

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:

	Plan A	Plan B
Calendar Year Deductible	\$50	\$100
Calendar Year Maximum	\$1500	\$1000
Lifetime TMJ Maximum	\$300	\$300

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 dislocation
- 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 Sialolithotomy
- 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 – $\frac{3}{4}$ 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 – $\frac{3}{4}$ cast high noble metal
- D2781 Crown – $\frac{3}{4}$ predominantly base metal
- D2782 Crown – $\frac{3}{4}$ cast noble metal
- D2783 Crown – $\frac{3}{4}$ 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
- 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

- D4261 Osseous surgery (including flap entry and closure) - one to three teeth contiguous teeth or tooth bounded spaces per quadrant
- 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
- D4271 Free soft tissue graft procedure (including donor site surgery)
- D4273 Subepithelial connective tissue graft procedures, per tooth
- D4341 Periodontal scaling and root planning - four or more teeth per quadrant
- D4342 Periodontal scaling and root planning - one to three teeth, per quadrant
- D4355 Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis (once per patient per lifetime)
- D4920 Unscheduled dressing change (by someone other than treating dentist)
- D4999 Unspecified periodontal procedure, by report

Prosthodontics

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

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

- D5110 Complete denture – Maxillary
- D5120 Complete denture – Mandibular
- D5130 Immediate denture – Maxillary
- D5140 Immediate denture – Mandibular
- D5211 Maxillary partial denture – resin base (including any conventional clasps, rest and teeth)
- D5212 Maxillary partial denture – resin base (including conventional clasps, rests and teeth)
- D5213 Maxillary partial denture – cast metal framework with resin denture bases (including conventional clasps, rests and teeth)
- D5214 Mandibular partial denture - cast metal framework with resin denture bases (including 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)
- D5410 Adjust complete denture – maxillary
- D5411 Adjust complete denture – mandibular
- D5421 Adjust partial denture – maxillary
- D5422 Adjust partial denture – mandibular
- D5820 Interim partial denture (maxillary)
- D5821 Interim partial denture (mandibular)
- D5850 Tissue conditioning, maxillary
- D5851 Tissue conditioning, mandibular
- D5999 Unspecified maxillofacial prosthesis, by report
- D6205 Inlay – cast predominantly base metal, three or more surfaces
- 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
- 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 – $\frac{3}{4}$ cast high noble metal
- D6781 Crown – $\frac{3}{4}$ cast predominantly base metal
- D6782 Crown – $\frac{3}{4}$ cast noble metal
- D6783 Crown – $\frac{3}{4}$ 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: eosteal 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 Crownplant 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

This document represents codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between Delta Dental's plan benefits and processing policies and the descriptors found in CDT. 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.