

**DWP Covered Codes Matrix**  
Effective: July 1, 2021

| CDT Code | Nomenclature  | Frequency   | Prior Authorization Required | Claim Submission Requirements | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|-------------------------------|------------------------------------|-------------------|
| D0120    | periodic oral evaluation - established patient<br><small>*Healthy Behavior</small>                    | Once every 6 months                                       | No                           | N/A                           | Yes                                | Yes               |
| D0140    | limited oral evaluation - problem focused<br><small>*Healthy Behavior</small>                         | 2 problem focused / consultation exams per benefit period | No                           | Narrative                     | Yes                                | Yes               |
| D0150    | comprehensive oral evaluation - new or established patient<br><small>*Healthy Behavior</small>        | Once in a 3 year period                                   | No                           | N/A                           | Yes                                | Yes               |
| D0170    | re-evaluation - limited, problem focused (established patient; not post-operative visit)              | 2 problem focused / consultation exams per benefit period | No                           | Narrative                     | Yes                                | Yes               |
| D0180    | comprehensive periodontal evaluation - new or established patient<br><small>*Healthy Behavior</small> | Once in a 3 year period                                   | No                           | N/A                           | Yes                                | Yes               |
| D0210    | intraoral - complete series of radiographic images  | Once in 5 year period                                     | No                           | N/A                           | Yes                                | Yes               |
| D0220    | intraoral - periapical first radiographic image   | See full mouth series policies                            | No                           | N/A                           | Yes                                | Yes               |

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| D0230    | intraoral - periapical each additional radiographic image   | See full mouth series policies | No                           | N/A                           | Yes                                | Yes               |
| D0240    | intraoral - occlusal radiographic image   | See full mouth series policies | No                           | N/A                           | Yes                                | Yes               |
| D0250    | extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | See full mouth series policies | No                           | N/A                           | Yes                                | Yes               |
| D0251    | extra-oral posterior dental radiograph image  | See full mouth series policies | No                           | N/A                           | No                                 | No                |
| D0270    | bitewing - single radiographic image  | Once every 12 months           | No                           | N/A                           | Yes                                | Yes               |
| D0272    | bitewings - two radiographic images   | Once every 12 months           | No                           | N/A                           | Yes                                | Yes               |
| D0273    | bitewings - three radiographic images   | Once every 12 months           | No                           | N/A                           | Yes                                | Yes               |
| D0274    | bitewings - four radiographic images  | Once every 12 months           | No                           | N/A                           | Yes                                | Yes               |
| D0321    | other temporomandibular joint radiographic images, by report  | Once every 12 months           | No                           | Narrative                     | No                                 | No                |

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| D0330    | panoramic radiographic image  | Once in 5 year period  | No                           | N/A                           | Yes                                | Yes               |
| D0340    | 2D cephalometric radiographic image-acquisition, measurement and analysis   | Once in 1 year period, for covered orthodontics only               | No                           | Narrative                     | Yes                                | Yes               |
| D0364    | cone beam CT capture and interpretation with limited field of view - less than one whole jaw                          | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0365    | cone beam CT capture and interpretation with field of view of one full dental arch - mandible                         | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0366    | cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |

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| D0367    | cone beam CT capture and interpretation with field of view of both jaws; with or without cranium       | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0368    | cone beam CT capture and interpretation for TMJ series including two or more exposures                 | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0380    | cone beam CT image capture with limited field of view - less than one whole jaw                        | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0381    | cone beam CT image capture with field of view of one full dental arch-mandible                         | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0382    | cone beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |

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| D0383    | cone beam CT image capture with field of view of both jaws, with or without cranium                             | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0384    | cone beam CT image capture for TMJ series including two or more exposures                                       | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0391    | interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0393    | treatment simulation using 3D image volume  | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0394    | digital subtraction of two or more images or image volumes of the same modality                                 | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |

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| D0395    | fusion of two or more 3D image volumes of one or more modalities        | By report; only allowed if this potentially changes treatment plan | Yes                          | Narrative                     | No                                 | No                |
| D0460    | pulp vitality tests   | Included within definitive procedures                              | No                           | N/A                           | Yes                                | Yes               |
| D0470    | diagnostic casts  | Limited to orthodontics  | Yes                          | N/A                           | Yes                                | Yes               |
| D0601    | caries risk assessment and documentation, with finding of low risk      | 1 risk assessment per benefit period                               | No                           | N/A                           | Yes                                | Yes               |
| D0602    | caries risk assessment and documentation, with finding of moderate risk | 1 risk assessment per benefit period                               | No                           | N/A                           | Yes                                | Yes               |
| D0603    | caries risk assessment and documentation, with finding of high risk     | 1 risk assessment per benefit period                               | No                           | N/A                           | Yes                                | Yes               |
| D1110    | prophylaxis - adult<br>*Healthy Behavior                                | One per 6 months   | No                           | N/A                           | Yes                                | Yes               |
| D1120    | prophylaxis - child   | One per 6 months   | No                           | N/A                           | No                                 | No                |

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| D1206    | topical application of fluoride varnish<br><small>*Healthy Behavior</small>              | Once per 90 days  | No                           | N/A                           | Yes                                | Yes               |
| D1208    | topical application of fluoride - excluding varnish                                      | Once per 90 days  | No                           | N/A                           | Yes                                | Yes               |
| D1351    | sealant - per tooth  | Once in a 3 year period for at risk molars only. See processing policies for limitations. | No                           | Narrative                     | No                                 | No                |
| D1352    | preventive resin restoration in a moderate to high caries risk patient - permanent tooth | Once in a 3 year period for at risk molars only. See processing policies for limitations. | Yes                          | N/A                           | No                                 | No                |
| D1353    | sealant repair-per tooth   | Once in a 3 year period for at risk molars only. See processing policies for limitations. | No                           | Narrative                     | No                                 | No                |
| D1354    | interim caries arresting medicament application - per tooth                              | Twice per tooth per year, see processing policies for limitations                         | No                           | N/A                           | No                                 | Yes               |

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| D1510    | space maintainer - fixed - unilateral                        | One per quad per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1516    | space maintainer - fixed - bilateral, maxillary              | One per arch per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1517    | space maintainer - fixed - bilateral, mandibular             | One per arch per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1520    | space maintainer - removable - unilateral                    | One per quad per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1526    | space maintainer - removable - bilateral, maxillary          | One per arch per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1527    | space maintainer - removable - bilateral, mandibular         | One per arch per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1551    | re-cement or re-bond bilateral space maintainer - maxillary  | One per arch per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1552    | re-cement or re-bond bilateral space maintainer - mandibular | One per arch per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |



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| D1553    | re-cement or re-bond bilateral space maintainer - per quadrant | One per quadrant per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1556    | removal of fixed unilateral space maintainer - per quadrant    | One per quadrant per lifetime | No                           | Radiograph, Narrative         | No                                 | No                |
| D1557    | removal of fixed bilateral space maintainer - maxillary        | One per arch per lifetime     | No                           | Radiograph, Narrative         | No                                 | No                |
| D1558    | removal of fixed bilateral space maintainer - mandibular       | One per arch per lifetime     | No                           | Radiograph, Narrative         | No                                 | No                |
| D1999    | unspecified preventive procedure, by report                    | By report                     | Yes                          | Radiograph, Narrative         | No                                 | No                |
| D2140    | amalgam - one surface, primary or permanent                    | Once per tooth per 24 months  | No                           | N/A                           | No                                 | No                |
| D2150    | amalgam - two surfaces, primary or permanent                   | Once per tooth per 24 months  | No                           | N/A                           | No                                 | No                |
| D2160    | amalgam- three surfaces, primary permanent                     | Once per tooth per 24 months  | No                           | N/A                           | No                                 | No                |
| D2161    | amalgam - four or more surfaces, primary or permanent          | Once per tooth per 24 months  | No                           | N/A                           | No                                 | No                |

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| D2330    | resin-based composite - one surface, anterior                                       | Once per tooth per 24 months | No                           | N/A  | No                                 | No                |
| D2331    | resin-based composite - two surfaces, anterior                                      | Once per tooth per 24 months | No                           | N/A  | No                                 | No                |
| D2332    | resin-based composite - three surfaces, anterior                                    | Once per tooth per 24 months | No                           | N/A  | No                                 | No                |
| D2335    | resin-based composite - four or more surfaces or involving incisal angle (anterior) | Once per tooth per 24 months | No                           | Radiograph<br>Intraoperative photo if available                | No                                 | No                |
| D2390    | resin-based composite crown, anterior   | Once per tooth per 24 months | No                           | Radiograph,<br>Narrative,<br>Intraoperative photo if available | No                                 | No                |
| D2391    | resin-based composite - one surface, posterior                                      | Once per tooth per 24 months | No                           | N/A  | No                                 | No                |
| D2392    | resin-based composite - two surfaces, posterior                                     | Once per tooth per 24 months | No                           | N/A  | No                                 | No                |
| D2393    | resin-based composite - three surfaces, posterior                                   | Once per tooth per 24 months | No                           | N/A  | No                                 | No                |
| D2394    | resin-based composite - four or more surfaces, posterior                            | Once per tooth per 24 months | No                           | N/A  | No                                 | No                |

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| D2710    | crown - resin-based composite (indirect)      | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2712    | crown- 3/4 resin - based composite (indirect) | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2720    | crown - resin with high noble metal           | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2721    | crown - resin with predominantly base metal   | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |

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| D2740    | crown - porcelain/ceramic                           | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2750    | crown - porcelain fused to high noble metal         | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2751    | crown - porcelain fused to predominantly base metal | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2752    | crown - porcelain fused to noble metal              | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2781    | crown - 3/4 cast predominantly base metal           | One per tooth per 5 years | Yes                          | Periapical radiograph, Narrative, IOP photo if available             | No                                 | No                |

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| D2790    | crown - full cast high noble metal  | One per tooth per 5 years   | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2791    | crown - full cast predominantly base metal                                | One per tooth per 5 years   | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2792    | crown - full cast noble metal   | One per tooth per 5 years   | Yes                          | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2910    | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | One per tooth per 24 months | No                           | Radiograph, Narrative  | No                                 | No                |
| D2915    | re-cement or re-bond indirectly fabricated or prefabricated post and core | One per tooth per 24 months | No                           | Radiograph, Narrative  | No                                 | No                |
| D2920    | re-cement or re-bond crown  | One per tooth per 24 months | No                           | Radiograph, Narrative  | No                                 | No                |

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| D2921    | reattachment of tooth fragment, incisal edge or cusp    | 1 per tooth per 24 month  | No                           | Radiograph, Narrative  | No                                 | No                |
| D2928    | prefabricated porcelain/ceramic crown - permanent tooth | 1 per tooth per 24 month  | No                           | Radiograph, Narrative  | No                                 | No                |
| D2929    | prefabricated porcelain/ceramic crown - primary tooth   | 1 per tooth per 5 years   | No                           | Periapical radiograph, Narrative, IOP if available.                  | No                                 | No                |
| D2930    | prefabricated stainless steel crown - primary tooth     | 1 per tooth per 24 months   | No                           | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2931    | prefabricated stainless steel crown - permanent tooth   | 1 per tooth per 24 month. See processing policies for limitations.  | No                           | Radiograph, Narrative  | No                                 | No                |
| D2932    | prefabricated resin crown                               | 1 per tooth per 24 months. See processing policies for limitations. | No                           | Radiograph, Narrative  | No                                 | No                |

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| D2933    | prefabricated stainless steel crown with resin window               | 1 per tooth per 24 months                         | No                           | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2934    | prefabricated esthetic coated stainless steel crown - primary tooth | 1 per tooth per 24 months                         | No                           | Periapical radiograph, Narrative, Intraoperative photo if available. | No                                 | No                |
| D2940    | protective restoration  | 1 per tooth per 24 months see processing policies | No                           | Radiograph, Narrative  | No                                 | No                |
| D2950    | core buildup, including any pins when required                      | One per tooth per 5 year period                   | No                           | Radiograph, Narrative  | No                                 | No                |
| D2951    | pin retention - per tooth, in addition to restoration               | One per lifetime                                  | No                           | Narrative  | No                                 | No                |
| D2952    | post and core in addition to crown, indirectly fabricated           | One per tooth per 5 year period                   | No                           | Radiograph, Narrative  | No                                 | No                |
| D2954    | prefabricated post and core in addition to crown                    | One per tooth per 5 year period                   | No                           | Radiograph, Narrative  | No                                 | No                |

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| D2971    | additional procedures to construct new crown under existing partial denture framework   | By report only              | Yes                          | Radiograph, Narrative, Intraoperative photo if available. | No                                 | No                    |
| D2980    | crown repair necessitated by restorative material failure   | By report only              | No                           | Radiograph, Narrative, Intraoperative photo if available. | No                                 | No                    |
| D2990    | resin infiltration of incipient smooth surface lesions  | Once per tooth per lifetime | No                           | Radiograph, Narrative, Intraoperative photo if available. | No                                 | No                    |
| D2999    | unspecified restorative procedure, by report  | By report                   | Yes                          | Radiograph, Narrative                                     | No                                 | No                    |
| D3220    | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | Once per tooth per lifetime | No                           | N/A   | Yes                                | Emergent service only |



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| D3221    | pulpal debridement, primary and permanent teeth                                     | Once per tooth per lifetime, this is not to be considered stage one of endodontics | No                           | N/A   | Yes                                | Emergent service only |
| D3222    | partial pulpotomy for apexogenesis-permanent tooth with incomplete root development | Once per tooth per lifetime  | No                           | N/A   | Yes                                | Emergent service only |
| D3310    | endodontic therapy, anterior tooth (excluding final restoration)                    | Once per tooth per lifetime  | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                    |
| D3320    | endodontic therapy, premolar tooth (excluding final restoration)                    | Once per tooth per lifetime  | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                    |
| D3330    | endodontic therapy, molar tooth (excluding final restoration)                       | Once per tooth per lifetime  | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                    |

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| D3332    | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth   | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3346    | retreatment of previous root canal therapy - anterior  | Once per tooth per lifetime | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                |
| D3347    | retreatment of previous root canal therapy - premolar  | Once per tooth per lifetime | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                |
| D3348    | retreatment of previous root canal therapy - molar   | Once per tooth per lifetime | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                |
| D3351    | apexification/ recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3352    | Apexification/ recalcification - interim medication replacement  | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |

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| D3353    | apexification/<br>recalcification - final visit<br>(includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3355    | pulpal regeneration - initial visit  | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3356    | pulpal regeneration - interim medication replacement   | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3357    | pulpal regeneration - completion of treatment  | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3410    | apicoectomy - anterior   | Once per tooth per lifetime | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                |
| D3421    | apicoectomy - premolar (first root)  | Once per tooth per lifetime | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                |

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| D3425    | apicoectomy - molar (first root)  | Once per tooth per lifetime | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                |
| D3426    | apicoectomy (each additional root)  | Once per tooth per lifetime | No                           | Pre and Post Obturation Radiograph, Narrative | No                                 | No                |
| D3430    | retrograde filling - per root   | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3450    | root amputation - per root  | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3471    | Surgical repair of root resorption - anterior   | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3472    | Surgical repair of root resorption - premolar   | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3473    | Surgical repair of root resorption - molar  | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |
| D3501    | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | Once per tooth per lifetime | No                           | Radiograph, Narrative                         | No                                 | No                |

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| D3502    | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar      | Once per lifetime per tooth     | No                           | Radiograph, Narrative  | No                                 | No                |
| D3503    | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar         | Once per tooth per lifetime     | No                           | Radiograph, Narrative  | No                                 | No                |
| D3999    | unspecified endodontic procedure, by report  | By report                       | Yes                          | Radiograph, Narrative  | No                                 | No                |
| D4210    | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available. | No                                 | No                |

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|----------|---|---------------------------------|------------------------------|--|------------------------------------|-------------------|
| D4211    | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant                  | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available. | No                                 | No                |
| D4212    | gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth                                  | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available. | No                                 | No                |
| 4240     | gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded space per quadrant | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available. | No                                 | No                |

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|----------|--|---------------------------------|------------------------------|---|------------------------------------|-------------------|
| D4241    | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |
| D4245    | apically positioned flap   | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |
| D4249    | clinical crown lengthening - hard tissue   | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |

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|----------|---|---------------------------------|------------------------------|---|------------------------------------|-------------------|
| D4260    | osseous surgery (including elevation of full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant   | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Radiograph                                    | No                                 | No                |
| D4261    | osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Radiograph                                    | No                                 | No                |
| D4263    | bone replacement graft - retained natural tooth - first site in quadrant  | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |



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|----------|--|---------------------------------|------------------------------|---|------------------------------------|-------------------|
| D4264    | bone replacement graft - retained natural tooth - each additional site in quadrant | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |
| D4265    | biologic materials to aid in soft and osseous tissue regeneration                  | Once per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |
| D4266    | guided tissue regeneration - resorbable barrier, per site                          | One per quadrant per 24 months  | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |

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|----------|--|--------------------------------|------------------------------|---|------------------------------------|-------------------|
| D4267    | guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)  | One per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |
| D4270    | pedicle soft tissue graft procedure  | One per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available             | No                                 | No                |
| D4273    | autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft | Two per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available             | No                                 | No                |

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|----------|--|--------------------------------|------------------------------|---|------------------------------------|-------------------|
| D4275    | non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - first tooth, implant or edentulous tooth position in graft | Two per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available             | No                                 | No                |
| D4276    | combined connective tissue and double pedicle graft, per tooth   | One per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |
| D4277    | free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft                         | Two per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available             | No                                 | No                |

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|----------|--|--------------------------------|------------------------------|---|------------------------------------|-------------------|
| D4278    | free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site                  | Two per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available | No                                 | No                |
| D4283    | autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in the same graft site) | Two per quadrant per 24 months | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available | No                                 | No                |

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|----------|---|---------------------------------|------------------------------|---|------------------------------------|-------------------|
| D4285    | non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site | Two per quadrant per 24 months  | Yes                          | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available             | No                                 | No                |
| D4321    | provisional splinting - extracoronal  | Once per lifetime               | No                           | Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph | No                                 | No                |
| D4341    | periodontal scaling and root planing - four or more teeth per quadrant  | Once per quadrant per 24 months | Yes                          | Narrative, Periodontal charting, Bitewing X-rays  | No                                 | No                |

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|----------|--|---|------------------------------|--|------------------------------------|-------------------|
| D4342    | periodontal scaling and root planing - one to three teeth per quadrant   | Once per quadrant per 24 months   | Yes                          | Narrative, Periodontal charting, Bitewing X-rays                     | No                                 | No                |
| D4346    | scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation<br><br>*Healthy Behavior | Once in 6 month period  | No                           | N/A  | Yes                                | Yes               |
| D4355    | full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit  | Once every 24 months when no history of D1110, D4341, D4342, D4346, or D4910 in previous 24 months        | No                           | Periodic or Comprehensive exam may not be completed on the same day. | No                                 | No                |
| D4381    | localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth                   | Once per tooth per lifetime for non-responding periodontal disease 12 months after non-surgical treatment | Yes                          | Narrative, Periodontal charting, Bitewing X-rays                     | No                                 | No                |

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|----------|---|--|------------------------------|---|------------------------------------|-------------------|
| D4910    | periodontal maintenance<br>*Healthy Behavior  | Once per 3 months following qualifying definitive periodontal procedure. | No                           | Clinical record of SRP in history or current perio chart and x-rays | Yes                                | Yes               |
| D4920    | unscheduled dressing change (by someone other than treating dentist or their staff) | By report  | No                           | Narrative   | No                                 | No                |
| D4999    | unspecified periodontal procedure, by report  | By report  | Yes                          | Radiograph, Narrative   | No                                 | No                |
| D5110    | complete denture - maxillary  | Once per 5 year period; 1 replacement considered by report               | No                           | Radiograph, Narrative   | Yes                                | Yes               |
| D5120    | complete denture - mandibular   | Once per 5 year period; 1 replacement considered by report               | No                           | Radiograph, Narrative   | Yes                                | Yes               |
| D5130    | immediate denture - maxillary   | Once per 5 year period; 1 replacement considered by report               | No                           | Radiograph, Narrative   | Yes                                | Yes               |

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|----------|--|--|------------------------------|--|------------------------------------|-------------------|
| D5140    | immediate denture - mandibular   | One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report | No                           | Radiograph, Narrative                      | Yes                                | Yes               |
| D5211    | maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)                               | One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5212    | mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)                              | One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5213    | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |



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|----------|---|--|------------------------------|--|------------------------------------|-------------------|
| D5214    | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5225    | maxillary partial denture - flexible base (including any clasps, rests and teeth)   | One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5226    | mandibular partial denture - flexible base (including any clasps, rests and teeth)  | One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5410    | adjust complete denture - maxillary   | 2 repairs/adjustments per arch per year; after 6 months of denture delivery                      | No                           | Narrative                                  | Yes                                | Yes               |

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|----------|---|---|------------------------------|-------------------------------|------------------------------------|-------------------|
| D5411    | adjust complete denture - mandibular            | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5421    | adjust partial denture - maxillary              | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5422    | adjust partial denture - mandibular             | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5511    | repair broken complete denture base, mandibular | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5512    | repair broken complete denture base, maxillary  | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |

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|----------|---|---|------------------------------|-------------------------------|------------------------------------|-------------------|
| D5520    | replace missing or broken teeth - complete denture (each tooth) | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5611    | repair resin partial denture base, mandibular                   | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5612    | repair resin partial denture base, maxillary                    | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5621    | repair cast partial framework, mandibular                       | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5622    | repair cast partial framework, maxillary                        | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |

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|----------|---|---|------------------------------|-------------------------------|------------------------------------|-------------------|
| D5630    | repair or replace broken retentive clasping materials per tooth | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5640    | replace broken teeth - per tooth                                | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5650    | add tooth to existing partial denture                           | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5660    | add clasp to existing partial denture - per tooth               | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | No                           | Narrative                     | Yes                                | Yes               |
| D5710    | rebase complete maxillary denture                               | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | Yes                          | Narrative                     | Yes                                | Yes               |

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|----------|--|---|------------------------------|-------------------------------|------------------------------------|-------------------|
| D5711    | rebase complete mandibular denture             | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | Yes                          | Narrative                     | Yes                                | Yes               |
| D5720    | rebase maxillary partial denture               | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | Yes                          | Narrative                     | Yes                                | Yes               |
| D5721    | rebase mandibular partial denture              | 2 repairs/adjustments per arch per year; after 6 months of denture delivery | Yes                          | Narrative                     | Yes                                | Yes               |
| D5730    | reline complete maxillary denture (chairside)  | One reline per arch per 12 months starting 6 months after denture delivery  | No                           | Narrative                     | Yes                                | Yes               |
| D5731    | reline complete mandibular denture (chairside) | One reline per arch per 12 months starting 6 months after denture delivery. | No                           | Narrative                     | Yes                                | Yes               |

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|----------|---|---|------------------------------|-------------------------------|------------------------------------|-------------------|
| D5740    | reline maxillary partial denture (chairside)    | One reline per arch per 12 months starting 6 months after denture delivery  | No                           | Narrative                     | Yes                                | Yes               |
| D5741    | reline mandibular partial denture (chairside)   | One reline per arch per 12 months starting 6 months after denture delivery. | No                           | Narrative                     | Yes                                | Yes               |
| D5750    | reline complete maxillary denture (laboratory)  | One reline per arch per 12 months starting 6 months after denture delivery. | No                           | Narrative                     | Yes                                | Yes               |
| D5751    | reline complete mandibular denture (laboratory) | One reline per arch per 12 months starting 6 months after denture delivery. | No                           | Narrative                     | Yes                                | Yes               |
| D5760    | reline maxillary partial denture (laboratory)   | One reline per arch per 12 months starting 6 months after denture delivery. | No                           | Narrative                     | Yes                                | Yes               |

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|----------|--|--|------------------------------|--|------------------------------------|-------------------|
| D5761    | reline mandibular partial denture (laboratory) | One reline per arch per 12 months starting 6 months after denture delivery.                        | No                           | Narrative                                  | Yes                                | Yes               |
| D5850    | tissue conditioning, maxillary                 | 2 repairs/adjustments per arch per year; after 6 months of denture delivery                        | No                           | Narrative                                  | No                                 | No                |
| D5851    | tissue conditioning, mandibular                | 2 repairs/adjustments per arch per year; after 6 months of denture delivery                        | No                           | Narrative                                  | No                                 | No                |
| D5862    | precision attachment, by report                | By report  | Yes                          | Narrative, Radiographs                     | No                                 | No                |
| D5863    | overdenture - complete maxillary               | One fixed or removable denture allowed per 5 arch, per 5 years; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |

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|----------|--|--|------------------------------|--|------------------------------------|-------------------|
| D5864    | overdenture - partial maxillary                          | One fixed or removable denture allowed per arch, per 5 years; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5865    | overdenture - complete mandibular                        | One fixed or removable denture allowed per arch, per 5 years; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5866    | overdenture - partial mandibular                         | One fixed or removable denture allowed per arch, per 5 years; 1 replacement considered by report | Yes                          | Radiograph, Narrative, Current tooth Chart | Yes                                | Yes               |
| D5899    | unspecified removable prosthodontic procedure, by report | By report  | Yes                          | Radiograph, Narrative                      | No                                 | No                |
| D5931    | obturator prosthesis, surgical                           | By report  | Yes                          | Radiograph, Narrative                      | No                                 | No                |
| D5932    | obturator prosthesis, definitive                         | By report  | Yes                          | Radiograph, Narrative                      | No                                 | No                |



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|----------|---|--|------------------------------|------------------------------------|------------------------------------|-------------------|
| D5933    | obturator prosthesis, modification  | By report  | Yes                          | Radiograph, Narrative              | No                                 | No                |
| D5954    | palatal augmentation prosthesis   | By report  | Yes                          | Radiograph, Narrative              | No                                 | No                |
| D5958    | palatal lift prosthesis, interim  | By report  | Yes                          | Radiograph, Narrative              | No                                 | No                |
| D5992    | adjust maxillofacial prosthetic appliance, by report  | By report  | Yes                          | Radiograph, Narrative              | No                                 | No                |
| D5993    | maintenance and cleaning of a maxillofacial prosthesis (extra or intra-oral) other than required adjustments, by report | By report  | No                           | Radiograph, Narrative              | No                                 | No                |
| D5999    | unspecified maxillofacial prosthesis, by report   | By report  | Yes                          | Radiograph, Narrative              | No                                 | No                |
| D6010    | surgical placement of implant body: endosteal implant   | Limited Implant Benefit, by report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6012    | surgical placement of implant body for transitional prosthesis: endosteal implant                                       | By report; see policies on implant coverage                          | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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|----------|--|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6013    | surgical placement of mini implant                                   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6040    | surgical placement: eposteal implant                                 | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6050    | surgical placement: transosteal implant                              | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6055    | connecting bar - implant supported or abutment supported             | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6056    | prefabricated abutment- includes modification and placement          | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6057    | custom fabricated abutment- includes placement                       | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6058    | abutment supported porcelain/ceramic crown                           | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6059    | abutment supported porcelain fused to metal crown (high noble metal) | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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|----------|---|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6060    | abutment supported porcelain fused to metal crown (predominantly base metal)                  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6061    | abutment supported porcelain fused to metal crown (noble metal)                               | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6062    | abutment supported cast metal crown (high noble metal)  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6063    | abutment supported cast metal crown (predominantly base metal)                                | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6064    | abutment supported cast metal crown (noble metal)   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6065    | implant supported porcelain / ceramic crown   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6066    | implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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|----------|---|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6067    | implant supported metal crown (titanium, titanium alloy, high noble metal)              | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6068    | abutment supported retainer for porcelain / ceramic FPD                                 | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6069    | abutment supported retainer for porcelain fused to metal FPD (high noble metal)         | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6070    | abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6071    | abutment supported retainer for porcelain fused to metal FPD (noble metal)              | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6072    | abutment supported retainer for cast metal FPD (high noble metal)                       | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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|----------|---|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6073    | abutment supported retainer for cast metal FPD (predominantly base metal)                                   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6074    | abutment supported retainer for cast metal FPD (noble metal)  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6075    | implant supported retainer for ceramic FPD  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6076    | implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6077    | implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)               | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

**DWP Covered Codes Matrix**  
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| CDT Code | Nomenclature   | Frequency                                   | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM |
|----------|--|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6080    | implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6082    | implant supported crown - porcelain fused to predominantly base alloys   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6083    | implant supported crown - porcelain fused to noble alloys  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6084    | implant supported crown - porcelain fused to titanium or titanium alloys   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6086    | implant supported crown - predominantly base alloys  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6087    | implant supported crown- noble alloys  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency                                   | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6088    | implant supported crown - titanium and titanium alloys  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6090    | repair implant supported prosthesis, by report  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6091    | replacement of semi-precision or precision attachment (male or female component) of implant / abutment supported prosthesis, per attachment | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6092    | re-cement or re-bond implant / abutment supported crown   | By report; see policies on implant coverage | No                           | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6093    | re-cement or re-bond implant / abutment supported fixed partial denture   | By report; see policies on implant coverage | No                           | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6094    | abutment supported crown (titanium)   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency                                   | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6095    | repair implant abutment, by report  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6097    | abutment supported crown - porcelain fused to titanium                    | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6098    | implant supported retainer - porcelain fused to predominantly base alloys | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6099    | implant supported retainer for FPD - porcelain fused to noble alloys      | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6100    | implant removal, by report  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |



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| CDT Code | Nomenclature  | Frequency                                   | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6101    | debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure                                | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6102    | debridement and osseous contouring of a peri-implant defect of defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6110    | implant / abutment supported removable denture for edentulous arch - maxillary  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6111    | implant / abutment supported removable denture for edentulous arch - mandibular   | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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| <b>CDT Code</b> | <b>Nomenclature</b>   | <b>Frequency</b>                            | <b>Prior Authorization Required</b> | <b>Claim Submission Requirements</b> | <b>Covered under Basic Benefits Level</b> | <b>Excluded from ABM</b> |
|-----------------|---|---|-------------------------------------|--------------------------------------|---|--------------------------|
| D6112           | implant / abutment supported removable denture for partially edentulous arch - maxillary  | By report; see policies on implant coverage | Yes                                 | Radiograph, Narrative, Tooth Chart   | No  | No                       |
| D6113           | implant / abutment supported removable denture for partially edentulous arch - mandibular | By report; see policies on implant coverage | Yes                                 | Radiograph, Narrative, Tooth Chart   | No  | No                       |
| D6114           | implant / abutment supported fixed denture for edentulous arch - maxillary                | By report; see policies on implant coverage | Yes                                 | Radiograph, Narrative, Tooth Chart   | No  | No                       |
| D6115           | implant / abutment supported fixed denture for edentulous arch - mandibular               | By report; see policies on implant coverage | Yes                                 | Radiograph, Narrative, Tooth Chart   | No  | No                       |
| D6116           | implant / abutment supported fixed denture for partially edentulous arch - maxillary      | By report; see policies on implant coverage | Yes                                 | Radiograph, Narrative, Tooth Chart   | No  | No                       |

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| CDT Code | Nomenclature  | Frequency                                   | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6117    | implant / abutment supported fixed denture for partially edentulous arch - mandibular | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6120    | implant supported retainer - porcelain fused to titanium and titanium alloys          | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6121    | implant supported retainer for metal FPD - predominantly base alloys                  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6122    | implant supported retainer for metal FPD - noble alloys                               | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6123    | implant supported retainer for metal FPD - titanium and titanium alloys               | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6190    | radiographic/surgical implant index, by report  | By report; see policies on implant coverage | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6194    | abutment supported retainer crown for FPD (titanium)                                  | By report                                   | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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| CDT Code | Nomenclature                                   | Frequency   | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM |
|----------|--|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6195    | abutment supported retainer for cast metal FPD | By report   | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6199    | unspecified implant procedure, by report       | By report   | Yes                          | Radiograph, Narrative              | No                                 | No                |
| D6205    | pontic - indirect resin based composite        | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart   | No                                 | No                |
| D6210    | pontic - cast high noble metal                 | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart   | No                                 | No                |
| D6211    | pontic - case predominantly base metal         | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart   | No                                 | No                |

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| CDT Code | Nomenclature   | Frequency   | Prior Authorization Required | Claim Submission Requirements    | Covered under Basic Benefits Level | Excluded from ABM |
|----------|--|---|------------------------------|----------------------------------|------------------------------------|-------------------|
| D6212    | pontic - cast noble metal                                | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6240    | pontic - porcelain fused to high noble metal             | Limited Bridge Benefit - see policies in manual.  | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6241    | pontic - porcelain fused to predominantly base metal     | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6242    | pontic - porcelain fused to noble metal                  | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6243    | pontic - porcelain fused to titanium and titanium alloys | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |

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| CDT Code | Nomenclature                                 | Frequency   | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM |
|----------|--|---|------------------------------|------------------------------------|------------------------------------|-------------------|
| D6245    | pontic - porcelain / ceramic                 | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart   | No                                 | No                |
| D6250    | pontic - resin with high noble metal         | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6251    | pontic - resin with predominantly base metal | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |
| D6252    | pontic - resin with noble metal              | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | Radiograph, Narrative, Tooth Chart | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency   | Prior Authorization Required | Claim Submission Requirements    | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|----------------------------------|------------------------------------|-------------------|
| D6545    | retainer - cast metal for resin bonded fixed prosthesis | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6549    | resin retainer - for resin bonded fixed prosthesis      | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6710    | retainer crown - indirect resin based composite         | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6720    | retainer crown - resin with high noble metal            | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |

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| CDT Code | Nomenclature   | Frequency   | Prior Authorization Required | Claim Submission Requirements    | Covered under Basic Benefits Level | Excluded from ABM |
|----------|--|---|------------------------------|----------------------------------|------------------------------------|-------------------|
| D6721    | retainer crown - resin with predominantly base metal | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6722    | retainer crown - resin with noble metal              | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6740    | retainer crown - porcelain/ceramic                   | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6750    | retainer crown - porcelain fused to high noble metal | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |



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| CDT Code | Nomenclature   | Frequency   | Prior Authorization Required | Claim Submission Requirements    | Covered under Basic Benefits Level | Excluded from ABM |
|----------|--|---|------------------------------|----------------------------------|------------------------------------|-------------------|
| D6751    | retainer crown - porcelain fused to predominantly base metal     | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6752    | retainer crown - porcelain fused to noble metal                  | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6753    | retainer crown - porcelain fused to titanium and titanium alloys | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6780    | retainer crown - 3/4 cast high noble metal                       | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency   | Prior Authorization Required | Claim Submission Requirements    | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|----------------------------------|------------------------------------|-------------------|
| D6784    | retainer crown $\frac{3}{4}$ - titanium and titanium alloys | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years   | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6790    | retainer crown - full cast high noble metal                 | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years   | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6791    | retainer crown -full cast predominately base metal          | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed every 5 years, per arch | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6792    | retainer crown - full cast noble metal                      | Limited Bridge Benefit - see policies in manual.  | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6920    | connector bar   | By report   | Yes                          | Narrative                        | No                                 | No                |
| D6930    | re-cement or re-bond fixed partial denture                  | One per tooth per 2 years   | No                           | Narrative                        | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency   | Prior Authorization Required | Claim Submission Requirements    | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|---|------------------------------|----------------------------------|------------------------------------|-------------------|
| D6940    | stress breaker  | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6950    | precision attachment  | Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years | Yes                          | FMX/Pano, Narrative, Tooth Chart | No                                 | No                |
| D6980    | fixed partial denture repair necessitated by restorative material failure | One per tooth, per 2 years  | Yes                          | Narrative                        | No                                 | No                |
| D6999    | unspecified fixed prosthodontic procedure, by report                      | By report   | Yes                          | Radiograph, Narrative            | No                                 | No                |
| D7111    | extraction, coronal remnants - primary tooth                              | Once per tooth, per lifetime  | No                           | N/A                              | No                                 | No                |
| D7140    | extraction, erupted tooth or exposed root                                 | Once per tooth, per lifetime  | No                           | Narrative required for           | Yes                                | Yes               |

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| CDT Code | Nomenclature  | Frequency                    | Prior Authorization Required | Claim Submission Requirements | Covered under Basic Benefits Level | Excluded from ABM     |
|----------|---|------------------------------|------------------------------|-------------------------------|------------------------------------|-----------------------|
|          | (elevation and/or forceps removal)  |                              |                              | emergent situations           |                                    |                       |
| D7210    | extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | Once per tooth, per lifetime | No                           | Radiograph, Clinical Notes    | Yes                                | Yes                   |
| D7220    | removal of impacted tooth - soft tissue   | Once per tooth, per lifetime | No                           | Radiograph, Clinical Notes    | Yes                                | Emergent service only |
| D7230    | removal of impacted tooth - partially bony  | Once per tooth, per lifetime | No                           | Radiograph, Clinical Notes    | Yes                                | Emergent service only |
| D7240    | removal of impacted tooth - completely bony   | Once per tooth, per lifetime | No                           | Radiograph, Clinical Notes    | Yes                                | Emergent service only |
| D7241    | removal of impacted tooth - completely bony, with unusual surgical complications  | Once per tooth per lifetime  | No                           | Radiograph, Clinical Notes    | Yes                                | Emergent service only |
| D7250    | Removal of residual tooth roots (cutting procedure)   | Once per tooth per lifetime  | No                           | Radiograph, Clinical Notes    | Yes                                | Emergent service only |

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|----------|--|--|------------------------------|-------------------------------|------------------------------------|-----------------------|
| D7251    | coronectomy - intentional partial tooth removal                                      | By report                                  | No                           | Radiograph, Clinical Notes    | No                                 | No                    |
| D7260    | oroantral fistula closure  | By report                                  | No                           | Radiograph, Clinical Notes    | No                                 | No                    |
| D7261    | primary closure of a sinus perforation   | By report                                  | No                           | Radiograph, Clinical Notes    | No                                 | No                    |
| D7270    | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | By report                                  | No                           | Radiograph, Narrative         | Yes                                | Emergent service only |
| D7280    | exposure of an unerupted tooth   | By report, limited to covered orthodontics | Yes                          | Radiograph, Narrative         | No                                 | No                    |
| D7282    | mobilization of erupted or malpositioned tooth to aid eruption                       | By report                                  | No                           | Radiograph, Clinical Notes    | No                                 | No                    |
| D7283    | placement of device to facilitate eruption of impacted tooth                         | By report, limited to covered orthodontics | Yes                          | Radiograph, Narrative         | No                                 | No                    |

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|----------|--|---|------------------------------|---|------------------------------------|-----------------------|
| D7285    | incisional biopsy of oral tissue - hard (bone, tooth)  | By report   | No                           | Radiograph, Narrative, Pathology Report | Yes                                | Emergent service only |
| D7286    | incisional biopsy of oral tissue - soft  | By report   | No                           | Radiograph, Narrative, Pathology Report | Yes                                | Emergent service only |
| D7287    | exfoliative cytological sample collection  | By report   | No                           | Radiograph, Clinical Notes              | No                                 | No                    |
| D7295    | harvest of bone for use in autogenous grafting procedure   | By report   | No                           | Radiograph, Clinical Notes              | No                                 | No                    |
| D7310    | alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | Once per quadrant per lifetime, see processing policies | No                           | Radiograph, Narrative                   | No                                 | No                    |
| D7311    | alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | Once per quadrant per lifetime, see processing policies | No                           | Radiograph, Narrative                   | No                                 | No                    |

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|----------|---|---|------------------------------|---------------------------------|------------------------------------|-------------------|
| D7320    | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant  | Once per quadrant per lifetime, see processing policies | Yes                          | Radiograph, Narrative           | No                                 | No                |
| D7321    | alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant  | Once per quadrant per lifetime, see processing policies | Yes                          | Radiograph, Narrative           | No                                 | No                |
| D7340    | vestibuloplasty - ridge extension (secondary epithelialization)   | By report   | No                           | Panoramic X-ray, Clinical Notes | No                                 | No                |
| D7350    | vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | By report   | No                           | Radiograph, Clinical Notes      | No                                 | No                |

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|-----------------|--|------------------|-------------------------------------|--|---|--------------------------|
| D7410           | excision of benign lesion up to 1.25 cm                            | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |
| D7411           | excision of benign lesion greater than 1.25 cm                     | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |
| D7412           | excision of benign lesion, complicated                             | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |
| D7413           | excision of malignant lesion up to 1.25 cm                         | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |
| D7414           | excision of malignant lesion greater than 1.25 cm                  | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |
| D7415           | excision of malignant lesion, complicated                          | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |
| D7440           | excision of malignant tumor - lesion diameter up to 1.25 cm        | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |
| D7441           | excision of malignant tumor - lesion diameter greater than 1.25 cm | By report        | No                                  | Pathology report, Radiograph, Clinical Notes | No  | No                       |



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|----------|---|--------------------------------|------------------------------|--|------------------------------------|-------------------|
| D7450    | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm           | By report                      | Yes                          | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7451    | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm    | By report                      | Yes                          | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7460    | removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm        | By report                      | No                           | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7461    | removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | By report                      | No                           | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7465    | destruction of lesion(s) by physical or chemical method, by report                    | By report                      | No                           | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7471    | removal of lateral exostosis (maxilla or mandible)                                    | Once per quadrant per lifetime | Yes                          | Panoramic x-ray, Narrative                   | No                                 | No                |

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|----------|---|--------------------------------|------------------------------|-------------------------------|------------------------------------|-----------------------|
| D7472    | removal of torus palatinus  | Once per arch per lifetime     | Yes                          | Radiograph, Narrative         | No                                 | No                    |
| D7473    | removal of torus mandibularis   | Once per quadrant per lifetime | Yes                          | Radiograph, Narrative         | No                                 | No                    |
| D7485    | reduction of osseous tuberosity   | Once per quadrant per lifetime | Yes                          | Radiograph, Narrative         | No                                 | No                    |
| D7490    | radical resection of maxilla or mandible  | By report                      | No                           | Radiograph, Clinical Notes    | No                                 | No                    |
| D7510    | incision and drainage of abscess - intraoral soft tissue  | By report                      | No                           | Radiograph, Clinical Notes    | Yes                                | Emergent service only |
| D7511    | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | By report                      | No                           | Radiograph, Clinical Notes    | Yes                                | Emergent service only |
| D7520    | incision and drainage of abscess - extraoral soft tissue  | By report                      | No                           | Radiograph, Clinical Notes    | No                                 | No                    |

**DWP Covered Codes Matrix**  
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| CDT Code | Nomenclature   | Frequency | Prior Authorization Required | Claim Submission Requirements                | Covered under Basic Benefits Level | Excluded from ABM |
|----------|--|-----------|------------------------------|--|------------------------------------|-------------------|
| D7521    | incision and drainage of abscess - extraoral soft tissue- complicated (includes drainage of multiple fascial spaces) | By report | No                           | Radiograph, Clinical Notes                   | No                                 | No                |
| D7530    | removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue   | By report | No                           | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7540    | removal of reaction producing foreign bodies, musculoskeletal system   | By report | No                           | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7550    | partial ostectomy/sequestrectomy for removal of non-vital bone   | By report | No                           | Pathology report, Radiograph, Clinical Notes | No                                 | No                |
| D7560    | maxillary sinusotomy for removal of tooth fragment or foreign body   | By report | No                           | Pathology report, Radiograph, Clinical Notes | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency | Prior Authorization Required | Claim Submission Requirements | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|-----------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D7610    | maxilla - open reduction (teeth immobilized, if present)        | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7620    | maxilla - closed reduction (teeth immobilized, if present)      | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7630    | mandible - open reduction (teeth immobilized, if present)       | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7640    | mandible - closed reduction (teeth immobilized, if present)     | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7650    | malar and/or zygomatic arch - open reduction                    | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7660    | malar and/or zygomatic arch- closed reduction                   | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7670    | alveolus - closed reduction, may include stabilization of teeth | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency | Prior Authorization Required | Claim Submission Requirements | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|-----------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D7671    | alveolus - open reduction, may include stabilization of teeth                       | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7680    | facial bones - complicated reduction with fixation and multiple surgical approaches | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7710    | maxilla - open reduction  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7720    | maxilla - closed reduction  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7730    | mandible - open reduction   | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7740    | mandible - closed reduction   | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7750    | malar and /or zygomatic arch - open reduction                                       | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7760    | malar and /or zygomatic arch - closed reduction                                     | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7770    | alveolus, open reduction stabilization of teeth                                     | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |

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|----------|--|-----------------------------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D7771    | alveolus, closed reduction stabilization of teeth                          | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7780    | facial bones - complicated reduction with fixation and multiple approaches | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7810    | open reduction of dislocation  | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7820    | closed reduction of dislocation  | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7830    | manipulation under anesthesia  | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7840    | condylectomy   | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7850    | surgical discectomy, with/without implant                                  | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7860    | arthrotomy   | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7870    | arthrocentesis   | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7880    | occlusal orthotic device, by report  | Once per 5 years            | Yes                          | Radiograph, Narrative         | No                                 | No                |
| D7881    | occlusal orthotic device adjustment  | By report, once per 5 years | No                           | Radiograph, Clinical Notes    | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency | Prior Authorization Required | Claim Submission Requirements | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|-----------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D7910    | suture of recent small wounds up to 5 cm                                  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7911    | complicated suture - up to 5 cm   | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7912    | complicated suture - greater than 5 cm                                    | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7920    | skin graft (identify defect covered , location and type of graft)         | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7940    | osteoplasty - for orthognathic deformities                                | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7941    | osteotomy - mandibular rami   | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7943    | osteotomy - mandibular rami with bone graft; includes obtaining the graft | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7944    | osteotomy - segmented or subapical  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7945    | osteotomy - body of mandible  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7946    | LeFort I (maxilla - total)  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7947    | LeFort I (maxilla - segmented)  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency | Prior Authorization Required | Claim Submission Requirements | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|-----------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D7948    | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft    | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7949    | LeFort II or LeFort III - with bone graft   | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7950    | osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogeneous, by report | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7951    | sinus augmentation with bone or bone substitutes via a lateral open approach                                      | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7952    | sinus augmentation via a vertical approach  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7953    | bone replacement graft for ridge preservation - per site  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7955    | repair of maxillofacial soft and/or hard tissue defect  | By report | No                           | Radiograph, Clinical Notes    | No                                 | No                |



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|----------|--|-----------------------------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D7961    | Buccal/Labial frenectomy                   | Once per arch, per lifetime | No                           | Narrative                     | No                                 | No                |
| D7962    | Lingual frenectomy                         | Once per arch, per lifetime | No                           | Narrative                     | NO                                 | No                |
| D7963    | frenuloplasty                              | Once per arch, per lifetime | Yes                          | Radiograph, Narrative         | No                                 | No                |
| D7970    | excision of hyperplastic tissue - per arch | Once per arch, per lifetime | Yes                          | Radiograph, Narrative         | No                                 | No                |
| D7971    | excision of pericoronal gingiva            | Once per quad, per lifetime | Yes                          | Radiograph, Narrative         | No                                 | No                |
| D7972    | surgical reduction of fibrous tuberosity   | Once per quad, per lifetime | Yes                          | Radiograph, Narrative         | No                                 | No                |
| D7980    | surgical sialolithotomy                    | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7981    | excision of salivary gland, by report      | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7982    | sialodochoplasty                           | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7983    | closure of salivary fistula                | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7990    | emergency tracheotomy                      | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7991    | coronoidectomy                             | By report                   | No                           | Radiograph, Clinical Notes    | No                                 | No                |

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| CDT Code | Nomenclature  | Frequency                            | Prior Authorization Required | Claim Submission Requirements | Covered under Basic Benefits Level | Excluded from ABM |
|----------|---|--------------------------------------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D7995    | synthetic graft - mandible or facial bones, by report                       | By report                            | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D7998    | intraoral placement of a fixation device not in conjunction with a fracture | By report                            | No                           | Radiograph, Clinical Notes    | No                                 | No                |
| D8020    | limited orthodontic treatment of the transitional dentition                 | See policies on orthodontic services | Yes                          | Pano, models                  | No                                 | No                |
| D8070    | comprehensive orthodontic treatment of the transitional dentition           | See policies on orthodontic services | Yes                          | Pano, models                  | No                                 | No                |
| D8080    | comprehensive orthodontic treatment of the adolescent dentition             | See policies on orthodontic services | Yes                          | Pano, models                  | No                                 | No                |
| D8210    | removable appliance therapy   | See policies on orthodontic services | Yes                          | Pano, models                  | No                                 | No                |
| D8220    | fixed appliance therapy   | See policies on orthodontic services | Yes                          | Pano, models                  | No                                 | No                |

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| CDT Code | Nomenclature   | Frequency                                       | Prior Authorization Required | Claim Submission Requirements      | Covered under Basic Benefits Level | Excluded from ABM     |
|----------|--|---|------------------------------|------------------------------------|------------------------------------|-----------------------|
| D8680    | orthodontic retention (removal of appliances, construction and placement of retainer(s)) | See policies on orthodontic services            | Yes                          | Pano, models                       | No                                 | No                    |
| D8690    | orthodontic treatment (alternative billing to a contract fee)                            | See policies on orthodontic services            | Yes                          | Pano, models                       | No                                 | No                    |
| D8703    | replacement of lost or broken retainer - maxillary                                       | One per arch per lifetime                       | No                           | Narrative                          | No                                 | No                    |
| D8704    | replacement of lost or broken retainer - mandibular                                      | One per arch per lifetime                       | No                           | Narrative                          | No                                 | No                    |
| D8999    | unspecified orthodontic procedure, by report   | By report                                       | Yes                          | Narrative                          | No                                 | No                    |
| D9110    | palliative (emergency) treatment of dental pain - minor procedure                        | By report                                       | No                           | Narrative, radiograph if available | Yes                                | Emergent service only |
| D9120    | fixed partial denture sectioning   | By report                                       | No                           | Radiograph, Narrative              | No                                 | No                    |
| D9222    | deep sedation / general anesthesia - first 15 minutes                                    | Maximum of 1 hour for covered oral surgery only | No                           | Narrative                          | Yes                                | Yes                   |

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|----------|---|--|------------------------------|-------------------------------|------------------------------------|-------------------|
| D9223    | deep sedation / general anesthesia - each subsequent 15 minute increment                    | Maximum of 1 hour for covered oral surgery only                    | No                           | Narrative                     | Yes                                | Yes               |
| D9230    | inhalation of nitrous oxide/analgesia, anxiolysis   | For covered oral surgery, not in conjunction with other anesthesia | No                           | Narrative                     | No                                 | No                |
| D9239    | intravenous moderate (conscious) sedation / analgesia - first 15 minutes                    | Maximum of 1 hour for covered oral surgery only                    | No                           | Narrative                     | Yes                                | Yes               |
| D9243    | intravenous moderate (conscious) sedation / analgesia - each subsequent 15 minute increment | Maximum of 1 hour for covered oral surgery only                    | No                           | Narrative                     | Yes                                | Yes               |
| D9248    | non-intravenous conscious sedation  | Maximum of 1 hour for covered oral surgery only                    | No                           | Narrative                     | Yes                                | Yes               |

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| CDT Code | Nomenclature  | Frequency                                    | Prior Authorization Required | Claim Submission Requirements  | Covered under Basic Benefits Level | Excluded from ABM     |
|----------|---|--|------------------------------|--|------------------------------------|-----------------------|
| D9310    | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | Limited to one per 12 months; per DDS/office | No                           | Narrative  | No                                 | No                    |
| D9410    | house/extended care facility call   | N/A  | No                           | Narrative including treatment location                               | No                                 | No                    |
| D9420    | hospital or ambulatory surgical center call   | N/A  | No                           | Narrative including treatment location                               | No                                 | No                    |
| D9440    | office visit - after regularly scheduled hours  | N/A  | No                           | Narrative including time of day, day of week, and clinical condition | Yes                                | Emergent service only |
| D9610    | therapeutic parenteral drug, single administration  | By report                                    | No                           | Narrative  | No                                 | No                    |
| D9910    | application of desensitizing medicament   | By report                                    | No                           | Narrative  | No                                 | No                    |

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|----------|---|------------------|------------------------------|-------------------------------|------------------------------------|-------------------|
| D9930    | treatment of complications (post-surgical) - unusual circumstances, by report | By report        | No                           | Narrative                     | No                                 | No                |
| D9942    | repair and/or reline of occlusal guard  | Once per 3 years | No                           | Narrative                     | No                                 | No                |
| D9943    | occlusal guard adjustment   | Once per 3 years | Yes                          | Narrative                     | No                                 | No                |
| D9944    | occlusal guard - hard appliance, full arch                                    | One per 5 years  | Yes                          | Narrative, Photo if available | No                                 | No                |
| D9946    | occlusal guard - hard appliance, partial arch                                 | One per 5 years  | Yes                          | Narrative, Photo if available | No                                 | No                |
| D9995    | Teledentistry-Synchronous   | N/A              | No                           | Narrative                     | No                                 | No                |
| D9996    | Teledentistry-Asynchronous  | N/A              | No                           | Narrative                     | No                                 | No                |
| D9997    | Dental Case Mngmt   |                  | No                           | Narrative                     | No                                 | No                |
| D9999    | unspecified adjunctive procedure, by report                                   | By report        | Yes                          | Radiograph, Narrative         | No                                 | No                |

NOTE - Only the PreViser risk assessment can be used for reimbursement and this must be submitted in the online PreViser tool. Payments will be recouped if the assessment is not submitted into the online PreViser tool.

This chart is a summary of benefit information, for more complete details, please refer to the DWP and DWP Kids Dentist Office Manual.