

Maine Bureau of Insurance
2017 FEDVIP-Benchmark Pediatric Dental Services Chart
(Carriers are allowed to limit to children up to age 19)

GENERAL SERVICES
Anesthesia Services:
D9220 Deep sedation/general anesthesia- first 30 minutes
D9221 Deep sedation/general anesthesia- each additional 15 minutes
Intravenous Sedation:
D9241 Intravenous conscious sedation/analgesia- first 30 minutes
D9242 Intravenous conscious sedation/analgesia each additional 15 minutes
Consultations:
D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)
Medications:
D9610 Therapeutic drug injection, by report
Post Surgical Services:
D9930 Treatment of complications (post-surgical) unusual circumstances, by report

CLASS A BASIC
Diagnostic and Treatment Services:
D0120 Periodic oral evaluation- Limited to 1 every 6 months
D0140 Limited oral evaluation- problem focused- Limited to 1 every 6 months
D0150 Comprehensive oral evaluation- Limited to 1 every 6 months
D0180 Comprehensive periodontal evaluation- Limited to 1 every 6 months
D0210 Intraoral-complete series (including bitewings) 1 every 60 (sixty) months film
D0220 Intraoral- periapical first
D0230 Intraoral- periapical - each additional film
D0240 Intraoral- occlusal film
D0270 Bitewing- single film Adult -1 set every calendar year/Children -1 set every 6 months
D0272 Bitewings -two films -Adult -1 set every calendar year/Children -1 set every 6 months
D0274 Bitewings - four films Adult -1 set every calendar year/ Children -1 set every 6 months
D0277 Vertical bitewings-7 to 8 films-Adult-1 set every calendar year/Children -1 set every 6 months
D0330 Panoramic film-1 film every 60 (sixty) months
D0340 Cephalometric x-ray
D0350 Oral/ Facial Photographic Images
D0391 Interpretation of Diagnostic Image

D0470 Diagnostic Models
Preventative Services:
D1110 Prophylaxis-Adult- Limited to 1 every 6 months
D1120 Prophylaxis-Child- Limited to 1 every 6 months
D1206 Topical fluoride varnish- Over age 22- 1 in 12 months; Less than age 22- 2 in 12 months
D1351 Sealant- per tooth- unrestored permanent molars - Less than age 19. 1 sealant per tooth every 36 months
D1352 Preventative resin restorations in a moderate to high caries risk patient- permanent tooth- 1 sealant per tooth every 36 months
D1510 Space maintainer-fixed -unilateral-Limited to children under age 19
D1515 Space maintainer-fixed- bilateral-Limited to children under age 19
D1520 Space maintainer-removable-unilateral-Limited to children under age 19
D1525 Space maintainer-removable-bilateral-Limited to children under age 19
D1550 Re-cementation of space maintainer-Limited to children under age 19
Additional Procedures covered as Basic Services:
D9110 Palliative treatment of dental pain- minor procedure

CLASS B INTERMEDIATE
Minor Restorative Services:
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)
D2910 Re-cement inlay
D2920 Re-cement crown
D2930 Prefabricated stainless steel crown- primary tooth- Under age 15 - Limited to I per tooth in 60 months
D2931 Prefabricated stainless steel crown - permanent tooth - Under age 15 - Limited to I per tooth in 60 months
D2940 Protective Restoration
D2951 Pin retention per tooth, in addition to restoration
Endodontic Services:
D3220 Therapeutic pulpotomy (excluding final restoration)- <i>If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.</i>
D3222 Partial pulpotomy for apexogenesis- permanent tooth with incomplete root development <i>If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.</i>

D3230 Pulpal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration) • <i>Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.</i>
D3240 Pulpal therapy (resorbable filling)- posterior, primary tooth excluding final restoration). Incomplete endodontic treatment when you discontinue treatment. - <i>Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.</i>
Periodontal Services:
D4341 Periodontal scaling and root planning-four or more teeth per quadrant- Limited to 1 every 24 months
D4342 Periodontal scaling and root planning-one to three teeth, per quadrant- Limited to 1 every 24 months
D4910 Periodontal maintenance- 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy.
D7921 Collect - Apply Autologous Product - Limited to 1 in 36 months
Prosthodontic Services:
D5410 Adjust complete denture-maxillary
D5411 Adjust complete denture-mandibular
D5421 Adjust partial denture-maxillary
D5422 Adjust partial denture-mandibular
D5510 Repair broken complete denture base
D5520 Replace missing or broken teeth complete denture (each tooth)
D5610 Repair resin 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
D5710 Rebase complete maxillary denture- Limited to 1 in a 36-month period 6 months after the initial installation
D5720 Rebase maxillary partial denture- Limited to 1 in a 36-month period 6 months after the initial installation
D5721 Rebase mandibular partial denture- Limited to 1 in a 36-month period 6 months after the initial installation
D5730 Reline complete maxillary denture -Limited to 1 in a 36-month Period 6 months after the initial installation
D5731 Reline complete mandibular denture -Limited to 1 in a 36-month period 6 months after the initial installation
D5740 Reline maxillary partial denture- Limited to 1 in a 36-month period 6 months after the initial installation
D5741 Reline mandibular partial denture- Limited to 1 in a 36-month period 6 months after the initial installation
05750 Reline complete maxillary denture (laboratory) -Limited to 1 in a 36-month period 6 months after the initial installation
D5751 Reline complete mandibular denture (laboratory)- Limited to 1 in a 36-month period 6 months after the initial installation
D5760 Reline maxillary partial denture (laboratory)-Limited to 1 in a 36-month period 6 months after the initial installation
D5761 Reline mandibular partial denture (laboratory) Rebase/Reline- Limited to 1 in a 36-month period 6 months after the initial installation

D5850 Tissue conditioning (maxillary)
D5851 Tissue conditioning (mandibular)
D6930 Recement fixed partial denture
D6980 Fixed partial denture repair, by report
Oral Surgery:
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)
D7251 Coronectomy- intentional partial tooth removal
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 Surgical access of an unerupted tooth
D7310 Alveoloplasty in conjunction with extractions - per quadrant
D7311 Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D7320 Alveoloplasty not in conjunction with extractions- per quadrant
D7321 Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D7471 Removal of exostosis
D7510 Incision and drainage of abscess intraoral soft tissue
D7910 Suture of recent small wounds up to 5 cm
D7953 Bone replacement graft for ridge preservation-per site
D7971 Excision of pericoronal gingiva

CLASS C MAJOR

Major Restorative Services:

D0160 Detailed and extensive oral evaluation- problem focused, by report
D2510 Inlay- metallic- one surface- An alternate benefit will be provided
D2520 Inlay- metallic- two surfaces -An alternate benefit will be provided
D2530 Inlay- metallic-three surfaces -An alternate benefit will be provided
D2542 Onlay- metallic- two surfaces- Limited to 1 per tooth every 60 months
D2543 Onlay - metallic- three surfaces- Limited to 1 per tooth every 60 months
D2544 Onlay - metallic- four or more surfaces- Limited to 1 per tooth every 60 months
D2740 Crown- porcelain/ceramic substrate- Limited to 1 per tooth every 60 months
D2750 Crown- porcelain fused to high noble metal- Limited to 1 per tooth every 60 months

D2751 Crown- porcelain fused to predominately base metal-Limited to 1 per tooth every 60 months
D2752 Crown- porcelain fused to noble metal-Limited to 1 per tooth every 60 months
D2780 Crown - 3/4 cast high noble metal- Limited to 1 per tooth every 60 months
D2781 Crown - 3/4 cast predominately base metal- Limited to 1 per tooth every 60 months
D2783 Crown - 3/4 porcelain/ceramic- Limited to 1 per tooth every 60 months
D2790 Crown - full cast high noble metal- Limited to 1 per tooth every 60 months
D2791 Crown- full cast predominately base metal-Limited to 1 per tooth every 60 months
D2792 Crown - full cast noble metal- Limited to 1 per tooth every 60 months
D2794 Crown-titanium- Limited to 1 per tooth every 60 months
D2950 Core buildup, including any pins- Limited to 1 per tooth every 60 months
D2954 Prefabricated post and core, in addition to crown- Limited to 1 per tooth every 60 months
D2980 Crown repair, by report
D2981 Inlay Repair
D2982 Onlay Repair
D2983 Veneer Repair
D2990 Resin infiltration/smooth surface - Limited to 1 in 36 months
Endodontic Services:
D3310 Anterior root canal (excluding final restoration)
D3320 Bicuspid root canal (excluding final restoration)
D3330 Molar root canal (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 medication replacement (apical closure/calcific repair of perforations, root resorption. etc.)
D3353 Apexification/recalcification- final visit (includes completed root canal therapy, apical closure/calcific repair of perforations. root resorption. etc.)
D3354 Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp) does not include final restoration
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)
D3450 Root amputation- per root
D3920 Hemisection (including any root removal)- not including root canal therapy
Periodontal Services

D4210 Gingivectomy or gingivoplasty- four or more teeth-Limited to 1 every 36 months
D4211 Gingivectomy or gingivoplasty-one to three teeth
D4240 Gingival flap procedure, four or more teeth-Limited to 1 every 36 months
D4241 Gingival flap procedure, including root planning - one to three contiguous teeth or tooth bounded spaces per quadrant – Limited to 1 every 36 months
D4249 Clinical crown lengthening-hard tissue
D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant- Limited to 1 every 36 months
D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months
D4263 Bone replacement graft - first site in quadrant - Limited to 1 every 36 months
D4270 Pedicle soft tissue graft procedure
D4273 Subepithelial connective tissue graft procedures (including donor site surgery)
D4275 Soft tissue allograft - Limited to 1 every 36 months
D4277 Free soft tissue graft 1st tooth
D4278 Free soft tissue graft-additional teeth
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis- Limited to 1 per lifetime
Prosthodontic Services:
D5110 Complete denture - maxillary-Limited to 1 every 60 months
D5120 Complete denture- mandibular-Limited to 1 every 60 months
D5130 Immediate denture- maxillary-Limited to 1 every 60 months
D5140 Immediate denture- mandibular-Limited to 1 every 60 months
D5211 Maxillary partial denture- resin base (including any conventional clasps, rests and teeth)- Limited to 1 every 60 months
D5212 Mandibular partial denture- resin base (including any conventional clasps, rests and teeth)-Limited to 1 every 60 months
D5213 Maxillary partial denture- cast metal framework with resin denture base (including any conventional clasps, rests and teeth)-Limited to 1 every 60 months
D5214 Mandibular partial denture- cast metal framework with resin denture base (including any conventional clasps, rests and teeth)- Limited to 1 every 60 months
D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth)-Limited to 1 every 60 month
D6010 Endosteal Implant- 1 every 60 months
D6012 Surgical Placement of Interim Implant Body- 1 every 60 months
D6040 Eposteal Implant- 1 every 60 months
D6050 Transosteal Implant. Including Hardware- 1 every 60 months
D6053 Implant supported complete denture
D6054 Implant supported partial denture
D6055 Connecting Bar-implant or abutment supported- 1 every 60 months

D6056 Prefabricated Abutment- 1 every 60 months
D6058 Abutment supported porcelain ceramic crown - 1 every 60 months
D6059 Abutment supported porcelain fused to high noble metal- 1 every 60 months
D6060 Abutment supported porcelain fused to predominately base metal crown- 1 every 60 months
D6061 Abutment supported porcelain fused to noble metal crown 1 every 60 months
D6062 Abutment supported cast high noble metal crown - 1 every 60 months
D6063 Abutment supported cast predominately base metal crown – 1 every 60 months
D6064 Abutment supported Cast noble metal crown 1 every 60 months
D6065 Implant supported porcelain/ceramic crown- 1 every 60 months
D6066 Implant supported porcelain fused to high metal crown - 1 every 60 months
D6067 Implant supported metal crown- 1 every 60 months
D6068 Abutment supported retainer for porcelain/ceramic fixed partial denture- 1 every 60 months
D6069 Abutment supported retainer for porcelain fused to high noble metal fixed partial denture - 1 every 60 months
D6070 Abutment supported retainer for porcelain fused to predominately base metal fixed partial denture - 1 every 60 months
D6071 Abutment supported retainer for porcelain fused to noble metal fixed partial denture- 1 every 60 months
D6072 Abutment supported retainer for cast high noble metal fixed partial denture 1 every 60 months
D6073 Abutment supported retainer for predominately base metal fixed partial denture - 1 every 60 months
D6074 Abutment supported retainer for cast noble metal fixed partial denture- 1 every 60 months
D6075 Implant supported retainer for ceramic fixed Partial denture- 1 every 60 months
D6076 Implant supported retainer for porcelain fused to high noble metal fixed partial denture - 1 every 60 months
D6077 Implant supported retainer for cast metal fixed partial denture - 1 every 60 months
D6078 Implant/abutment supported fixed partial denture for completely edentulous arch - 1 every 60 months
D6079 Implant/abutment supported fixed partial denture for partially edentulous arch- 1 every 60 months
D6080 Implant Maintenance Procedures -1 every 60 months
D6090 Repair Implant Prosthesis -1 every 60 months
D6091 Replacement of Semi-Precision or Precision Attachment- 1 every 60 months
D6095 Repair Implant Abutment -1 every 60 months
D6100 Implant Removal-1 every 60 months
D6101 Debridement periimplant defect, covered if implants are covered - Limited to 1 every 60 months
D6102 Debridement and osseous periimplant defect, covered if implants are covered - Limited to 1 every 60 months
D6103 Bone graft periimplant defect, covered if implants are covered
D6104 Bone graft implant replacement, covered if implants are covered
D6190 Implant Index -1 every 60 months
D6210 Pontic-cast high noble metal- Limited to 1 every 60 months
D6211 Pontic-cast predominately base metal -Limited to 1 every 60 months
D6212 Pontic-cast noble metal- Limited to 1 every 60 months

D6214 Pontic-titanium-Limited to 1 every 60 months
D6240 Pontic -porcelain fused to high noble metal-Limited to 1 every 60 months
D6241 Pontic-porcelain fused to predominately base metal-Limited to 1 every 60 months
D6242 Pontic-porcelain fused to noble metal Limited to 1 every 60 months
D6245 Pontic-porcelain/ceramic-Limited to 1 every 60 months
D6519 Inlay/on lay- porcelain/ceramic-Limited to 1 every 60 months
D6520 Inlay-metallic-two surfaces-Limited to 1 every 60 months
D6530 Inlay- metallic-three or more surfaces- Limited to 1 every 60 months
D6543 Onlay- metallic- three surfaces- 1 every 60 months
D6544 Onlay- metallic- four or more surfaces -1 every 60 months
D6545 Retainer -cast metal for resin bonded fixed prosthesis -1 every 60 months
D6548 Retainer- porcelain/ceramic for resin bonded fixed prosthesis -1 every 60 months
D6740 Crown- porcelain/ceramic- 1 every 60 months
D6750 Crown -porcelain fused to high noble metal - 1 every 60 months
D6751 Crown- porcelain fused to predominately base metal- 1 every 60 months
D6752 Crown- porcelain fused to noble metal - 1 every 60 months
D6780 Crown -3/4 cast high noble metal - 1 every 60 months
D6781 Crown- 3/4 cast predominately base metal • 1 every 60 months
D6782 Crown 3/4 cast noble metal 1 every 60 months
D6783 Crown - 3/4 porcelain/ceramic- 1 every 60 months
D6790 Crown • full cast high noble metal- 1 every 60 months
D6791 Crown -full cast predominately base metal- 1 every 60 months
D6792 Crown full cast noble metal 1 every 60 months
D6973 Core build up for retainer including any pins 1 every 60 months
D9940 Occlusal guard, by report- 1 in 12 months for patients 13 and older

CLASS D ORTHODONTIC

Orthodontic Services -limited to children up to age 19:

D8010 Limited orthodontic treatment of the primary dentition
D8020 Limited orthodontic treatment of the transitional dentition
D8030 Limited orthodontic treatment of the adolescent dentition
D8050 Interceptive orthodontic treatment of the primary dentition
D8060 Interceptive orthodontic treatment of the transitional dentition
D8070 Comprehensive orthodontic treatment of the transitional dentition
D8080 Comprehensive orthodontic treatment of the adolescent dentition

D8090 Comprehensive orthodontic treatment of the adult dentition
D8210 Removable appliance therapy
D8220 Fixed appliance therapy
D8660 Pre-orthodontic treatment visit
D8670 Periodic orthodontic treatment visit (as part of contract)
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))

INTERNATIONAL SERVICES AND SUPPLIES

The carrier may specify what it will pay for benefits, subject to plan provisions, in an amount equal to the covered percentage for the charges incurred by you. The carrier may also stipulate that the plan participant will be responsible for paying the dentist and submitting the claims for reimbursement to the carrier at a specified address.