

coverage under the employer's subsequent dental plan, if any. The employer must notify the successor plan of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage under that plan.

The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Delta Dental program had such program with the former employer not terminated. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in, and payment of premium to the new group benefit plan within 30 days of receiving notice of the termination of the Delta Dental program.

#### 10.9 OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Delta Dental program.

## **ARTICLE 11 - GENERAL PROVISIONS**

- 11.1 No agent has authority to change this Contract or waive any of its provisions. This Contract may be modified by Applicant and Delta Dental pursuant to mutual written Amendments. Amendments shall require the approval of an officer of Delta Dental and evidenced by endorsements and the formal approval of the County Board of Supervisors or designee for Applicant to be effective.
- 11.2 The provisions of this Contract are severable. If any portion of this Contract or any Amendment of it is determined to be illegal, void or unenforceable by any arbitrator, court or other competent authority, all other provisions of this Contract will remain in effect.
- 11.3 The parties agree that the laws of the State of California, where the Contract was entered into and is to be performed, govern all questions regarding the interpretation or enforcement of this Contract. Delta Dental is subject to the requirements of Chapter 2.2 of Division 2 of the California Health and Safety Code and Chapter 1 of Division 1 of Title 28 of the California Code of Regulations. Any provisions required to be in the Contract by those laws bind Delta Dental whether or not stated in this Contract.
- 11.4 Delta Dental and the Contractholder agree to consult each other to the extent reasonably practical concerning all materials published or distributed relating to this Contract. Neither Delta Dental nor the Contractholder will publish or distribute materials that are contrary to the terms of this Contract.
- 11.5 Delta Dental and the Contractholder agree to permit and encourage the professional relationship between Dentist and Enrollee to be maintained without interference.
- 11.6 The Contractholder shall designate in writing a representative for purposes of receiving notices from Delta Dental under this Contract. The Contractholder may change its representative at any time on 30 days notice to Delta Dental. Any notice required from Delta Dental to any Enrollee may be given to the Contractholder's representative, who shall disseminate such notice to the Enrollee by the next regular communication but in no event later than 30 days after receipt thereof.
- 11.7 The parties shall comply in all respects with all applicable federal, state and local laws and regulations relating to administrative simplification, security and privacy of individually identifiable Enrollee information. Both parties agree that this Contract may be amended as necessary to comply with Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 enacted August 21, 1996, and the Health Information Technology for Economic and Clinical Health Act of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 enacted February 17, 2009, and the laws and regulations promulgated subsequent thereto, or to comply with any other enacted administrative simplification, security or privacy laws or regulations.

11.8 Public Disclosures and Meetings

Contractholder is subject to applicable law on public disclosures and/or meetings, including California Public Records Act (Government Code section 6250 et seq.) and Brown Act (Government Code section 54940 et seq.). Notwithstanding any other provisions contained in this Contract, Delta Dental acknowledges and agrees: (i) any information, communications and documents given by or to the Contractholder and meetings involving the Contractholder may be subject to public disclosure by Contractholder pursuant to applicable law on public disclosures and/or meetings; (ii) Contractholder in its sole discretion will determine whether any information, communications and documents are subject to public disclosure under applicable law on public disclosures and/or meetings; and (iii) Contractholder will fully comply with the requirements of applicable law on public disclosures and/or meetings without the consent of Delta Dental.

11.9 Waiver of Default. The waiver by either party of any one or more defaults shall not be construed as a waiver of any other or future defaults, under the same or different terms, conditions or covenants contained in this Agreement.

11.10 Notices. Any notice required to be given under this Agreement shall be in writing and either delivered personally or by United States mail at the addresses set forth below or at such other addresses as the parties may hereafter designate:

If to the Contractholder:

**County of Riverside, Human Resources  
P.O. Box 1569  
Riverside, CA 92501  
Attn: Benefits Manager**

If to Delta Dental:

**Delta Dental of California  
100 First Street  
San Francisco, CA 94105**

All notices shall be deemed given on the date of delivery if delivered personally or on the third business day after such notice is deposited in the United States mail, addressed and sent as provided above.

11.11 Venue. All actions and proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state and federal (if permitted by law and a party elects to file an action in federal court) courts located in the County of Riverside, State of California.

11.12 Government Claims Act. The provisions of the Government Claims Act (Government Code section 900 et. seq.) must be followed first for any disputes arising under this Agreement.

11.13 Delta Dental Responsibility. Delta Dental shall maintain and provide adequate records and information as reasonably necessary to properly administer the Agreement consistent with state and federal law. Such records shall be retained by Delta Dental for at least five (5) years from the close of County's fiscal year in which this Agreement is in effect. This obligation is not terminated upon a termination of the Agreement, whether by rescission or otherwise.

- 11.14 Independent Contractholder (Delta Dental). The relationship between Delta Dental and County is an independent contract relationship. Neither Delta Dental nor its employee(s) and/or agent(s) shall be considered to be an employee(s), and/or agent(s) of County. County nor any employee(s) and/or agent(s) of County shall be considered to be an employee(s) and/or agent(s) of Delta Dental. None of the provisions of this Agreement shall be construed to create a relationship of agency, representation, joint venture, ownership, control or employment between the parties other than that of independent parties contracting for the purposes of effectuating this Agreement.
- 11.15 Invalidity and Severability. If any provision of this Agreement is found to be invalid or unenforceable by any court, such provision shall be in effect only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.
- 11.16 Limitations of Severability. In the event the removal of a provision rendered invalid or unenforceable or declared null and void had the effect of materially altering the obligations of either party in such manner as to cause serious financial hardship to such party, the party so affected shall have the right to terminate this Agreement upon providing thirty (30) days prior written notice to the other party.
- 11.17 Time is of the Essence. Time shall be of the essence of each and every term, obligation, and condition of this Agreement.
- 11.18 Conflict of Interest. The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which shall conflict in any manner or degree with the performance of services required under this Agreement.
- 11.19 Assignment. Neither Party shall, without prior written consent of the other Party, assign any duties or rights under this Agreement. Any assignment in contravention of this paragraph shall constitute a material breach of this Agreement and shall be void.
- 11.20 Licenses. Delta Dental shall maintain any professional licenses required by the laws of the State of California at all times while performing services under this Agreement.
- 11.21 Provision of Information. Delta Dental shall provide County and/or governmental agencies with such data and other information regarding the rendition of services as may be reasonably requested or as may be otherwise required for compliance with applicable regulatory and disclosure requirements. Delta Dental shall execute such additional verifications or documents as may be required by law or regulation.
- 11.22 Records open for Inspection. All books, records and papers of Delta Dental or subcontractor of Delta Dental relating to the performance of this Agreement must be open to inspection and copying during normal business hours by the County, or state and/or federal regulators. Records shall include, without limitation, financial records pertaining to the cost of operations and income received for services rendered to Enrollees, subject to applicable state and federal law governing the confidentiality of medical records. Such records shall be made available at all reasonable times upon reasonable request by County. Delta Dental or Subcontractor of Delta Dental shall maintain its books and records in accordance with general standards for books and record keeping.

## **ARTICLE 12 - INSURANCE AND INDEMNIFICATION**

Requirements of Delta Dental. Without limiting or diminishing Delta Dental's obligation to indemnify or hold the County harmless, Delta Dental shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement.

Workers' Compensation. If Delta Dental has employees as defined by the State of California, Delta Dental shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of The County of Riverside, and, if applicable, to provide a Borrowed Servant/Alternate Employer Endorsement.

Commercial General Liability. Commercial General Liability insurance coverage, including but not limited to, premises liability, contractual liability, products and completed operations liability, personal and advertising injury, cross liability coverage and employment practices liability, covering claims which may arise from or out of Delta Dental's performance of its obligations hereunder. Policy shall name the County of Riverside, its Agencies, Districts, Special Districts, Court and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

Vehicle Liability. If vehicles or mobile equipment is used in the performance of the obligations under this Agreement, then Delta Dental shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the County of Riverside, its Agencies, Districts, Special Districts, Court and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insured.

Professional Liability Insurance. Delta Dental shall maintain Professional Liability Insurance providing coverage for Delta Dental's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Delta Dental's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and Delta Dental shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or 3) demonstrate through Certificates of Insurance that Delta Dental has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2) or 3) will continue for a period of five (5) years beyond the termination of this Agreement.

General Insurance Provisions - All lines:

1. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer, such waiver is only valid for that specific insurer and only for one policy term.

2. Delta Dental's insurance carrier(s) must declare its insurance deductibles or self-insured retentions. If such deductibles or self-insured retentions exceed \$500,000 per occurrence, such deductibles and/or retentions shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of deductibles or self insured retention's unacceptable to the County, and at the election of the Country's Risk Manager, Delta Dental's carriers shall either; 1) reduce or eliminate such deductibles or self-insured retention's as respects this Agreement with the County, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

3. Delta Dental shall cause Delta Dental's insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. *Delta Dental shall not commence operations until the County has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.*

4. It is understood and agreed to by the parties hereto and the insurance company(s), that the Certificate(s) of Insurance and policies shall so covenant and shall be construed as primary insurance, and the County's insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.

5. The County's Reserved Rights--Insurance. If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work which will add to additional exposures (such as the use of aircraft, watercraft, cranes, etc.); or, the term of this Agreement including any extensions thereof exceeds five (5) years the County reserves the right to adjust the types of insurance required under this Agreement and the monetary limits of liability for the insurance coverage's currently required herein, if; in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by Delta Dental has become inadequate.

6. Delta Dental shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.

7. The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the County.

8. Delta Dental agrees to notify County of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

Indemnification. Delta Dental shall indemnify and hold harmless the County of Riverside, its Agencies, Districts, Special Districts Court and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (the "County's Indemnified Parties") from any liability whatsoever, including but not limited to, property damage, bodily injury, or death, based or asserted upon any services of Delta Dental, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement and Delta Dental shall defend at its sole expense and pay all costs and fees, including but not limited to, attorney fees, cost of investigation, defense and settlements or awards, on behalf of the County's Indemnified Parties in any claim or action based upon such liability.

With respect to any action or claim subject to indemnification herein, the indemnifying party shall, at their sole cost, have the right to use counsel of their choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of the indemnified party; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the indemnifying party's obligation to indemnify as set forth herein.

Indemnifying party's obligation hereunder shall be satisfied when they have provided the indemnified party the appropriate form of dismissal relieving the indemnified party from any liability for the action or claim involved.

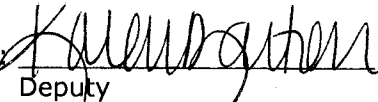
The specified insurance limits required in this Agreement shall in no way limit or circumscribe the indemnifying party's obligation to indemnify as set forth herein.

In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the indemnifying party's obligation to provide indemnification to the fullest extent allowed by law.

**COUNTY OF RIVERSIDE**  
**#04784**

**IN WITNESS WHEREOF**, the parties hereto have caused their duly appointed representatives to execute this Agreement for Services for the County of Riverside.

**ATTEST:**  
Clerk of the Board  
Kecia Harper-Ithem

By:   
Deputy

Date: APR 22 2014

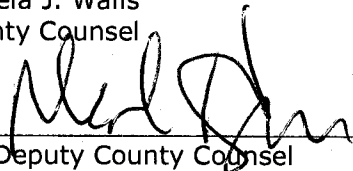
**COUNTY OF RIVERSIDE:**

By:   
Chairman, Board of Supervisors  
**JEFF STONE**

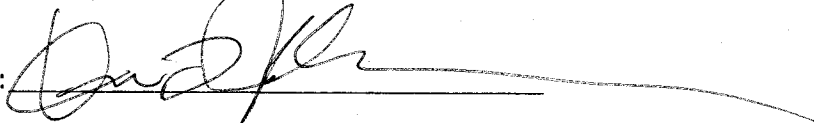
Date: APR 22 2014

Approved as to form:

Pamela J. Walls  
County Counsel

By:   
Deputy County Counsel

**Delta Dental of California**

By: 

Printed Name: Kevin Jackson

Title: Group VP, U & A

Date: 3/20/14



## APPENDIX A PERFORMANCE GUARANTEES

Delta Dental agrees to provide the following levels of service in the performance of its obligations under this contract. Should any of the following service levels not be met, any payment due will be issued in the form of a check, based on the total administration at the end of each contract year.

Service Category	Expected Standards/Results	Percent of Administration at Risk*
<b>Account Management</b>	<p>The assigned Account Manager will partner with the client to meet the dental benefit objectives and work on the client's behalf to optimize service levels. Standards of service include:</p> <ul style="list-style-type: none"> <li>a) Account Manager will provide comprehensive assistance for the client in support of top-tier customer service. (Client Satisfaction Survey item #7)</li> <li>b) Account Manager will provide timely response and follow-up on phone calls and e-mails from the client. (Client Satisfaction Survey item #8).</li> <li>c) Account Manager will meet with the client's benefit staff as needed to meet the client's objectives and oversee the annual open enrollment process, including participation in employee information meetings, if applicable. (Client Satisfaction Survey item #10).</li> <li>d) Account Manager will provide ongoing assistance with any issues escalated by designated benefits contacts. (Client Satisfaction Survey item #11).</li> </ul> <p>The client will monitor and annually evaluate the Account Management performance and provide feedback via a Delta Dental Client Satisfaction Survey. Pertinent questions for this guarantee are in the Account Management section of the survey. Client satisfaction for each of the criteria above will be deemed as being met given a rating of Good, Very Good or Excellent.</p>	<p style="text-align: center;">0.5%</p> <p style="text-align: center;">0.5%</p> <p style="text-align: center;">0.5%</p> <p style="text-align: center;">0.5%</p>
<b>Eligibility</b>	<p>95% of electronic eligibility will be loaded within three (3) business days from receipt of data.</p> <p><i>Guarantee is contingent upon receipt of data in a mutually agreed upon format</i></p> <p>Measurement will be on a global basis and reported annually.</p>	<p style="text-align: center;">1%</p>

Service Category	Expected Standards/Results	Percent of Administration at Risk*
	<p>Eligibility updates will be completed on average within five (5) business days from receipt of data.</p> <p><i>Guarantee is contingent upon receipt of data in a mutually agreed upon format</i></p> <p>Measurement will be on a global basis and reported annually.</p>	1%
	<p>Eligibility updates will be guaranteed with 98% accuracy.</p> <p><i>Guarantee is contingent upon receipt of data in a mutually agreed upon format</i></p> <p>Measurement will be on a global basis and reported annually.</p>	1%
<b>Claims Turnaround</b>	<p>85% of claims received will be processed within 15 calendar days.</p> <p><i>Claims turnaround is measured from the date of the initial receipt of the claim with complete information to the date the claim is processed.</i></p> <p>Measurement will be on a global basis and reported annually.</p>	1%
<b>Overall Claims Accuracy</b>	<p>99% financial (dollar) accuracy.</p> <p><i>Financial (dollar) accuracy is calculated from a random sample and defined as the total dollar amount paid correctly in the sample divided by the total dollar amount that should have been paid in the sample.</i></p> <p>Measurement will be on a global basis and reported annually.</p>	1%
	<p>97% payment accuracy.</p> <p><i>Payment accuracy is calculated from a random sample and defined as the number of claims in the sample without payment errors divided by the total number of claims in the sample.</i></p> <p>Measurement will be on a global basis and reported annually.</p>	1%
	<p>95% processing accuracy.</p> <p><i>Processing accuracy is calculated from a random sample and defined as the number of claims in the sample without payment or nonpayment errors divided by the total number of claims in the sample.</i></p> <p>Measurement will be on a global basis and reported annually.</p>	1%
<b>Customer Service</b>	<p>85% of all customer calls to the Contact Center will be answered within 30 seconds.</p> <p>Measurement will be on a global basis and reported annually.</p>	1%

Service Category	Expected Standards/Results	Percent of Administration at Risk*
	90% of Customer Service phone inquiries will be resolved within one (1) business day.  Measurement will be on a global basis and reported annually.	1%
	Written inquiries will be responded to on average within seven (7) calendar days of receipt.  Measurement will be on a global basis and reported annually.	1%
	Call abandonment rate will be 5% or less.  Measurement will be on a global basis and reported annually.	1%
<b>Enrollee Satisfaction</b>	85% of participants that respond to the Enrollee Satisfaction Survey will rate Delta Dental overall as Good, Very Good or Excellent. Overall customer satisfaction is measured by a survey distributed to a random sampling of enrollees.  Measurement will be on a global basis and reported annually.	1%
<b>Client Reporting</b>	Client-specific reporting package as agreed upon will be provided within 60 days from the close of the established reporting period.  <i>The standard reporting period will be on a semi-annual basis.</i>  Measurement will be on a client-specific basis and reported annually.	1%
<b>TOTAL ADMINISTRATION AT RISK</b>		<b>15%</b>

Measurement of performance guarantees will not begin until the month after all aspects of the implementation process have been completed including:

- 1) a completed and signed client application,
- 2) furnishing of all eligibility specifications for reformatting (if reformatting is necessary),
- 3) providing a full file history tape prior to processing of claims (if history load is required).

\*Excludes premium tax and commission. Delta Dental will not incur penalties for its failure to meet the terms of these guarantees if this failure is caused by fires, acts of public enemies, acts of God, civil disturbances, labor disputes, or by any similar act or event beyond the reasonable control of the client or Delta Dental

## APPENDIX B

### CODE ON DENTAL PROCEDURES AND NOMENCLATURE

**NOTE:** All the listed procedures may not be benefits under the terms of your contract. Refer to your contract for your specific benefits.

#### **D0100 – D0999 DIAGNOSTIC**

##### **Clinical oral evaluations**

- D0120 Periodic oral evaluation – established patient
- D0140 Limited oral evaluation – problem focused
- D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 Comprehensive oral evaluation – new or established patient
- D0160 Detailed and extensive oral evaluation – problem focused, by report
- D0170 Re-evaluation – limited, problem focused (established patient; not post-operative visit)
- D0180 Comprehensive periodontal evaluation – new or established patient
- D0190 Screening of a patient
- D0191 Assessment of a patient

##### **Radiographs/diagnostic imaging (including interpretation)**

- D0210 Intraoral – complete series of radiographic images
- D0220 Intraoral – periapical first radiographic image
- D0230 Intraoral – periapical each additional radiographic image
- D0240 Intraoral – occlusal radiographic image
- D0250 Extraoral – first radiographic image
- D0260 Extraoral – each additional radiographic image
- D0270 Bitewing – single radiographic image
- D0272 Bitewings – two radiographic images
- D0273 Bitewings - three radiographic images
- D0274 Bitewings – four radiographic images
- D0277 Vertical bitewings – 7 to 8 radiographic images
- D0290 Posterior – anterior or lateral skull and facial bone survey radiographic image
- D0310 Sialography
- D0320 Temporomandibular joint arthrogram, including injection
- D0321 Other temporomandibular joint radiographic images, by report
- D0322 Tomographic survey
- D0330 Panoramic radiographic image
- D0340 Cephalometric radiographic image
- D0350 Oral/facial photographic images obtained intraorally or extraorally

##### **Tests and examinations**

- D0415 Collection of microorganisms for culture and sensitivity
- D0416 Viral culture
- D0421 Genetic test for susceptibility to oral diseases
- D0425 Caries susceptibility tests
- D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
- D0460 Pulp vitality tests
- D0470 Diagnostic casts

##### **Oral pathology laboratory**

- D0472      Accession of tissue, gross examination, preparation and transmission of written report
- D0473      Accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474      Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0475      Decalcification procedure
- D0476      Special stains for microorganisms
- D0477      Special stains, not for microorganisms
- D0478      Immunohistochemical stains
- D0479      Tissue in-situ hybridization, including interpretation
- D0480      Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
- D0481      Electron microscopy - diagnostic
- D0482      Direct immunofluorescence
- D0483      Indirect immunofluorescence
- D0484      Consultation on slides prepared elsewhere
- D0485      Consultation, including preparation of slides from biopsy material supplied by referring source
- D0486      Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
- D0502      Other oral pathology procedures, by report
- D0999      Unspecified diagnostic procedure, by report

**D1000 – D1999 PREVENTIVE**

**Dental prophylaxis**

- D1110      Prophylaxis — adult
- D1120      Prophylaxis — *child through age 13*

**Topical fluoride treatment (office procedure)**

- D1206      Topical application of fluoride varnish
- D1208      Topical application of fluoride

**Other preventive services**

- D1310      Nutritional counseling for control of dental disease
- D1320      Tobacco counseling for the control and prevention of oral disease
- D1330      Oral hygiene instructions
- D1351      Sealant — per tooth
- D1352      Preventive resin restoration in a moderate to high caries risk patient — permanent tooth

**Space maintenance (passive appliances)**

- 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
- D1555      Removal of fixed space maintainer

**D2000 – D2999 RESTORATIVE**

**Amalgam restorations (including polishing)**

- 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

**Resin-based composite restorations-direct**

- D2330 Resin-based composite — one surface, anterior
- D2331 Resin-based composite — two surfaces, anterior
- D2332 Resin-based composite — three surfaces, anterior
- D2335 Resin-based composite — four or more surfaces or involving incisal angle (anterior)
- D2390 Resin-based composite crown, anterior
- D2391 Resin-based composite — one surface, posterior
- D2392 Resin-based composite — two surfaces, posterior
- D2393 Resin-based composite — three surfaces, posterior
- D2394 Resin-based composite — four or more surfaces, posterior

**Gold foil restorations**

- D2410 Gold foil — one surface
- D2420 Gold foil — two surfaces
- D2430 Gold foil — three surfaces

**Inlay/onlay restorations**

- D2510 Inlay — metallic — one surface
- D2520 Inlay — metallic — two surfaces
- D2530 Inlay — metallic — three or more surfaces
- D2542 Onlay — metallic — two surfaces
- D2543 Onlay — metallic — three surfaces
- D2544 Onlay — metallic — four or more surfaces
- 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**

- D2710 Crown — resin-based composite (indirect)
- D2712 Crown — 3/4 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 — 3/4 cast high noble metal
- D2781 Crown — 3/4 cast predominantly base metal
- D2782 Crown — 3/4 cast noble metal
- D2783 Crown — 3/4 porcelain/ceramic

- D2790 Crown — full cast high noble metal
- D2791 Crown — full cast predominantly base metal
- D2792 Crown — full cast noble metal
- D2794 Crown — titanium
- D2799 Provisional crown- further treatment or completion of a diagnosis necessary prior to final impression

**Other restorative services**

- D2910 Recement inlay, onlay, or partial coverage restoration
- D2915 Recement cast or prefabricated post and core
- D2920 Recement crown
- D2921 Reattachment of tooth fragment, incisal edge or cusp
- D2929 Prefabricated porcelain/ceramic crown — primary tooth
- D2930 Prefabricated stainless steel crown — primary tooth
- D2931 Prefabricated stainless steel crown — permanent tooth
- D2932 Prefabricated resin crown
- D2933 Prefabricated stainless steel crown with resin window
- D2934 Prefabricated esthetic coated stainless steel crown — primary tooth
- D2940 Sedative filling
- D2941 Interim therapeutic restoration — primary dentition
- D2950 Core buildup, including any pins when required
- D2951 Pin retention — per tooth, in addition to restoration
- D2952 Post and core in addition to crown, indirectly fabricated
- D2953 Each additional indirectly fabricated post — same tooth
- D2954 Prefabricated post and core in addition to crown
- D2955 Post removal
- D2957 Each additional prefabricated post — same tooth
- D2960 Labial veneer (resin laminate) — chairside
- D2961 Labial veneer (resin laminate) — laboratory
- D2962 Labial veneer (porcelain laminate) — laboratory
- D2970 Temporary crown (fractured tooth)
- D2971 Additional procedures to construct new crown under existing partial denture framework
- D2975 Coping
- D2980 Crown repair, necessitated by restorative material failure
- D2999 Unspecified restorative procedure, by report

**D3000 – D3999 ENDODONTICS**

**Pulp capping**

- D3110 Pulp cap — direct (excluding final restoration)
- D3120 Pulp cap — indirect (excluding final restoration)

**Pulpotomy**

- D3220 Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 Pulpal debridement, primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development
- D3230 Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)
- D3240 Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)

**Endodontic therapy on primary teeth (including treatment plan, clinical procedures and follow-up care)**

- D3310 Endodontic therapy, anterior tooth (excluding final restoration)
- D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330 Endodontic therapy, molar tooth (excluding final restoration)
- D3331 Treatment of root canal obstruction; non-surgical access
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
- D3333 Internal root repair of perforation defects

**Endodontic retreatment**

- D3346 Retreatment of previous root canal therapy — anterior
- D3347 Retreatment of previous root canal therapy — bicuspid
- D3348 Retreatment of previous root canal therapy — molar

**Apexification/recalcification procedures**

- D3351 Apexification/recalcification — initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)
- D3352 Apexification/recalcification — interim medication replacement (apical closure/calific repair of perforations, root resorption, pulpal space disinfection, etc.)
- D3353 Apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calific repair of perforations, root resorption, etc.)

**Apicoectomy/periradicular services**

- D3410 Apicoectomy — anterior
- D3421 Apicoectomy — bicuspid (first root)
- D3425 Apicoectomy — molar (first root)
- D3426 Apicoectomy (each additional root)
- D3427 Periapical surgery without apicoectomy
- D3430 Retrograde filling — per root
- D3450 Root amputation — per root
- D3460 Endodontic endosseous implant
- D3470 Intentional reimplantation (including necessary splinting)

**Other endodontic procedures**

- D3910 Surgical procedure for isolation of tooth with rubber dam
- D3920 Hemisection (including any root removal), not including root canal therapy
- D3950 Canal preparation and fitting of preformed dowel or post
- D3999 Unspecified endodontic procedure, by report

**D4000 – D4999 PERIODONTICS**

**Surgical services (including usual post-operative care)**

- D4210 Gingivectomy or gingivoplasty — four or more contiguous teeth or bounded teeth spaces per quadrant
- D4211 Gingivectomy or gingivoplasty — one to three contiguous teeth or bounded teeth spaces per quadrant
- D4212 Gingivectomy or gingivoplasty - to allow access for restorative procedure, per tooth
- D4230 Anatomical crown exposure - four or more contiguous teeth per quadrant
- D4231 Anatomical crown exposure - one to three teeth per quadrant
- D4240 Gingival flap procedure, including root planing — four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 Gingival flap procedure, including root planing — one to three contiguous teeth or bounded teeth spaces per quadrant



- D4245 Apically positioned flap
- D4249 Clinical crown lengthening — hard tissue
- D4260 Osseous surgery (including flap entry and closure) — four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 Osseous surgery (including flap entry and closure) — one to three contiguous teeth or bounded teeth spaces per quadrant
- D4263 Bone replacement graft — first site in quadrant
- D4264 Bone replacement graft — each additional site in quadrant
- D4265 Biologic materials to aid in soft and osseous tissue regeneration
- D4266 Guided tissue regeneration — resorbable barrier, per site
- D4267 Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal)
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue graft procedure
- D4273 Subepithelial connective tissue graft procedures, per tooth
- D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 Soft tissue allograft
- D4276 Combined connective tissue and double pedicle graft, per tooth
- D4277 Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft
- D4278 Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site

**Non-surgical periodontal service**

- D4320 Provisional splinting — intracoronal
- D4321 Provisional splinting — extracoronal
- D4341 Periodontal scaling and root planing — four or more teeth per quadrant
- D4342 Periodontal scaling and root planing, — one to three teeth, per quadrant
- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis
- D4381 Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth

**Other periodontal services**

- D4910 Periodontal maintenance
- D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)
- D4999 Unspecified periodontal procedure, by report

**D5000 – D5899 PROSTHODONTICS (REMOVABLE)**

**Complete dentures (including routine post-delivery care)**

- D5110 Complete denture — maxillary
- D5120 Complete denture — mandibular
- D5130 Immediate denture — maxillary
- D5140 Immediate denture — mandibular

**Partial dentures (including routine post-delivery care)**

- 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)

**Adjustments to dentures**

- D5410 Adjust complete denture — maxillary
- D5411 Adjust complete denture — mandibular
- D5421 Adjust partial denture — maxillary
- D5422 Adjust partial denture — mandibular

**Repairs to complete dentures**

- D5510 Repair broken complete denture base
- D5520 Replace missing or broken teeth — complete denture (each tooth)

**Repairs to partial dentures**

- D5610 Repair resin denture base
- D5620 Repair cast framework
- D5630 Repair or replace broken clasp
- D5640 Replace broken teeth — per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary)
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular)

**Denture rebase procedures**

- D5710 Rebase complete maxillary denture
- D5711 Rebase complete mandibular denture
- D5720 Rebase maxillary partial denture
- D5721 Rebase mandibular partial denture

**Denture reline procedures**

- 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)

**Interim prosthesis**

- D5810 Interim complete denture (maxillary)
- D5811 Interim complete denture (mandibular)
- D5820 Interim partial denture (maxillary)
- D5821 Interim partial denture (mandibular)

**Other removable prosthetic services**

- D5850 Tissue conditioning — maxillary
- D5851 Tissue conditioning — mandibular

- D5862 Precision attachment, by report
- D5863 Overdenture – complete maxillary
- D5864 Overdenture – partial maxillary
- D5865 Overdenture – complete mandibular
- D5866 Overdenture – partial mandibular
- D5867 Replacement of replaceable part of semi-precision or precision attachment (male or female component)
- D5875 Modification of removable prosthesis following implant surgery
- D5899 Unspecified removable prosthodontic procedure, by report

**D5900 – D5999 MAXILLOFACIAL PROSTHETICS**

- D5911 Facial moulage (sectional)
- D5912 Facial moulage (complete)
- D5913 Nasal prosthesis
- D5914 Auricular prosthesis
- D5915 Orbital prosthesis
- D5916 Ocular prosthesis
- D5919 Facial prosthesis
- D5922 Nasal septal prosthesis
- D5923 Ocular prosthesis, interim
- D5924 Cranial prosthesis
- D5925 Facial augmentation implant prosthesis
- D5926 Nasal prosthesis, replacement
- D5927 Auricular prosthesis, replacement
- D5928 Orbital prosthesis, replacement
- D5929 Facial prosthesis, replacement
- D5931 Obturator prosthesis, surgical
- D5932 Obturator prosthesis, definitive
- D5933 Obturator prosthesis, modification
- D5934 Mandibular resection prosthesis with guide flange
- D5935 Mandibular resection prosthesis without guide flange
- D5936 Obturator prosthesis, interim
- D5937 Trismus appliance (not for TMD treatment)
- D5951 Feeding aid
- D5952 Speech aid prosthesis, pediatric
- D5953 Speech aid prosthesis, adult
- D5954 Palatal augmentation prosthesis
- D5955 Palatal lift prosthesis, definitive
- D5958 Palatal lift prosthesis, interim
- D5959 Palatal lift prosthesis, modification
- D5960 Speech aid prosthesis, modification
- D5982 Surgical stent
- D5983 Radiation carrier
- D5984 Radiation shield
- D5985 Radiation cone locator
- D5986 Fluoride gel carrier
- D5987 Commissure splint
- D5988 Surgical splint
- D5999 Unspecified maxillofacial prosthesis, by report

**D6000 – D6199 IMPLANT SERVICES**

- D6010 Surgical placement of implant body: endosteal implant
- D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant

- D6013 Surgical placement of mini implant
- D6040 Surgical placement: eposteal implant
- D6050 Surgical placement: transosteal implant

**Implant supported prosthetics**

- D6053 Implant/abutment supported removable denture for completely edentulous arch
- D6054 Implant/abutment supported removable denture for partially edentulous arch
- D6055 Dental implant supported connecting bar
- D6056 Prefabricated abutment — includes modification and placement
- D6057 Custom fabricated abutment — includes placement
- D6058 Abutment supported porcelain/ceramic crown
- D6059 Abutment supported porcelain fused to 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 (predominantly 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 (predominantly 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 (predominantly 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
- D6079 Implant/abutment supported fixed denture for partially edentulous arch

**Other implant services**

- D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
- D6090 Repair implant supported prosthesis, by report
- D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
- D6092 Recement implant/abutment supported crown
- D6094 Abutment supported crown — (titanium)
- D6095 Repair implant abutment, by report
- D6100 Implant removal, by report
- D6101 Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure
- D6102 Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure

D6190	Radiographic/surgical implant index, by Report
D6093	Recement implant/abutment supported fixed partial denture
D6194	Abutment supported retainer crown for FPD — (titanium)
D6199	Unspecified implant procedure, by report

**D6200 – D6999 PROSTHODONTICS, FIXED**

**(Each retainer and each pontic constitutes a unit in a fixed partial denture)**

**Fixed partial denture pontics**

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
D6250	Pontic — resin with high noble metal
D6251	Pontic — resin with predominantly base metal
D6252	Pontic — resin with noble metal
D6253	Provisional pontic - further treatment or completion of a diagnosis necessary prior to impression

**Fixed partial denture retainers — inlays/ onlays**

D6545	Retainer — cast metal for resin bonded fixed prosthesis
D6548	Retainer — porcelain/ceramic for resin bonded fixed prosthesis
D6600	Inlay — porcelain/ceramic, two surfaces
D6601	Inlay — porcelain/ceramic, three or more surfaces
D6602	Inlay — cast high metal, two surfaces
D6603	Inlay — cast high 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**

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
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 — 3/4 cast high noble metal
D6781	Crown — 3/4 cast predominantly base metal
D6782	Crown — 3/4 cast noble metal
D6783	Crown — 3/4 porcelain/ceramic
D6790	Crown — full cast high noble metal
D6791	Crown — full cast predominantly base metal
D6792	Crown — full cast noble metal
D6793	Provisional retainer crown — further treatment of completion or a diagnosis necessary prior to final impression
D6794	Crown — titanium

#### **Other fixed partial denture services**

D6920	Connector bar
D6930	Recement fixed partial denture
D6940	Stress breaker
D6950	Precision attachment
D6975	Coping
D6980	Fixed partial denture repair necessitated by restorative material
D6985	Pediatric partial denture, fixed
D6999	Unspecified, fixed prosthodontic procedure, by report

#### **D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY**

##### **Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)**

D7111	Extraction, 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)**

D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth — soft tissue
D7230	Removal of impacted tooth — partially bony
D7240	Removal of impacted tooth — completely bony
D7241	Removal of impacted tooth — completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)

##### **Other surgical procedures**

D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	Surgical access of an unerupted tooth
D7282	Mobilization of erupted or malpositioned tooth to aid eruption
D7283	Placement of device to facilitate eruption of impacted tooth
D7285	Biopsy of oral tissue — hard (bone, tooth)
D7286	Biopsy of oral tissue — soft
D7287	Exfoliative cytological sample collection
D7288	Brush biopsy — transepithelial sample collection
D7290	Surgical repositioning of teeth

- D7291      Transseptal fiberotomy/supra crestal fiberotomy, by report
- D7292      Surgical placement: temporary anchorage device [screw retained plate] requiring surgical flap
- D7293      Surgical placement: temporary anchorage device requiring surgical flap
- D7294      Surgical placement: temporary anchorage device without surgical flap

**Alveoloplasty — surgical preparation of ridge for dentures**

- 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

**Vestibuloplasty**

- D7340      Vestibuloplasty — ridge extension (secondary epithelialization)
- D7350      Vestibuloplasty — ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

**Surgical excision of soft tissue lesions**

- D7410      Excision of benign lesion up to 1.25 cm
- D7411      Excision of benign lesion greater than 1.25 cm
- D7412      Excision of benign lesion, complicated
- D7413      Excision of malignant lesion up to 1.25 cm
- D7414      Excision of malignant lesion greater than 1.25 cm
- D7415      Excision of malignant lesion complicated
- D7465      Destruction of lesion(s) by physical or chemical method, by report

**Surgical excision of intra-osseous lesions**

- D7440      Excision of malignant tumor — lesion diameter up to 1.25 cm
- D7441      Excision of malignant tumor — lesion diameter greater than 1.25 cm
- D7450      Removal of benign odontogenic cyst or tumor — lesion diameter up to 1.25 cm
- D7451      Removal of benign odontogenic cyst or tumor — lesion diameter greater than 1.25 cm
- D7460      Removal of benign nonodontogenic cyst or tumor — lesion diameter up to 1.25 cm
- D7461      Removal of benign nonodontogenic cyst or tumor — lesion diameter greater than 1.25 cm

**Excision of bone tissue**

- D7471      Removal of lateral exostosis (maxilla or mandible)
- D7472      Removal of torus palatinus
- D7473      Removal of torus mandibularis
- D7485      Surgical reduction of osseous tuberosity
- D7490      Radical resection of maxilla or mandible

**Surgical incision**

- D7510      Incision and drainage of abscess — intraoral soft tissue

- D7511 Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)
- D7520 Incision and drainage of abscess — extraoral soft tissue
- D7521 Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)
- D7530 Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
- D7540 Removal of reaction-producing foreign bodies, musculoskeletal system
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body

**Treatment of fractures — simple**

- D7610 Maxilla — open reduction (teeth immobilized, if present)
- D7620 Maxilla — closed reduction (teeth immobilized, if present)
- D7630 Mandible — open reduction (teeth immobilized, if present)
- D7640 Mandible — closed reduction (teeth immobilized, if present)
- D7650 Malar and/or zygomatic arch — open reduction
- D7660 Malar and/or zygomatic arch — closed reduction
- D7670 Alveolus — closed reduction, may include stabilization of teeth
- D7671 Alveolus — open reduction, may include stabilization of teeth
- D7680 Facial bones — complicated reduction with fixation and multiple surgical approaches

**Treatment of fractures — compound**

- D7710 Maxilla — open reduction
- D7720 Maxilla — closed reduction
- D7730 Mandible — open reduction
- D7740 Mandible — closed reduction
- D7750 Malar and/or zygomatic arch — open reduction
- D7760 Malar and/or zygomatic arch — closed reduction
- D7770 Alveolus — open reduction splinting stabilization of teeth
- D7771 Alveolus — closed reduction stabilization of teeth
- D7780 Facial bones — complicated reduction with fixation and multiple surgical approaches

**Reduction of dislocation and management of other temporomandibular joint dysfunctions**

- D7810 Open reduction of dislocation
- D7820 Closed reduction of dislocation
- D7830 Manipulation under anesthesia
- D7840 Condylectomy
- D7850 Surgical discectomy, with/without implant
- D7852 Disc repair
- D7854 Synovectomy
- D7856 Myotomy
- D7858 Joint reconstruction
- D7860 Arthrotomy
- D7865 Arthroplasty
- D7870 Arthrocentesis
- D7871 Non-arthroscopic lysis and lavage
- D7872 Arthroscopy — diagnosis, with or without biopsy
- D7873 Arthroscopy — surgical: lavage and lysis of adhesions
- D7874 Arthroscopy — surgical: disc repositioning and stabilization
- D7875 Arthroscopy — surgical: synovectomy
- D7876 Arthroscopy — surgical: discectomy



- D7877 Arthroscopy — surgical: debridement
- D7880 Occlusal orthotic device, by report
- D7899 Unspecified TMD therapy, by report

**Repair of traumatic wounds**

- D7910 Suture of recent small wounds up to 5 cm

**Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)**

- D7911 Complicated suture — up to 5 cm
- D7912 Complicated suture — greater than 5 cm

**Other repair procedures**

- D7920 Skin graft (identify defect covered, location and type of graft)
- D7940 Osteoplasty — for orthognathic deformities
- D7941 Osteotomy — mandibular rami
- D7943 Osteotomy — mandibular rami with bone graft; includes obtaining the graft
- D7944 Osteotomy — segmented or subapical
- D7945 Osteotomy — body of mandible
- D7946 LeFort I (maxilla — total)
- D7947 LeFort I (maxilla — segmented)
- D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) — without bone graft
- D7949 LeFort II or LeFort III — with bone graft
- D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
- D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach
- D7952 Sinus augmentation via a vertical approach
- D7953 Bone replacement graft for ridge preservation — per site
- D7955 Repair of maxillofacial soft and/or hard tissue defect
- D7960 Frenulectomy — also known as frenectomy or frenotomy — separate procedure not incidental to another procedure
- D7963 Frenuloplasty
- D7970 Excision of hyperplastic tissue — per arch
- D7971 Excision of pericoronal gingiva
- D7972 Surgical reduction of fibrous tuberosity
- D7980 Sialolithotomy
- D7981 Excision of salivary gland, by report
- D7982 Sialodochoplasty
- D7983 Closure of salivary fistula
- D7990 Emergency tracheotomy
- D7991 Coronoidectomy
- D7995 Synthetic graft — mandible or facial bones, by report
- D7996 Implant — mandible for augmentation purposes (excluding alveolar ridge), by report
- D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7998 Intraoral placement of a fixation device not in conjunction with a fracture
- D7999 Unspecified oral surgery procedure, by report

**D8000 – D8999 ORTHODONTICS**

**Limited orthodontic treatment**

- 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

**Interceptive orthodontic treatment**

- D8050 Interceptive orthodontic treatment of the primary dentition  
D8060 Interceptive orthodontic treatment of the transitional dentition

**Comprehensive orthodontic treatment**

- D8070 Comprehensive orthodontic treatment of the transitional dentition  
D8080 Comprehensive orthodontic treatment of the adolescent dentition  
D8090 Comprehensive orthodontic treatment of the adult dentition

**Minor treatment to control harmful habits**

- D8210 Removable appliance therapy  
D8220 Fixed appliance therapy

**Other orthodontic services**

- 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 a contract fee)  
D8691 Repair of orthodontic appliance  
D8692 Replacement of lost or broken retainer  
D8693 Rebonding or recementing of fixed retainers  
D8694 Repair of fixed retainers, includes reattachment  
D8999 Unspecified orthodontic procedure, by report

**D9000 – D9999 ADJUNCTIVE GENERAL SERVICES**

**Unclassified treatment**

- D9110 Palliative (emergency) treatment of dental pain — minor procedure  
D9120 Fixed partial denture sectioning

**Anesthesia**

- D9210 Local anesthesia not in conjunction with operative or surgical procedures  
D9211 Regional block anesthesia  
D9212 Trigeminal division block anesthesia  
D9215 Local anesthesia  
D9220 Deep sedation/general anesthesia — first 30 minutes  
D9221 Deep sedation/general anesthesia — each additional 15 minutes  
D9230 Analgesia, anxiolysis, inhalation of nitrous oxide  
D9241 Intravenous conscious sedation/ analgesia — first 30 minutes  
D9242 Intravenous conscious sedation/ analgesia — each additional 15 minutes  
D9248 Non-intravenous conscious sedation

**Professional consultation**

- D9310 Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)

**Professional visits**

- D9410 House/extended care facility call  
D9420 Hospital call

- D9430 Office visit for observation (during regularly scheduled hours) — no other services performed
- D9440 Office visit — after regularly scheduled hours
- D9450 Case presentation, detailed and extensive treatment planning

**Drugs**

- D9610 Therapeutic parenteral drug, single administration
- D9612 Therapeutic parenteral drugs, two or more administrations, different medications
- D9630 Other drugs and/or medicaments, by report

**Miscellaneous services**

- D9910 Application of desensitizing medicament
- D9911 Application of desensitizing resin for cervical and/or root surface, per tooth
- D9920 Behavior management, by report
- D9930 Treatment of complications (post-surgical) — unusual circumstances, by report
- D9940 Occlusal guard, by report
- D9941 Fabrication of athletic mouthguard
- D9942 Repair and/or reline of occlusal guard
- D9950 Occlusion analysis — mounted case
- D9951 Occlusal adjustment — limited
- D9952 Occlusal adjustment — complete
- D9970 Enamel microabrasion
- D9971 Odontoplasty 1-2 teeth; includes removal of enamel projections
- D9972 External bleaching — per arch — performed in office
- D9973 External bleaching — per tooth
- D9974 Internal bleaching — per tooth
- D9999 Unspecified adjunctive procedure, by report

Note: This Appendix represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date of this printing. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this Appendix, Delta Dental's administration of Benefits, Limitations and Exclusions under this Contract will at all times be based on the then-current version of CDT whether or not a revised Appendix B is provided.

## APPENDIX C

### ORTHODONTIC BENEFIT RIDER

In consideration of the payments stated in Article 3 of the attached Contract, and subject to all of the terms and conditions thereof, except as herein otherwise specified, Delta Dental agrees to provide Orthodontic Benefits to eligible enrollees, as follows:

1. Orthodontics are the procedures performed by a licensed Dentist, involving surgical repositioning of the teeth or jaws in whole or in part and/or the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of mal-alignment of teeth and/or jaws which significantly interferes with their function.
2. Delta Dental will pay 50% of the lesser of the Delta Dental PPO Dentist's Fee or the Fee Actually Charged for Orthodontic Benefits when provided by a Delta Dental PPO Dentist. Delta Dental will pay 50% of the lesser of the Delta Dental PPO Dentist's Fees or the Fee Actually Charged for Orthodontic Benefits when provided by a Delta Dental Dentist or a non-Delta Dental dentist.
3. The lifetime maximum amount payable by Delta Dental for all Orthodontics whether paid for under the provisions of this Contract or under any prior dental care plan rendered to each Enrollee shall be \$1,500 for services provided by a Delta Dental PPO Dentist or \$1,200 for services provided by a non-Delta Dental PPO Dentist and the limitations on maximum amounts payable during a calendar year, if any, specified in the attached Contract, shall not apply to Orthodontics.

**EXCLUSIONS AND LIMITATIONS:** In addition to Exclusions and Limitations stated in Article 4 to the attached Contract, the following exclusions and limitations shall apply to Orthodontic Benefits:

- (a) The obligation of Delta Dental to make payments for an Orthodontic treatment plan begun prior to the Eligibility Date of the patient shall commence with the first payment due following the patient's Eligibility Date. The above-mentioned maximum amount payable will apply fully to this and subsequent payments.
- (b) The obligation of Delta Dental to make payments for Orthodontics shall terminate on the payment due next following the date the Dependent loses eligibility or the employee loses eligibility, or upon the termination of treatment for any reason prior to completion of the case, or upon termination of the Contract, whichever shall occur first.
- (c) Delta Dental will not make any payment for repair or replacement of an Orthodontic appliance furnished, in whole or in part, under this plan.
- (d) X-rays and extraction procedures incident to Orthodontics are not covered by Orthodontic Benefits, but may be covered under the provisions of the attached Contract, subject to all of the terms and provisions thereof.

- (e) Delta Dental will pay the applicable percentage of the Dentist's fee for a standard orthodontic treatment plan involving surgical and/or non-surgical procedures. If the Enrollee selects specialized orthodontic appliances or procedures, an allowance will be made for the cost of the standard orthodontic treatment plan and the patient is responsible for the remainder of the Dentist's fee.