DELTA DENTAL
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DC 37 HEALTH & SECURITY PLAN
LIST OF COVERED DENTAL SERVICES & PROCEDURES
EFFECTIVE SEPTEMBER 1, 2020

Please review the Important Participant Information for general rules on coverage, coverage maximums for dental and orthodontia care, frequency changes effective September 1, 2020, predetermination requirements and coverage exclusions. The List of DC 37 Health & Security Plan Eligible Dental Services effective September 1, 2020 is below.

CDT	PROCEDURE CODE DESCRIPTION
D0120	Periodic oral evaluation
D0140	Limited oral evaluation, problem focused
D0145	Exam patient under 3 years include counsel
D0150	Comprehensive oral evaluation
D0170	Re-evaluation
D0180	Comprehensive periodontal evaluation
D0210	Intraoral complete series (including bitewings)
D0220	Intraoral periapical, first film
D0230	Intraoral periapical, each additional film
D0240	Intraoral, occlusal film
D0250	Extraoral, first film
D0270	Bitewing, single film
D0272	Bitewings, two films
D0273	Bitewings, three films
D0274	Bitewing, four films
D0277	Vertical bitewings, 7 to 8 films
D0310	Sialography
D0321	Other TMJ films, by report
D0330	Panoramic film

CDT	PROCEDURE CODE DESCRIPTION
D0340	Cephalometric film
D0415	Bacteriologic studies for determination of pathology
D0417	Collection/prep of saliva sample
D0422	Collection of genetic sample
D0486	Access of tissue, brush biopsy
D0999	Unspecified diagnostic procedure, by report
D1110	Prophylaxis, adult
D1120	Prophylaxis, child
D1208	Topical application of fluoride
D1206	Topical fluoride varnish
D1351	Sealants per tooth to age 14
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth – to age 14
D1510	Space maintainer, fixed, unilateral
D1516	Space maintainer, fixed, bilateral maxillary
D1517	Space maintainer, fixed, bilateral mandibular
D1520	Space maintainer, removable, unilateral
D1526	Space maintainer, removable, bilateral maxillary
D1527	Space maintainer, removable, bilateral mandibular
D1575	Distal shoe space maintainer, fixed, unilateral
D1999	Unspecified preventive procedure by report
D2140	Amalgam, 1 surface, primary/permanent
D2150	Amalgam, 2 surfaces, primary/permanent
D2160	Amalgam, 3 surfaces, primary/permanent
D2161	Amalgam, 4 or more surfaces, primary/permanent
D2330	Resin-based composite, 1 surface, anterior
D2331	Resin-based composite, 2 surfaces, anterior
D2332	Resin-based composite, 3 surfaces, anterior
D2335	Resin-based composite, 4 or more surface anterior
D2391	Resin-based composite, 1 surface, posterior
D2392	Resin-based composite, 2 surfaces, posterior
D2393	Resin-based composite, 3 surfaces, posterior

CDT	PROCEDURE CODE DESCRIPTION
D2394	Resin-based composite, 4 or more surface posterior
D2510	Inlay, metallic, 1 surface
D2520	Inlay, metallic, 2 surfaces
D2530	Inlay, metallic, 3 or more surfaces
D2542	Onlay, metallic, 2 surfaces
D2543	Onlay, metallic, 3 surfaces
D2544	Onlay, metallic, 4 or more surfaces
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 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 base metal
D2752	Crown, porcelain fused to noble metal
D2753	Crown, porcelain to titanium/titanium alloys
D2780	Crown, 3/4 cast high noble metal
D2781	Crown, 3/4 cast predominantly base metal
D2782	Crown, 3/4 cast noble metal
D2790	Crown, full cast high noble metal
D2791	Crown, full cast predominantly base metal
D2792	Crown, full cast noble metal
D2794	Crown, titanium
D2910	Recement inlay
D2920	Recement crown
D2929	Prefabricated porcelain/ceramic crown, primary tooth
D2930	Prefabricated stainless steel crown, primary tooth
D2931	Prefabricated stainless steel crown, permanent tooth
D2933	Prefabricated stainless steel crown with resin window
D2934	Prefabricated, esthetic coated stainless steel crown

CDT	PROCEDURE CODE DESCRIPTION
D2940	Sedative filling
D2941	Interim therapeutic restoration
D2950	Core buildup, including any pins
D2951	Pin retention, per tooth
D2952	Cast post and core, in addition to crown
D2954	Prefabricated post and core in add to crown
D2980	Crown repair, by report
D2981	Inlay repair
D2982	Onlay repair
D2999	Unspecified restorative procedure, by rep
D3220	Theraputic, pulpotomy exclusive of final restoration
D3221	Pulpal debridement, primary and permanent
D3222	Partial pulpotomy for apexogenesis
D3310	Root canal therapy – anterior
D3320	Root canal therapy – bicuspid
D3330	Root canal therapy – molar
D3351	Apexification/recalcification, initial
D3352	Apexification/recalcification, interim
D3353	Apexification/recalcification, final
D3355	Pulpal regeneration, initial visit
D3356	Pulpal regeneration, interim
D3357	Pulpal regeneration, completion
D3410	Apicoectomy/periradicular surgery, anterior
D3421	Apicoectomy/periradicular surgery, bicuspid
D3425	Apicoectomy/periradicular surgery, molar (1st root)
D3426	Apicoectomy/periradicular surgery (each add root)
D3427	Periradicular surgery without apicoectomy
D3430	Retrograde filling, per root
D3450	Root amputation, per root
D3920	Hemisection (incl. root removal)
D3999	Unspecified endodontic procedure, by rep

CDT	PROCEDURE CODE DESCRIPTION
D4210	Gingivectomy or gingivoplasty, 4+ teeth
D4211	Gingivectomy or gingivoplasty, 1-3 teeth
D4230	Exposure anatomic, crown 4+ teeth
D4231	Exposure anatomic, crown 1-3 teeth
D4240	Gingival flap proc, including root planing, 4+
D4241	Gingival flap proc, including root planing, 1-3
D4245	Apically positioned flap
D4249	Clinical crown lengthening, hard tissue
D4260	Osseous surgery (including flap entry/closure), 4+
D4261	Osseous surgery (including flap entry/closure), 1-3
D4273	Subepithelial connective tissue graft
D4274	Distal or proximal wedge procedure
D4275	Soft tissue allograft
D4276	Combined connective tissue graft
D4277	Free soft tissue graft, first tooth in quadrant
D4320	Provisional splinting, intracoronal
D4321	Provisional splinting, extracoronal
D4341	Periodontal scaling and root planing, 4 +
D4342	Periodontal scaling and root planing, 1-3
D4346	Scaling in the presence of inflammation, per quadrant
D4910	Periodontal maintenance
D4920	Unscheduled dressing change
D4999	Unspecified periodontal procedure, by rep
D5110	Complete denture, maxillary
D5120	Complete denture, mandibular
D5130	Immediate denture, maxillary
D5140	Immediate denture, mandibular
D5211	Maxillary partial denture-resin base
D5212	Mandibular partial denture-resin base
D5213	Maxillary partial denture-cast metal framework
D5214	Mandibular partial denture-cast metal framework

CDT	PROCEDURE CODE DESCRIPTION
D5221	Immediate maxillary partial denture resin
D5222	Immediate mandibular partial denture: resin
D5223	Immediate maxillary partial denture: cast metal
D5224	Immediate mandibular partial denture: cast metal
D5225	Maxillary partial denture flexible base
D5226	Mandibular partial denture flexible base
D5282	Removable unilateral partial denture: maxillary
D5283	Removable unilateral partial denture: mandibular
D5284	Removable unilateral partial: flexible denture/quad
D5286	Removable unilateral partial: resin quad
D5410	Adjust complete denture, maxillary
D5411	Adjust complete denture, mandibular
D5421	Adjust partial denture, maxillary
D5422	Adjust partial denture, mandibular
D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5520	Replace missing or broken teeth, complete
D5611	Repair resin partial denture base, mandibular
D5612	Repair resin partial denture base, maxillary
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
D5630	Repair or replace broken clasp
D5640	Replace broken teeth, per tooth, partial
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture
D5730	Reline complete maxillary denture (chair)
D5731	Reline complete mandibular denture (chair)
D5740	Reline maxillary partial denture (chair)
D5741	Reline mandibular partial denture (chair)
D5750	Reline complete maxillary denture (lab)
D5751	Reline complete mandibular denture (lab)

CDT	PROCEDURE CODE DESCRIPTION
D5760	Reline maxillary partial denture (lab)
D5761	Reline mandibular partial denture (lab)
D5850	Tissue conditioning, maxillary
D5851	Tissue conditioning, mandibular
D5863	Overdenture: complete maxillary
D5864	Overdenture: partial maxillary
D5865	Overdenture: complete mandibular
D5866	Overdenture: partial mandibular
D5876	Add metal substructure to acrylic full denture
D5899	Unspecified removable prosthodontic proc
D5931	Obturator prosthesis – surgical
D5932	Obturator prosthesis – definitive
D5991	Topical medicament carrier
D5999	Unspecified maxillofacial prosthesis
D6010*	Surgical placement: endosteal implant
D6040*	Surgical placement: eposteal implant
D6050*	Surgical placement: transosteal implant
D6058	Abutment supported porcelain/ceramic crown
D6059	Abut supp porcelain/high metal crown
D6060	Abut supp porcelain/base metal crown
D6061	Abut supp porcelain/noble metal crown
D6062	Abutment supported cast metal crown-high
D6063	Abutment supported cast metal crown-base
D6064	Abutment supported cast metal crown-noble
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported PFM crown: titanium
D6067	Implant supported metal crown: titanium
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture
D6069	Abutment supp retainer for PFM – high noble
D6070	Abutment supp retainer for PFM – base metal
D6071	Abutment supp retainer for PFM – noble metal

CDT	PROCEDURE CODE DESCRIPTION
D6072	Abutment supported retainer for cast metal
D6073	Abutment supported retainer for cast metal
D6074	Abutment supported retainer for cast metal
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for PFM FPD
D6077	Implant supported retainer for cast metal FPD
D6083	Implant supported crown: porcelain/noble alloys
D6084	Implant supported crown: porcelain to titanium alloys
D6092	Recement implant supported crown
D6093	Recement implant supported FPD
D6094	Abutment supported crown: titanium
D6097	Abutment supported crown: porcelain to titanium/alloys
D6110	Implant/abutment supported removable complete maxillary denture
D6111	Implant/abutment supported removable complete mandibular denture
D6112	Implant/abutment supported removable partial maxillary
D6113	Implant/abutment supported removable partial mandibular
D6114	Implant/abutment supported fixed complete maxillary
D6115	Implant/abutment supported fixed comp mandibular
D6116	Implant/abutment supported fixed part maxillary
D6117	Implant/abutment supported fixed part mandibular
D6194	Abutment supported retainer crown for fixed partial denture
D6199	Unspecified implant procedure, by report
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 base metal
D6242	Pontic – porcelain fused to noble metal
D6245	Pontic – porcelain/ceramic

CDT	PROCEDURE CODE DESCRIPTION
D6250	Pontic – resin with high noble metal
D6251	Pontic – resin with predominantly base metal
D6252	Pontic – resin with noble metal
D6545	Retainer – cast metal for resin bonded fixed
D6549	Resin retainer for resin bonded prosthesis
D6602	Inlay – cast high noble metal, 2 surfaces
D6603	Inlay – cast high noble metal, 3+ surfaces
D6604	Inlay – cast base metal, 2 surfaces
D6605	Inlay – cast base metal, 3+ surfaces
D6606	Inlay – cast noble metal, 2 surfaces
D6607	Inlay – cast noble metal, 3+ surfaces
D6610	Onlay – cast high noble metal, 2 surfaces
D6611	Onlay – cast high noble metal, 3+ surfaces
D6612	Onlay – cast base metal, 2 surfaces
D6613	Onlay – cast base metal, 3+ surfaces
D6614	Onlay – cast noble metal, 2 surfaces
D6615	Onlay – cast noble metal, 3+ surfaces
D6624	Inlay – titanium
D6634	Onlay – titanium
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 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
D6790	Crown – full cast high noble metal

CDT	PROCEDURE CODE DESCRIPTION
D6792	Crown – full cast noble metal
D6794	Crown – titanium
D6930	Recement fixed partial denture
D6980	Fixed partial denture repair, by report
D6999	Unspecified, fixed prosthodontic procedure, by report
D7111	Extract coronal remnants deciduous tooth
D7140	Extraction, erupted tooth or exposed root
D7210	Surgical removal of erupted 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 difficulty
D7250	Surgical removal of residual tooth roots
D7251	Coronectomy
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7280	Surgical access of an unerupted tooth
D7283	Placement of device to facilitate eruption of impacted tooth
D7285	Biopsy of oral tissue, hard (bone, tooth)
D7286	Biopsy of oral tissue, soft (all others)
D7288	Brush biopsy
D7290	Surgical repositioning of teeth
D7310	Alveoloplasty with extraction, quad
D7311	Alveoloplasty with extraction, 1-3 teeth
D7320	Alveoloplasty without extraction, quad
D7321	Alveoloplasty without extraction, 1-3 teeth
D7340	Vestibuloplasty, ridge extension
D7350	Vestibuloplasty, ridge extension, including grafts
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater 1.25 cm
D7412	Excision of benign lesion, complicated

CDT	PROCEDURE CODE DESCRIPTION
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater 1.25 cm
D7415	Excision of malignant lesion, complicated
D7440	Excision of malignant tumor, up to 1.25 cm
D7441	Excision of malignant tumor, greater 1.25 cm
D7450	Removal of odontogenic cyst/tumor, up to 1.25 cm
D7451	Removal benign odontogenic cyst/tumor, greater 1.25 cm
D7460	Removal benign nonodontogenic cyst/tumor, up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst/tumor, 1.25 cm+
D7471	Removal of lateral exostosis (maxilla/mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7490	Radical resection of mandible with bone graft
D7510	Incision and drainage of abscess, intraoral
D7511	Incision and drainage of abscess, intraoral/complicated
D7520	Incision and drainage of abscess, extraoral
D7521	Incision and drainage of abscess, extraoral/compl
D7530	Removal of foreign body from mucosa, skin
D7540	Removal of reaction prod foreign bodies
D7550	Partial ostectomy/sequestrectomy
D7560	Sinusotomy for rem tooth frag/foreign body
D7610	Maxilla, open reduction, teeth immobilized
D7620	Maxilla, closed reduction, teeth immobilized
D7630	Mandible, open reduction, teeth immobilized
D7640	Mandible, closed reduction, teeth immobilized
D7650	Malar and/or zygomatic arch, open reduction
D7660	Malar and/or zygomatic arch, closed reduction
D7670	Alveolus, closed reduction, may include stabilization
D7671	Alveolus, open reduction, may include stabilization
D7680	Facial bones, complicated reduction w/fixation

CDT	PROCEDURE CODE DESCRIPTION
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 stab of teeth
D7771	Alveolus, closed reduction stab of teeth
D7780	Facial bones, complicated reduction w/fixation
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7860	Arthrotomy
D7870	Arthrocentesis
D7940	Osteoplasty – for orthognathic deformities
D7955	Repair of maxillofacial soft/hard tissue
D7960	Frenulectomy (frenectomy or frenotomy)
D7963	Frenuloplasty
D7970	Excision of hyperplastic tissue/arch
D7971	Excision of pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity
D7979	Non-surgical sialolithotomy
D7980	Sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7999	Unspecified oral surgery procedure
D8010	Limited ortho treatment of primary dentition

CDT	PROCEDURE CODE DESCRIPTION
D8020	Limited ortho treatment of transitional dentition
D8030	Limited ortho treatment of adolescent dentition
D8040	Limited ortho treatment of adult dentition
D8050	Interceptive ortho treatment of primary
D8060	Interceptive ortho treatment of transitional
D8070	Complete ortho treatment of transitional dentition
D8080	Complete ortho treatment of adolescent dentition
D8090	Complete ortho treatment of adult dentition
D8210	Removable appliance for habit control
D8220	Fixed/cemented appliance for habit control
D8670	Periodic ortho treatment visit
D8999	Unspecified ortho procedure, by report
D9110	Palliative (emergency) treatment of dental pain
D9222	Deep sedation/ general anesthesia, first 15 minutes
D9223	Deep sedation/gen. anesthesia, each subsequent 15 min.
D9230	Analgesia, anxiolysis, nitrous oxide
D9239	Intravenous moderate(conscious) sedation, each 15 min
D9243	Intravenous moderate(conscious) sedation, each 15 min
D9310	Consultation (other than practitioner)
D9420	Hospital call
D9930	Treatment of complications (post-surgical)
D9944	Occlusal guard: hard appliance, full arch
D9945	Occlusal guard: soft appliance, full arch
D9946	Occlusal guard: hard appliance, partial arch
D9952	Occlusal adjustment, complete
D9999	Unspecified adjunctive procedure, by report

* D6010, D6040, D6050: Lower jaw: removable full denture only. Implants in upper jaw not covered. $250 lifetime limit.