Plan Benefits

The following services are available to enrollees in the AARP Dental Insurance Plan subject to the Limitations and Exclusions listed in Appendix A of the enrollee’s Certificate of Coverage. The plan will cover procedures that are customarily performed and are considered generally accepted dental practice.

The information below provides the procedures available by the applicable waiting period, if any, the Category the service falls into, the procedure code a dentist will use when billing for services provided, and a description of the code.

Deductibles and Maximums:

<table>
<thead>
<tr>
<th></th>
<th>Plan A</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$50</td>
<td>$100</td>
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<tr>
<td>Calendar Year Maximum</td>
<td>$1500</td>
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</tr>
<tr>
<td>Lifetime TMJ Maximum</td>
<td>$300</td>
<td>$300</td>
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</tbody>
</table>

Procedures covered beginning on the first day of enrollment:

Diagnostic Services

Coverage: Plan A – 100%; Plan B – 80%
Subject to Deductible: Plan A – No; Plan B – Yes

D0120 Periodic oral examination
D0140 Limited oral examination – problem focused
D0145 Oral Evaluation for patient under three years of age and counseling with primary Caregiver
D0150 Comprehensive oral evaluation
D0160 Detailed and extensive oral evaluation – new or established patient
D0170 Reevaluation – limited, problem focused
D0180 Comprehensive periodontal evaluation – new or established patient
D0210 Intraoral complete series (FMX)
D0220 Intraoral – periapical – first film
D0230 Intraoral – periapical – each additional film
D0240 Intraoral – occlusal film
D0250 Extraoral – first film
D0260 Extraoral – each additional film
D0270 Bitewings – single film
D0272 Bitewings – two films
D0273 Bitewings – three films
D0274 Bitewings – four films
D0277 Vertical Bitewings
D0330 Panoramic Film
D0340 Cephalometric film
D0470 Diagnostic casts (covered as part of completed procedure)
D7285  Biopsy of oral tissue – hard
D7286  Biopsy of oral tissue – soft
D9110  Palliative (emergency) treatment of dental pain – minor procedure
D9310  Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician
D9430  Office visit for observation (during regularly scheduled hours) – no other services
D9440  Office visit – after regularly scheduled hours

Preventive Services
Coverage: **Plan A** – 100%; **Plan B** – 80%
Subject to Deductible: **Plan A** – No; **Plan B** – Yes

D1110  Prophylaxis – adult *(age 14 and older)*
D1120  Prophylaxis – child *(up to age 14)*
D1203  Topical application of fluoride – *child*
D1204  Topical application of fluoride – *adult*
D1206  Topical fluoride varnish; therapeutic application of moderate to high caries risk

Patients

D1510  Space maintainer – fixed – unilateral *(up to age 14)*
D1515  Space maintainer – fixed – bilateral *(up to age 14)*
D1520  Space maintainer – removable – unilateral *(up to age 14)*
D1525  Space maintainer – removable – bilateral *(up to age 14)*
D1555  Removal of fixed space maintainer

Periodontal Maintenance Cleaning
Coverage: **Plan A** – 80%; **Plan B** – 50%
Subject to Deductible: **Plan A** – Yes; **Plan B** – Yes

D4910  Periodontal maintenance procedures (following active therapy)

Denture Repair, Rebase & Relining
Coverage: **Plan A** – 80%; **Plan B** – 50%
Subject to Deductible: **Plan A** – Yes; **Plan B** – Yes

D5510  Repair broken complete denture base
D5520  Replace missing or broken teeth – complete denture (each tooth)
D5610  Repair resin saddle or 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)
D5710  Rebase complete maxillary denture
D5711  Rebase complete mandibular denture
D5720  Rebase maxillary partial denture
D5721  Rebase mandibular partial denture
D5730  Reline complete upper denture (chairside)
D5731  Reline complete lower denture (chairside)
D5740  Reline maxillary partial denture (chairside)
D5741  Reline mandibular partial denture (chairside)
D5750  Reline complete upper denture (laboratory)
D5751  Reline complete lower denture (laboratory)
D5760  Reline maxillary partial denture (laboratory)
D5761  Reline mandibular partial denture (laboratory)
D6930  Recement fixed partial denture
D5999  Unspecified maxillofacial prosthesis, by report

Basic Restorative

Coverage: **Plan A** – 50%; **Plan B** – 50%
Subject to Deductible: **Plan A** – Yes; **Plan B** – Yes

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
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
D2650  Inlay – resin-based composite – one surface
D2651  Inlay – resin-based composite – two surfaces
D2652  Inlay – resin-based composite – three or more surfaces
D2910  Recement inlay, onlay, or partial coverage restoration
D2915  Recement cast or prefabricated post and core
D2920  Recement crown
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
D2951  Pin retention – per tooth, in addition to restoration
D2952  Post and core in addition to crown, indirectly fabricated
D2954  Prefabricated post and core in addition to crown
D2960  Labial veneer (resin laminate) – chairside
D2971  Additional procedures to construct new crown under existing partial denture framework
D2999  Unspecified restorative procedure, by report
**Oral Surgery**

Coverage: **Plan A** – 50%; **Plan B** – 50%

Subject to Deductible: **Plan A** – Yes; **Plan B** – Yes

- D7111 Extraction, coronal remnants – deciduous tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- 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)
- D7260 Oroantral fistula closure
- 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
- 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
- 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)
- 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
- 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
- D7465 Destruction of lesion(s) by physical or chemical method, by report
D7471  Removal of lateral exostosis (maxilla and mandible)
D7472  Removal of torus palatines
D7473  Removal of torus mandibularis
D7485  Surgical reduction of osseous tuberosity
D7490  Radical resection of maxilla and mandible
D7510  Incision and drainage of abscess – intraoral soft tissue
D7520  Incision and drainage of abscess – extraoral soft tissue
D7521  Incision and drainage of abscess – extraoral soft tissue – complicated (including 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
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
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 stabilization of teeth
D7771  Alveolus – closed reduction stabilization of teeth
D7780  Facial bones – complicated reduction with fixation and multiple surgical approaches
D7810  Open reduction of disclocation
D7820  Closed reduction of dislocation
D7830  Manipulation under anesthesia
D7910  Suture of recent small wounds up to 5 cm
D7911  Complicated suture – up to 5 cm
D7912  Complicated suture – greater than 5 cm
D7960  Frenulectomy (frenectomy or frenotomy) – separate procedure
D7970  Frenuloplasty
D7971  Excision of pericoronal gingival
D7972  Surgical reduction of fibrous tuberosity
D7980  Sialolothotomy
D7981  Excision of salivary gland, by report
D7982  Sialodochoplasty
D7983  Closure of salivary fistula
D9220  Deep sedation/general anesthesia – first 30 minutes
D9221  Deep sedation/general anesthesia – each additional 15 minutes
D9610  Therapeutic parenteral drug, single administration
D9930  Treatment of complications (post-surgical) – unusual circumstances, by report

**Endodontics**

Coverage: **Plan A** – 50%; **Plan B** – 50%
Subject to Deductible: **Plan A** – Yes; **Plan B** – Yes

- D3110  Pulp cap – direct (excluding final restoration)
- D3120  Pulp cap – indirect (excluding final restoration)
- 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
- D3310  Endodontic therapy, anterior tooth (excluding final restoration)
- D3320  Endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330  Endodontic therapy, molar tooth (excluding final restoration)
- D3346  Retreatment of previous root canal therapy – anterior
- D3347  Retreatment of previous root canal therapy – bicuspid
- D3348  Retreatment of previous root canal therapy – molar
- D3351  Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352  Apexification/recalcification – interim visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3353  Apexification/recalcification – final visit (includes root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
- D3410  Apicoectomy/periradicular surgery – anterior
- D3421  Apicoectomy/periradicular surgery – bicuspid (first root)
- D3425  Apicoectomy/periradicular surgery – molar (first root)
- D3426  Apicoectomy/periradicular surgery – (each additional root)
- D3430  Retrograde filling – per root
- D3450  Root amputation – per root
- D3920  Hemisection (including any root removal), not including root canal therapy
- D3999  Unspecified endodontic procedure, by report

**Sealants**

Coverage: **Plan A** – 50%; **Plan B** – 50%
Subject to Deductible: **Plan A** – Yes; **Plan B** – Yes

- D1351  Sealant – per tooth *(up to age 14, 1st and 2nd molars)*
- D1352  Preventive resin restoration in a moderate to high caries risk patient – permanent tooth *(up to age 14, 1st and 2nd molars)*

*Procedures covered after 12 months of continuous enrollment:*

**Major Restorative**

Coverage: **Plan A** – 50%; **Plan B** – 50%
Subject to Deductible: Plan A – Yes; Plan B – Yes

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
D2710 Crown – resin-based composite (indirect)
D2712 Crown – ¼ 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 predominantly base metal
D2782 Crown – ¾ cast noble metal
D2783 Crown – ¾ 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
D2950 Core buildup, including any pins
D2961 Labial veneer (resin laminate) – laboratory
D2962 Labial veneer (porcelain laminate) – laboratory
D2980 Crown repair, by report

Periodontics

Coverage: Plan A – 50%; Plan B – 50%
Subject to Deductible: Plan A – Yes; Plan B – Yes

D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant
D4240 Gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant
D4241 Gingival flap procedure, including root planning – one to three contiguous teeth or tooth bounded spaces per quadrant
D4249 Clinical crown lengthening - hard tissue
D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant
AARP® Dental Insurance Plan
Covered Dental Procedure Codes

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4261</td>
<td>Osseous surgery (including flap entry and closure) - one to three teeth contiguous teeth or tooth bounded spaces per quadrant</td>
</tr>
<tr>
<td>D4266</td>
<td>Guided tissue regeneration - resorbable barrier, per site</td>
</tr>
<tr>
<td>D4267</td>
<td>Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)</td>
</tr>
<tr>
<td>D4268</td>
<td>Surgical revision procedure, per tooth</td>
</tr>
<tr>
<td>D4270</td>
<td>Pedicle soft tissue graft procedure</td>
</tr>
<tr>
<td>D4271</td>
<td>Free soft tissue graft procedure (including donor site surgery)</td>
</tr>
<tr>
<td>D4273</td>
<td>Subepithelial connective tissue graft procedures, per tooth</td>
</tr>
<tr>
<td>D4341</td>
<td>Periodontal scaling and root planning - four or more teeth per quadrant</td>
</tr>
<tr>
<td>D4342</td>
<td>Periodontal scaling and root planning - one to three teeth, per quadrant</td>
</tr>
<tr>
<td>D4355</td>
<td>Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis (once per patient per lifetime)</td>
</tr>
<tr>
<td>D4920</td>
<td>Unscheduled dressing change (by someone other than treating dentist)</td>
</tr>
<tr>
<td>D4999</td>
<td>Unspecified periodontal procedure, by report</td>
</tr>
</tbody>
</table>

**Prosthodontics**

Coverage: **Plan A – 50%; Plan B – 50%**
Subject to Deductible: **Plan A – Yes; Plan B – Yes**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D5110</td>
<td>Complete denture – Maxillary</td>
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<tr>
<td>D5120</td>
<td>Complete denture – Mandibular</td>
</tr>
<tr>
<td>D5130</td>
<td>Immediate denture – Maxillary</td>
</tr>
<tr>
<td>D5140</td>
<td>Immediate denture – Mandibular</td>
</tr>
<tr>
<td>D5211</td>
<td>Maxillary partial denture – resin base (including any conventional clasps, rest and teeth)</td>
</tr>
<tr>
<td>D5212</td>
<td>Maxillary partial denture – resin base (including conventional clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5213</td>
<td>Maxillary partial denture – cast metal framework with resin denture bases (including conventional clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5214</td>
<td>Mandibular partial denture - cast metal framework with resin denture bases (including conventional clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5225</td>
<td>Maxillary partial denture – flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5226</td>
<td>Mandibular partial denture – flexible base (including any clasps, rests and teeth)</td>
</tr>
<tr>
<td>D5281</td>
<td>Removable unilateral partial denture - one piece cast metal (including clasps and teeth)</td>
</tr>
<tr>
<td>D5410</td>
<td>Adjust complete denture – maxillary</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture – mandibular</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture – maxillary</td>
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<tr>
<td>D5422</td>
<td>Adjust partial denture – mandibular</td>
</tr>
<tr>
<td>D5820</td>
<td>Interim partial denture (maxillary)</td>
</tr>
<tr>
<td>D5821</td>
<td>Interim partial denture (mandibular)</td>
</tr>
<tr>
<td>D5850</td>
<td>Tissue conditioning, maxillary</td>
</tr>
<tr>
<td>D5851</td>
<td>Tissue conditioning, mandibular</td>
</tr>
<tr>
<td>D5999</td>
<td>Unspecified maxillofacial prosthesis, by report</td>
</tr>
<tr>
<td>D6205</td>
<td>Inlay – cast predominantly base metal, three or more surfaces</td>
</tr>
<tr>
<td>D6210</td>
<td>Pontic - cast high noble metal</td>
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<tr>
<td>D6211</td>
<td>Pontic – cast predominantly base metal</td>
</tr>
<tr>
<td>D6212</td>
<td>Pontic - cast noble metal</td>
</tr>
</tbody>
</table>
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
D6251 Pontic – resin with predominantly base metal
D6252 Pontic – resin with noble metal
D6545 Retainer - cast metal for resin bonded fixed prosthesis
D6600 Inlay – porcelain/ceramic, two surfaces
D6601 Inlay – porcelain/ceramic, three or more surfaces
D6602 Inlay - cast high noble metal, two surfaces
D6603 Inlay - 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
D6710 Crown – indirect resin based composite
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 – ¾ cast high noble metal
D6781 Crown – ¾ cast predominantly base metal
D6782 Crown – ¾ cast noble metal
D6783 Crown – ¾ porcelain/ceramic
D6790 Crown - full cast high noble metal
D6791 Crown - full cast predominantly base metal
D6792 Crown - full cast noble metal
D6794 Crown – Titanium
D6930 Recement fixed partial denture
D6940 Stress breaker
D6970 Post and core in addition to fixed partial denture retainer, indirectly fabricated
D6972 Prefabricated post and core in addition to fixed partial denture retainer
D6973 Core build up for retainer, including any pins
D6980 Fixed partial denture repair, by report
D6999 Unspecified fixed prosthodontic procedure, by report
Implant Dental Services

Coverage: Plan A – 50%  Plan B – 50%

Subject to Deductible: Plan A – Yes;  Plan B – Yes

- D3460 Endodontic endosseous implant
- D6010 Surgical placement of implant body: endosteal implant
- D6012 Surgical placement of interim implant body of transitional prosthesis: endosteal implant
- D6040 Surgical placement: eposteal implant
- D6050 Surgical placement: transosteal implant
- 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 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 (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
- 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 Cast 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
- D6079 Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch
- 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  Re-cement Implant/Abutment Supported Crown
D6093  Re-cement implant/Abutment Supported Fixed Partial Denture
D6094  Abutment Supported Crown – (Titanium)
D6095  Repair Implant Abutment, By Report
D6100  Implant Removal, By Report
D6190  Radiographic/Surgical Implant Index, By Report
D6194  Abutment Supported Retainer Crown For FPD (Titanium)
D6199  Unspecified Implant Procedure, By Report

**Temporomandibular Joint Dysfunction (TMJ)**

Coverage: **Plan A** – 50% **Plan B** – 50%
Subject to Deductible: **Plan A** – Yes; **Plan B** – Yes

- D0320  Temporomandibular joint arthrogram, including injection
- 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

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