

# 2022 Quick Reference Guide



## Dental Procedure Codes – Copper



### Preventive Dental coverage includes:

Service	Periodicity	Procedure Codes
Oral Exams	2 every 12 months per procedure	D0120, D0140, D0150, D0160, D0170, D0171, D0180
X-Rays	1 every 12 months per procedure	D0240, D0708
	1 every 36 months per procedure	D0210, D0250, D0277, D0310, D0330, D0340, D0350, D0701, D0702, D0703, D0709
	1 per date of service	D0220, D0391, D0707
	2 every 12 months per procedure	D0251, D0270, D0272, D0273, D0274, D0705, D0706
	4 per date of service	D0230
Fluoride Services	1 every 12 months per procedure	D1206, D1208
Other Preventive Services	1 per date of service	D0604 Antigen Testing, D0605 Antibody Test
	1 every 6 months per procedure	D1110 Prophylaxis, adult
	1 visit per member, per 12 months	D9110 Palliative (emergency) treatment, minor procedure
	1 every 12 months	D1355 Caries prevention medicament



### Comprehensive Services coverage includes:

Diagnostic Services	1 every 12 months per test	D0414, D0415, D0416, D0431, D0470, D0472, D0473, D0474, D0475, D0476, D0477, D0478, D0479, D0480, D0481, D0482, D0483, D0484, D0485, D0486, D0502, D0999
Restorative Services	1 every 12 months per tooth	D2910, D2915, D2920, D2921
	1 every 24 months per tooth	D2940

For more detailed information on limitations and exclusions, please see the Routine Dental – 2022 Exclusions and Limitations document.

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### Comprehensive Services coverage continued:

Service	Periodicity	Procedure Codes
Restorative Services	1 every 24 months, per surface per tooth	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394
	1 every 36 months per tooth	D2928, D2931, D2932, D2980, D2981, D2982, D2983, D2999
	1 every 84 months or 7 years per tooth	D2950, D2951, D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2952, D2953, D2954, D2955, D2957, D2971, D2975
	Unlimited per tooth	D2949
Endodontics	1 per lifetime per tooth	D3110, D3120, D3220, D3221, D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348, D3351, D3352, D3353
Periodontics	1 every 12 months per procedure	D4920, D4999
	1 every 24 months per procedure	D4346, D4355
	1 every 24 months per quadrant	D4341, D4342
	1 every 36 months per site/quad	D4322, D4323
	2 every 12 months per procedure	D4910
	2 sites per quad per 24 months	D4381
Other Oral/ Maxillofacial Surgery	1 every 12 months per procedure	D9120
	1 every 60 months per arch per procedure	D7970

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### Comprehensive Services coverage continued:

Service	Periodicity	Procedure Codes
Other Oral/ Maxillofacial Surgery	1 every 60 months per procedure	D7961, D7962, D7963, D7997
	1 every 60 months per site/quad	D7340, D7350
	1 every 24 months per tooth/site/quad per procedure	D7292, D7293, D7294, D7298, D7299, D7300
	1 per lifetime per maxillary quad	D7485, D7972
	1 per lifetime per procedure	D7471, D7472, D7473
	1 per lifetime per tooth	D7140, D7210, D7220, D7230, D7240, D7241, D7250
	1 per lifetime per tooth per procedure	D7971
	1 per quad per lifetime	D7310, D7311, D7320, D7321
	Once per 24 months per site per procedure	D7285, D7286, D7287, D7288
	Once per quadrant per lifetime	D7260, D7261
	Once per tooth per lifetime	D7270, D7272, D7280, D7282, D7290, D7291
	Unlimited per procedure	D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7510, D7511, D7520, D7521, D7530, D7540, D7999



### Additional Dental coverage includes:

Non-Routine Services	1 per date of service	D9410, D9420, D9997
Teledentistry	1 per date of service	D9995, D9996

For more detailed information on limitations and exclusions, please see the Routine Dental – 2022 Exclusions and Limitations document.