



Blue Medicare Advantage - Preventive

The following is a **complete** list of dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted provider to utilize covered benefits.

If elected, Member is responsible for all non-covered procedures.

| CDT Code | Description | Member Responsibility | Limitations |
|------------------------------------|--|-----------------------|---|
| Diagnostic Services | | | |
| D0120 | Periodic oral evaluation | 0% | 2 of (D0120-D0180) every calendar year |
| D0140 | Limited oral evaluation | 0% | |
| D0150 | Comprehensive oral evaluation | 0% | |
| D0160 | Oral evaluation, problem focused | 0% | |
| D0170 | Re-evaluation, limited, problem focused | 0% | |
| D0171 | Re-evaluation, post operative office visit | 0% | |
| D0180 | Comprehensive periodontal evaluation | 0% | |
| D0210 | Intraoral, complete series of radiographic images | 0% | 1 of (D0210, D0330) every 36 months |
| D0220 | Intraoral, periapical, first radiographic image | 0% | 2 of (D0270-D0274) every calendar year |
| D0230 | Intraoral, periapical, each add 'l radiographic image | 0% | |
| D0270 | Bitewing, single radiographic image | 0% | |
| D0272 | Bitewings, two radiographic images | 0% | |
| D0273 | Bitewings, three radiographic images | 0% | |
| D0274 | Bitewings, four radiographic images | 0% | 1 (D0277) every 36 months |
| D0277 | Vertical bitewings, 7 to 8 radiographic images | 0% | 1 of (D0210, D0330) every 36 months |
| D0330 | Panoramic radiographic image | 0% | |
| Preventive Services | | | |
| D1110 | Prophylaxis, adult | 0% | 2 of (D1110, D4346, D4910) every calendar year |
| Periodontal Services | | | |
| D4341 | Periodontal scaling and root planing, four or more teeth per quadrant | 0% | 1 of (D4341, D4342) per site/quad every 24 months |
| D4342 | Periodontal scaling and root planing, one to three teeth per quadrant | 0% | |
| D4346 | Scaling in presence of moderate or severe inflammation, full mouth after evaluation | 0% | 2 of (D1110, D4346, D4910) every calendar year |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit | 0% | 1 (D4355) every 36 months |
| D4910 | Periodontal maintenance | 0% | 2 of (D1110, D4346, D4910) every calendar year |
| Adjunctive General Services | | | |
| D9110 | Palliative (emergency) treatment, minor procedure | 0% | 1 (D9110) every calendar year |
| D9991 | Dental case management, addressing appointment compliance barriers | 0% | 2 of (D9995, D9996) every calendar year |
| D9992 | Dental case management, care coordination | 0% | |
| D9993 | Dental case management, motivational interviewing | 0% | |
| D9994 | Dental case management, patient education to improve oral health literacy | 0% | |
| D9995 | Teledentistry, synchronous; real-time encounter | 0% | |
| D9996 | Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review | 0% | |