

2021 Covered Dental Services for Peoples Health Secure Complete (HMO-DSNP)

Code	Procedure Description	Frequency
DIAGNOSTIC PROCEDURES		
D0120	Periodic oral evaluation	1/6 months
D0140	Limit oral evaluation problem focus	1/12 months
D0150	Comprehensive oral evaluation	1/12 months
D0160	Extensive oral evaluation problem focus	1/12 months
D0170	Re-evaluation - established patient, problem focus	1/12 months
D0171	Re-evaluation - post-operative office visit	1/12 months
D0180	Comprehensive periodontal evaluation	1/12 months
D0210	Intraoral complete film series	1/12 months
D0220	Intraoral periapical first film	1/12 months
D0230	Intraoral periapical each additional film	1/12 months
D0240	Intraoral occlusal film	1/12 months
D0250	Extraoral first film	1/12 months
D0251	Extraoral posterior dental radiographic image	1/12 months
D0270	Dental bitewing single image	1/12 months
D0272	Dental bitewings two images	1/12 months
D0273	Bitewings - three images	1/12 months
D0274	Bitewings four images	1/12 months
D0277	Vertical bitewings 7 to 8 images	1/12 months
D0310	Dental sialography	1/12 months
D0320	Dental TMJ arthrogram included	1/12 months
D0321	Other TMJ images by report	1/12 months
D0322	Dental tomographic survey	1/12 months
D0330	Panoramic image	1/12 months
D0340	Cephalometric image	1/12 months
D0350	Oral/facial photo images	1/12 months
D0414	Laboratory processing of microbial specimen	1/12 months
D0415	Collection of microorganisms	1/12 months
D0416	Viral culture	1/12 months
D0425	Caries susceptibility test	1/12 months
D0431	Diagnostic test - detect mucosal abnormalities	1/12 months
D0460	Pulp vitality test	1/12 months
D0470	Diagnostic casts	1/12 months
D0472	Gross exam, prep & report	1/12 months
D0473	Micro exam, prep & report	1/12 months
D0474	Micro w/exam of surgical margins	1/12 months
D0475	Decalcification procedure	1/12 months
D0476	Specimen stains for microorganism	1/12 months
D0477	Specimen stains not for microorganisms	1/12 months

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Code	Procedure Description	Frequency
D0502	Other oral pathology procedure	1/12 months
<i>*Panoramic film (D0330) may be taken in place of intraoral - complete film series (D0210)</i>		
PREVENTIVE PROCEDURES		
D1110	Dental prophylaxis - adult	1/6 months
D1208	Topical application of fluoride	1/12 months
RESTORATIVE PROCEDURES		
D2140	Amalgam one surface permanent	1/36 months
D2150	Amalgam two surfaces permanent	1/36 months
D2160	Amalgam three surfaces permanent	1/36 months
D2161	Amalgam 4 or more surfaces permanent	1/36 months
D2330	Resin one surface - anterior	1/36 months
D2331	Resin two surfaces - anterior	1/36 months
D2332	Resin three surfaces - anterior	1/36 months
D2335	Resin 4 or more surfaces or w/incisal angle	1/36 months
D2390	Anterior resin-based composite crown	1/36 months
D2391	Posterior 1 surface resin based composite	1/36 months
D2392	Posterior 2 surface resin based composite	1/36 months
D2393	Posterior 3 surface resin based composite	1/36 months
D2394	Post 4 or more surfaces resin based composite	1/36 months
D2510	Dental inlay metallic 1 surface	1/60 months
D2520	Dental inlay metallic 2 surfaces	1/60 months
D2530	Dental inlay metallic 3 or more surfaces	1/60 months
D2542	Dental onlay metallic 2 surfaces	1/60 months
D2543	Dental onlay metallic 3 surfaces	1/60 months
D2544	Dental onlay metallic 4 or more surfaces	1/60 months
D2610	Inlay porcelain/ceramic 1 surface	1/60 months
D2620	Inlay porcelain/ceramic 2 surfaces	1/60 months
D2630	Dental onlay porcelain 3 or more surfaces	1/60 months
D2642	Dental onlay porcelain 2 surfaces	1/60 months
D2643	Dental onlay porcelain 3 surfaces	1/60 months
D2644	Dental onlay porcelain 4 or more surfaces	1/60 months
D2650	Inlay composite/resin one surface	1/60 months
D2651	Inlay composite/resin two surfaces	1/60 months
D2652	Dental inlay resin 3 or more surfaces	1/60 months
D2662	Dental onlay resin 2 surfaces	1/60 months
D2663	Dental onlay resin 3 surfaces	1/60 months
D2664	Dental onlay resin 4 or more surfaces	1/60 months
D2710	Crown resin-based indirect	1/60 months

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Code	Procedure Description	Frequency
D2712	Crown 3/4 resin-based composite	1/60 months
D2721	Crown resin w/base metal	1/60 months
D2722	Crown resin w/noble metal	1/60 months
D2740	Crown porcelain/ceramic substrate	1/60 months
D2750	Crown porcelain w/high noble metal	1/60 months
D2751	Crown porcelain fused base metal	1/60 months
D2752	Crown porcelain w/noble metal	1/60 months
D2781	Crown 3/4 cast base metal	1/60 months
D2782	Crown 3/4 cast noble metal	1/60 months
D2783	Crown 3/4 porcelain/ceramic	1/60 months
D2790	Crown full cast high noble metal	1/60 months
D2791	Crown full cast base metal	1/60 months
D2792	Crown full cast noble metal	1/60 months
D2910	Re-cement inlay, onlay or part	1/60 months
D2915	Re-cement cast or prefabricated post	1/60 months
D2920	Dental re-cement crown	1/60 months
D2930	Prefabricated stainless steel crown primary	Not applicable
D2931	Prefabricated stainless steel crown permanent tooth	
D2932	Prefabricated resin crown	
D2933	Prefabricated stainless steel crown	
D2934	Prefabricated steel crown primary	
D2940	Protective restoration	
D2950	Core build-up including any pins	
D2951	Tooth pin retention	
D2952	Post and core cast + crown	
D2953	Each additional cast post	
D2954	Prefabricated post/core + crown	
D2955	Post removal	
D2957	Each additional prefabricated post	
D2971	Add procedure, construction new crown	
D2975	Coping	
D2980	Crown repair	
<p>*Crowns – Single restorations only – one (1) crown procedure code is covered every sixty (60) months per member</p>		
<p>ENDODONTICS</p>		
D3110	Pulp cap direct	Not applicable
D3120	Pulp cap indirect	
D3220	Therapeutic pulpotomy	

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Code	Procedure Description	Frequency
D3221	Gross pulpal debridement	Not applicable
D3230	Pulpal therapy anterior primary	
D3240	Pulpal therapy posterior primary	
D3310	Endodontic therapy, anterior tooth	1/lifetime
D3320	Endodontic therapy, bicuspid tooth	1/lifetime
D3330	Endodontic therapy, molar	1/lifetime
D3331	Non-surgical treatment root canal obstruction	1/lifetime
D3332	Incomplete endodontic therapy	Not applicable
D3333	Internal root repair	
D3346	Retreat root canal anterior	
D3347	Retreat root canal bicuspid	
D3348	Retreat root canal molar	
D3351	Apexification/recalcification initial	
D3352	Apexification/recalcification interim	
D3353	Apexification/recalcification final	
D3410	Apicoectomy - anterior	
D3421	Root surgery bicuspid	
D3425	Root surgery molar	
D3426	Root surgery each additional root	
D3430	Retrograde filling	
D3450	Root amputation	
D3460	Endodontic endosseous implant	
D3470	Intentional replantation	
D3910	Isolation - tooth w/rubber dam	
D3920	Tooth splitting	
D3950	Canal prep/fitting of dowel	
PERIODONTICS		
D4210	Gingivectomy/gingivoplasty 4 or more teeth	Not applicable
D4211	Gingivectomy/gingivoplasty 1 to 3 teeth	
D4230	Anatomical crown exposure four or more teeth per quad	
D4231	Anatomical crown exposure 1-3 teeth per quad	
D4240	Gingival flap procedure w/root Planing	
D4241	Gingival flap procedure w/root Planing 1-3 teeth or tooth	
D4245	Apically positioned flap	
D4249	Crown lengthening hard tissue	
D4260	Osseous surgery 4 or more teeth	
D4261	Osseous surgery 1 to 3 teeth	
D4263	Bone replacement graft first site	
D4264	Bone replacement graft each additional site	

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Code	Procedure Description	Frequency
D4265	Biologic materials to aid soft/osseous tissue regeneration	Not applicable
D4266	Guided tissue regeneration resorbable	
D4267	Guided tissue regeneration non-resorbable	
D4268	Surgical revision procedure	
D4270	Pedicle soft tissue graft procedure	
D4273	Autogenous connective tissue graft procedure	
D4274	Distal/proximal wedge procedure	
D4275	Soft tissue allograft	
D4276	Combined connective tissue double pedicle graft	
D4277	Soft tissue graft first tooth	
D4278	Soft tissue graft additional tooth	
D4283	Auto Connective Tissue Graft	
D4285	Non-Auto Connective Tissue Graft	
D4320	Provisional splinting intracoronal	
D4321	Provisional splinting extracoronal	
D4341	Periodontal scaling & root planing	
D4342	Periodontal scaling 1-3 teeth	1/24 months
D4346	Scaling presence of generalized moderate/severe gingival inflammation	1/24 months
D4355	Full mouth debridement	1/36 months
D4381	Localized delivery antimicrobial agents	Not applicable
D4910	Periodontal maintenance procedures	1/6 months
D4920	Unscheduled dressing change	Not applicable
PROSTHODONTICS (REMOVEABLE)		
D5110	Dentures complete maxillary	1/60 months
D5120	Dentures complete mandibular	1/60 months
D5130	Dentures immediate maxillary	1/60 months
D5140	Dentures immediate mandibular	1/60 months
D5211	Dentures maxillary partial resin	1/60 months
D5212	Dentures mandibular partial resin	1/60 months
D5213	Dentures maxillary partial metal	1/60 months
D5214	Dentures mandibular partial metal	1/60 months
D5221	Immediate maxillary partial denture - resin base	1/60 months
D5222	Immediate mandibular partial denture - resin base	1/60 months
D5223	Immediate maxillary partial denture cast metal framework with resin denture bases	1/60 months
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases	1/60 months
D5225	Maxillary partial denture flexible	1/60 months

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Code	Procedure Description	Frequency
D5226	Mandibular partial denture flexible	1/60 months
D5281	Removable partial denture	Not applicable
D5410	Dentures adjust complete maxillary	
D5411	Dentures adjust complete mandibular	
D5421	Dentures adjust partial maxillary	
D5422	Dentures adjust partial mandibular	
D5511	Dentures repair broken complete denture base, mandibular	
D5512	Dentures repair broken complete denture base, maxillary	
D5520	Replace denture teeth complete	
D5611	Dentures repair resin partial denture base, mandibular	
D5612	Dentures repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair partial denture clasp	
D5640	Replace partial denture teeth	
D5650	Add tooth to partial denture	
D5660	Add clasp to partial denture	
D5670	Replace all teeth & acrylic on cast metal framework maxillary	
D5671	Replace all teeth & acrylic on cast metal framework mandibular	
D5710	Dentures rebase complete maxillary	
D5711	Dentures rebase complete mandibular	
D5720	Dentures rebase partial maxillary	
D5721	Dentures rebase partial mandibular	
D5730	Denture reline complete maxillary denture	
D5731	Denture reline complete mandibular denture	
D5740	Denture reline maxillary partial denture chairside	
D5741	Denture reline mandibular partial denture chairside	
D5750	Denture reline complete maxillary denture chairside	
D5751	Denture reline complete mandibular denture chairside	
D5760	Denture reline partial maxillary lab	
D5761	Denture reline partial mandibular lab	
D5810	Denture interim complete denture maxillary	
D5811	Denture interim complete denture mandibular	
D5820	Denture interim partial maxillary	
D5821	Denture interim partial mandibular	
D5850	Denture tissue conditioning maxillary	
D5851	Denture tissue conditioning mandibular	

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Code	Procedure Description	Frequency	
D5863	Overdenture – complete maxillary	Not applicable	
D5864	Overdenture – partial maxillary		
D5865	Overdenture – complete mandibular		
D5866	Overdenture – partial mandibular		
D5867	Replacement of replaceable part of semi-precision or precision attachment		
D5875	Prosthesis modification		
PROSTHODONTICS (FIXED)			
D6205	Pontic-indirect resin based composite	Not applicable	
D6210	Prosthodontic high noble metal	Not applicable	
D6211	Bridge base metal cast	1/60 months	
D6212	Bridge noble metal cast	1/60 months	
D6241	Bridge porcelain base metal	1/60 months	
D6242	Bridge porcelain noble metal	1/60 months	
D6245	Bridge porcelain/ceramic	1/60 months	
D6251	Bridge resin base metal	1/60 months	
D6252	Bridge resin w/noble metal	1/60 months	
D6253	Provisional pontic	Not applicable	
D6545	Dental retainer cast metal		
D6548	Porcelain/ceramic retainer		
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Porcelain/ceramic inlay 2 surfaces		
D6601	Porcelain/ceramic inlay 3 or more surfaces		
D6602	Cast high noble metal inlay 2 surfaces		
D6603	Cast high noble metal inlay 3 or more surfaces		
D6604	Cast base metal inlay 2 surfaces		
D6605	Cast base metal inlay 3 or more surfaces		
D6606	Cast noble metal inlay 2 surfaces		
D6607	Cast noble metal inlay 3 or more surfaces		
D6608	Onlay porcelain/ceramic 2 surfaces		
D6609	Onlay porcelain/ceramic 3 or more surfaces		
D6612	Onlay cast base metal 2 surfaces		
D6613	Onlay cast base metal 3 or more surfaces		
D6614	Onlay cast noble metal 2 surfaces		
D6615	Onlay cast noble metal 3 or more surfaces		
D6710	Crown-indirect resin based		1/60 months
D6721	Crown resin w/base metal		1/60 months
D6722	Crown resin w/noble metal	1/60 months	
D6740	Crown porcelain/ceramic	1/60 months	

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Code	Procedure Description	Frequency	
D6751	Crown porcelain base metal	1/60 months	
D6752	Crown porcelain noble metal	1/60 months	
D6781	Crown 3/4 high noble metal	1/60 months	
D6782	Crown 3/4 cast base metal	1/60 months	
D6783	Crown 3/4 cast noble metal	1/60 months	
D6791	Crown 3/4 porcelain/ceramic	1/60 months	
D6792	Crown full noble metal cast	1/60 months	
D6793	Provisional retainer crown	Not applicable	
D6920	Dental connector bar		
D6930	Dental re-cement bridge		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial repair		
ORAL & MAXILLOFACIAL SURGERY			
D7140	Extraction erupted tooth/exposed root		1/lifetime
D7210	Removal impacted tooth w/mucoperiosteal flap	1/lifetime	
D7220	Impacted tooth remove soft tissue	1/lifetime	
D7230	Impacted tooth remove partially bony	1/lifetime	
D7240	Impacted tooth remove complete bony	1/lifetime	
D7241	Impacted tooth remove bony w/complications	1/lifetime	
D7250	Tooth root removal	1/lifetime	
D7260	Oroantral fistula closure	Not applicable	
D7261	Primary closure sinus perforation		
D7270	Tooth reimplantation		
D7272	Tooth transplantation		
D7280	Exposure of an unerupted tooth		
D7282	Mobilize erupted/malpositioned tooth		
D7283	Place device impacted tooth		
D7285	Biopsy of oral tissue hard		
D7286	Biopsy of oral tissue soft		
D7287	Exfoliative cytological collection		
D7288	Brush biopsy		
D7290	Repositioning of teeth		
D7291	Transseptal fiberotomy/supra crestal fiberotomy		
D7292	Screw retained plate		
D7293	Temporary anchorage device w/flap		
D7294	Temporary anchorage device w/o flap		
D7310	Alveoloplasty w/extraction 4 or more teeth		
D7311	Alveoloplasty w/extract 1-3 teeth		

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D7320	Alveoloplasty w/o extraction 4 or more teeth	Not applicable	
D7321	Alveoloplasty w/o extraction 1-3 teeth		
D7340	Vestibuloplasty ridge extension		
D7350	Vestibuloplasty extension graft		
D7410	Excision benign lesion up to 1.25cm		
D7411	Excision benign lesion greater than 1.25cm		
D7412	Excision benign lesion complete		
D7413	Excision malignant lesion up to 1.25cm		
D7414	Excision malignant lesion greater than 1.25cm		
D7415	Excision malignant lesion complications		
D7440	Malignant tumor excision up to 1.25cm		
D7441	Malignant tumor greater than 1.25cm		
D7450	Removal benign odontogenic cyst up to 1.25cm		
D7451	Removal benign odontogenic cyst greater than 1.25cm		
D7460	Removal benign non-odontogenic cyst up to 1.25cm		
D7461	Removal benign non-odontogenic cyst greater than 1.25cm		
D7471	Removal exostosis any site		
D7472	Removal of torus palatinus		
D7473	Removal torus mandibularis		
D7485	Surgical reduction osseous tuberosity		
D7510	Incision/drain abscess intraoral soft tissue		
D7511	Incision/drain abscess intraoral soft tissue - complicated		
D7520	Incision/drain abscess extraoral		
D7521	Incision/drain abscess extraoral soft tissue - complicated		
D7530	Removal foreign body skin/areolar tissue		
D7540	Removal of foreign body reaction		
D7960	Frenulectomy or frenotomy		
D7963	Frenuloplasty		
D7970	Excision hyperplastic tissue		
D7971	Excision pericoronal gingiva		
D7972	Surgical reduction fibrous tuberosity		
D7997	Appliance removal		
<p>*Extractions (includes local anesthesia, suturing, if needed, and routine post-operative care)</p>			
<p>ADJUNCTIVE GENERAL SERVICES</p>			
D9110	Treatment dental pain minor procedure	Not applicable	
D9120	Fix partial denture section		
D9210	Dental anesthesia w/o surgery		
D9211	Regional block anesthesia		

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D9212	Trigeminal block anesthesia	Not applicable
D9215	Local anesthesia	
D9219	Evaluation for deep sedation or general anesthesia	
D9222	Deep sedation/general anesthesia - each 15 minute increment	
D9230	Analgesia	
D9239	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	
D9248	Sedation (non-IV)	
D9310	Dental consultation	
D9311	Consultation with a medical health care professional	
D9410	Dental house call	
D9420	Hospital/ASC call	
D9430	Office visit during hours	
D9440	Office visit after hours	
D9450	Case presentation treatment plan	
D9610	Dental therapeutic drug injection	
D9612	Therapeutic parenteral drugs 2 or more administrations	
D9630	Other drugs/medicaments	
D9910	Application of desensitizing medicament	
D9911	Application desensitizing resin	
D9920	Behavior management	
D9930	Treatment of complications	
D9940	Dental occlusal guard	
D9942	Repair/reline occlusal guard	
D9950	Occlusion analysis	
D9951	Limited occlusal adjustment	
D9952	Complete occlusal adjustment	