appliance
D8692	Other Orthodontic Services – Replacement Of Lost Or Broken Retainer
D8693	Rebonding or recementing: and/or repair, as required, of fixed Retainers
D8999	Unspecified orthodontic procedure, by report

Adjunctive General Services (D9000–D9999)

Unclassified treatment

Procedure Code	Nomenclature (description) Application of HMSA benefit
D9110	Palliative (emergency) treatment of dental pain - minor procedure HMSA assumes that the painful emergency had a sudden and unexpected onset that necessitated the member to seek immediate treatment for relief. HMSA coverage is for the emergency treatment (per visit), providing no other eligible services, except diagnostic radiographs, are performed. No coverage is provided for non-emergent elective procedures and other minor conditions. A brief narrative describing the procedure must accompany the claim, along with area being treated (tooth, quadrant, arch).
D9120	Fixed partial denture sectioning HMSA coverage is by report.

Anesthesia (used for oral surgery procedures only)

Procedure Code	Nomenclature (description) Application of HMSA benefit
D9220	Deep Sedation/general anesthesia - first 30 minutes HMSA payment for deep sedation/anesthesia is based on all-inclusive fee. Payable only with certain dental surgical procedures.
D9241	Intravenous conscious sedation/analgesia - first 30 minutes HMSA payment for IV sedation/analgesia is based on all-inclusive fee. Payable only with certain dental surgical procedures.

Professional visits

Procedure Code	Nomenclature (description) Application of HMSA benefit
D9440	Office visit - after regularly scheduled hours For coverage, HMSA requires narrative to indicate if services were done on day off, office vacation or any other unusual circumstances. Include time the office reopened. Provider has to return to the office to qualify for coverage.

Miscellaneous services

Procedure Code	Nomenclature (description) Application of HMSA benefit
D9999	Unspecified adjunctive procedure, by report