



Dental Coverage

ACTIVE

Benefits Remaining

\$1,500.00
/\$1,500.00

Deductible Remaining

\$50.00
/\$50.00

Verified On

01/11/2023

PLAN

Type: PPO
Name: Small Business Program - Small Business Program 20781-05007sw-P
Group Number: 20781 - ####
Network status: In-Network - (NOTE: The Network Status Is Office Provided)

PATIENT

Patient:	Coverage:	Additional Data:
First name: B	Effective date:	
Last name: C	End date:	
DOB: 10/08/1967		
Gender:		
Member Id: #####		

MAXIMUMS

		Individual		Family	
Service Type	ADA Code Name	Amount	Plan Period	Amount	Plan Period
Oral & Maxillofacial Surgery	--	\$1,000.00	Lifetime	--	Lifetime
Oral & Maxillofacial Surgery	--	\$1,000.00	Lifetime remaining	--	Lifetime remaining
Orthodontics	--	\$1,000.00	Lifetime	--	Lifetime
Orthodontics	--	\$1,000.00	Lifetime remaining	--	Lifetime remaining
Adjunctive General Services	--	\$1,500.00	Calendar	--	Calendar
Adjunctive General Services	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Diagnostic	--	\$1,500.00	Calendar	--	Calendar
Diagnostic	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Endodontics	--	\$1,500.00	Calendar	--	Calendar
Endodontics	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Implant Services	--	\$1,500.00	Calendar	--	Calendar
Implant Services	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Oral & Maxillofacial Surgery	--	\$1,500.00	Calendar	--	Calendar
Oral & Maxillofacial Surgery	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Periodontics	--	\$1,500.00	Calendar	--	Calendar
Periodontics	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Preventive	--	\$1,500.00	Calendar	--	Calendar
Preventive	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Prosthodontics; Fixed	--	\$1,500.00	Calendar	--	Calendar
Prosthodontics; Fixed	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Prosthodontics; Removable	--	\$1,500.00	Calendar	--	Calendar
Prosthodontics; Removable	--	\$1,500.00	Calendar remaining	--	Calendar remaining
Restorative	--	\$1,500.00	Calendar	--	Calendar
Restorative	--	\$1,500.00	Calendar remaining	--	Calendar remaining

DEDUCTIBLE

		Individual		Family	
Service Type	ADA Code Name	Amount	Plan Period	Amount	Plan Period
Adjunctive General Services	--	\$50.00	Calendar	\$150.00	Calendar
Adjunctive General Services	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Endodontics	--	\$50.00	Calendar	\$150.00	Calendar
Endodontics	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Implant Services	--	\$50.00	Calendar	\$150.00	Calendar
Implant Services	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Oral & Maxillofacial Surgery	--	\$50.00	Calendar	\$150.00	Calendar
Oral & Maxillofacial Surgery	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Periodontics	--	\$50.00	Calendar	\$150.00	Calendar
Periodontics	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Preventive	--	\$50.00	Calendar	\$150.00	Calendar
Preventive	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Prosthodontics; Fixed	--	\$50.00	Calendar	\$150.00	Calendar

Prosthodontics; Fixed	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Prosthodontics; Removable	--	\$50.00	Calendar	\$150.00	Calendar
Prosthodontics; Removable	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining
Restorative	--	\$50.00	Calendar	\$150.00	Calendar
Restorative	--	\$50.00	Calendar remaining	\$150.00	Calendar remaining

CO-INSURANCE			
Service Type	ADA Code Name	Percentage	Frequency
Diagnostic	--	100%	--
Preventive	--	80 - 100%	--
Restorative	--	50 - 80%	--
Endodontics	--	80%	--
Periodontics	--	80%	--
Prosthodontics; Removable	--	50 - 80%	--
Prosthodontics; Fixed	--	50%	--
Oral & Maxillofacial Surgery	--	80%	--
Orthodontics	--	50%	--
Adjunctive General Services	--	80%	--
Implant Services	--	50 - 80%	--

LIMITATIONS
Disclaimers

- Payment: PPO Providers (DPO in the state of Texas) are reimbursed at the PPO schedule and Premier Providers are reimbursed at their Premier schedule. A member's out of pocket costs are higher when treated by a Premier or non-Delta Provider.
- Child Age Limit: 26 (Terminate at end of birth month)
- Student Age Limit: 26 (Terminate at end of birth month)
- Missing Tooth Clause: N/A
- Orthodontic Age Limit: Child - To age 26
- Orthodontic Payment: Following the initial claim payment, the remaining orthodontic benefit will be paid within 12 months provided there has been no lapse in coverage.
- Pregnancy Benefits: This program allows an additional cleaning benefit during pregnancy.
- Take Over Group: Takeover of Prior Carrier Ortho Maximum.
- Dual Coverage: N/A
- COB: Standard: Coordination of benefits is calculated by the lesser of the two, either OIC remaining allowed amount or the secondary plan's liability.
- Assignment of Benefits: Group accepts assignment of benefits.
- Removal of Impacted Teeth: If the removal of impacted teeth with procedure codes D7220, D7230, D7240 or D7241 is covered under your plan, claims should first be submitted to your dental plan.
- SmileWay® Wellness Benefits: This program allows additional benefits for patients with certain medical conditions (sign-up required). Enrollee status is indicated via the "SW" notation by the enrollee's name; plan status is indicated via the "SW-P" notation by the plan's name.

Service Type	ADA Procedure/Category	Frequency	Age Restrictions								
D0120	Periodic oral evaluation - established patient	--	--								
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any oral evaluation procedure within a calendar year											
D0210	Intraoral - complete series of radiographic images	--	--								
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to one full mouth series of intra-oral films within a 5 year period from the last date performed											
History: <table><tr><th>Procedure</th><th>Tooth/Quad</th><th>Surface</th><th>Service Date</th></tr><tr><td>D0210</td><td>--</td><td>--</td><td>10/27/2022</td></tr></table>				Procedure	Tooth/Quad	Surface	Service Date	D0210	--	--	10/27/2022
Procedure	Tooth/Quad	Surface	Service Date								
D0210	--	--	10/27/2022								
D0274	Bitewings - four radiographic images	--	--								
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to one of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries.; Child up to and not including age 18											
D0274	Bitewings - four radiographic images	--	--								
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries.; Child up to and not including age 18											
D1110	Prophylaxis - adult	--	--								
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.											
History:											

Procedure	Tooth/Quad	Surface	Service Date
D1110	--	--	12/08/2022
D9932	Cleaning and inspection of removable complete denture	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 		
D9933	Cleaning and inspection of removable complete denture	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 		
D4910	Periodontal maintenance	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 		
D1120	Prophylaxis - child	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 		
D1206	Topical application of fluoride varnish	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two fluoride procedures within a calendar year; Child up to and not including age 19 		
D1208	Topical application of fluoride - excluding varnish	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two fluoride procedures within a calendar year; Child up to and not including age 19 		
D1351	Sealant - per tooth	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per tooth within a 24 month period for teeth without caries; Child up to and not including age 16 		
D1351	Sealant - per tooth	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per tooth within a 24 month period for teeth without caries; Child up to and not including age 16 		
D2393	Resin-based composite - three surfaces	--	--
	Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per surface, per tooth within a 24 month period 		
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	--	--
	Disclaimers: <ul style="list-style-type: none"> This specialized procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility. 		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions	--	--
	Disclaimers: <ul style="list-style-type: none"> This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility. 		

D2740	crown - porcelain/ceramic	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to one crown procedure per tooth within a 5 year period.; 12 years and older 											
D2790	Crown - full cast high noble metal	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to one crown procedure per tooth within a 5 year period.; 12 years and older 											
D2950	Core buildup	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per tooth within a 5 year period. An allowance may be made for core buildup when extensive loss of tooth structure is supported by radiographic images or narrative report, or when following root canal treatment. 											
History: <table> <tr> <th>Procedure</th><th>Tooth/Quad</th><th>Surface</th><th>Service Date</th></tr> <tr> <td>D2950</td><td>18</td><td>--</td><td>12/12/2022</td></tr> </table>				Procedure	Tooth/Quad	Surface	Service Date	D2950	18	--	12/12/2022
Procedure	Tooth/Quad	Surface	Service Date								
D2950	18	--	12/12/2022								
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per quadrant within a 24 month period. Radiographic images and a copy of the treatment record are required if more than two quadrants of scaling and root planing are performed on the same date of service. Frequency may be affected by other periodontic services. 											
D4355	full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per lifetime. Following active periodontal therapy, allow completion of a 30 day post-operative period before performing this procedure. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 											
D4910	Periodontal maintenance	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 											
D9932	Cleaning and inspection of removable complete denture	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 											
D9933	Cleaning and inspection of removable complete denture	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 											
D1120	Prophylaxis - child	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 											
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 											
D1110	Prophylaxis - adult	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180. 											

History:

Procedure	Tooth/Quad	Surface	Service Date
D1110	--	--	12/08/2022

D5110	Complete denture - maxillary	--	--
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Disclaimers:

- Benefit is limited to once per arch within a 5 year period

D2630	Inlay - porcelain/ceramic - three or more surfaces	--	--
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Disclaimers:

- When this procedure does not display in Benefit Details, it is not a benefit of the member's plan. If metallic Inlay restorations are a benefit, the applicable allowance may be applied.

D2643	Onlay - porcelain/ceramic - three surfaces	--	--
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Disclaimers:

- When this procedure does not display in Benefit Details, it is not a benefit of the member's plan. If metallic Onlay restorations are a benefit, the applicable allowance may be applied.

D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue	--	--
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Disclaimers:

- This procedure code is not recognized.

D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	--	--
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Disclaimers:

- Any adjustment or repair made to a denture within six months of installation is included in the fee for the original treatment. Other adjustments are limited to once per arch within a 6 month period.

D5751	Reline complete mandibular denture (laboratory)	--	--
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Disclaimers:

- Benefit is limited to once per arch within a 6 month period

D6010	Surgical placement of implant body endosteal implant	--	--
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Disclaimers:

- Benefit is limited to once per tooth within a 5 year period

D6240	Pontic - porcelain fused to high noble metal	--	--
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Disclaimers:

- Benefit is limited to once per tooth within a 5 year period; 16 years and older

D8010	Limited orthodontic treatment of the primary dentition	--	--
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Disclaimers:

- Benefit is limited to once per lifetime. Orthodontic services must be delivered and monitored by a licensed dentist. Self-application is not covered.; Child up to and not including age 26

D0220	Intraoral - periapical first radiographic image	--	--
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Disclaimers:

- Benefit is based on professional determination

D0272	Bitewings - two radiographic images	--	--
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Disclaimers:

- Benefit is limited to one of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries.; Child up to and not including age 18

D0272	Bitewings - two radiographic images	--	--
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Disclaimers:

- Benefit is limited to two of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries.; Child up to and not including age 18

D1120	Prophylaxis - child	--	--
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Disclaimers:

- Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as

				D0180.
D9932	Cleaning and inspection of removable complete denture	--	--	
	Disclaimers:			
	• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D9933	Cleaning and inspection of removable complete denture	--	--	
	Disclaimers:			
	• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D4910	Periodontal maintenance	--	--	
	Disclaimers:			
	• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth	--	--	
	Disclaimers:			
	• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D1110	Prophylaxis - adult	--	--	
	Disclaimers:			
	• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
	History:			
	Procedure	Tooth/Quad	Surface	Service Date
	D1110	--	--	12/08/2022
D1510	Space maintainer - fixed - unilateral	--	--	
	Disclaimers:			
	• Benefit is limited to once per lifetime; Child up to and not including age 14			
D7953	Bone replacement graft for ridge preservation - per site	--	--	
	Disclaimers:			
	• This procedure code is not recognized.			
D2390	Resin-based composite crown	--	--	
	Disclaimers:			
	• Benefit is limited to once per tooth within a 24 month period			
D2750	Crown - porcelain fused to high noble metal	--	--	
	Disclaimers:			
	• Benefit is limited to one crown procedure per tooth within a 5 year period.; 12 years and older			
D2930	Prefabricated stainless steel crown - primary tooth	--	--	
	Disclaimers:			
	• Benefit is limited to one crown procedure per tooth within a 24 month period; Child up to and not including age 16			
D2932	Prefabricated resin crown	--	--	
	Disclaimers:			
	• Benefit is limited to one crown procedure per tooth within a 24 month period; Child up to and not including age 16			
D2933	Prefabricated stainless steel crown with resin window	--	--	
	Disclaimers:			
	• Benefit is limited to one crown procedure per tooth within a 24 month period; Child up to and not including age 16			

D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to one crown procedure per tooth within a 24 month period; Child up to and not including age 16 											
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per tooth per lifetime 											
D3230	Pulpal therapy (resorbable filling) – anterior	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per tooth per lifetime 											
D2929	Prefabricated porcelain/ceramic crown – primary tooth	--	--								
Disclaimers: <ul style="list-style-type: none"> This procedure is a benefit only on primary maxillary anterior teeth. When this procedure is provided on a posterior primary tooth or a permanent tooth, an allowance toward the cost will be based on procedure D2930 (primary tooth) or D2931 (permanent tooth). The patient is responsible for the remainder of the fee. 											
D3120	Pulp cap – indirect (excluding final restoration)	--	--								
Disclaimers: <ul style="list-style-type: none"> This procedure code is not recognized. 											
D7140	Extraction	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to once per tooth per lifetime 											
History: <table> <thead> <tr> <th>Procedure</th><th>Tooth/Quad</th><th>Surface</th><th>Service Date</th></tr> </thead> <tbody> <tr> <td>D7140</td><td>15</td><td>--</td><td>12/12/2022</td></tr> </tbody> </table>				Procedure	Tooth/Quad	Surface	Service Date	D7140	15	--	12/12/2022
Procedure	Tooth/Quad	Surface	Service Date								
D7140	15	--	12/12/2022								
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any oral evaluation procedure within a calendar year 											
D0120	Periodic oral evaluation – established patient	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any oral evaluation procedure within a calendar year 											
D0140	Limited oral evaluation – problem focused	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any oral evaluation procedure within a calendar year 											
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any oral evaluation procedure within a calendar year 											
D0160	Detailed and extensive oral evaluation – problem focused	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any oral evaluation procedure within a calendar year 											
D0170	Re-evaluation – limited	--	--								
Disclaimers: <ul style="list-style-type: none"> Benefit is limited to two of any oral evaluation procedure within a calendar year 											
D0171	Re-evaluation – post-operative office visit	--	--								
Disclaimers:											

• Benefit is limited to two of any oral evaluation procedure within a calendar year

D0180	Comprehensive periodontal evaluation - new or established patient --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any oral evaluation procedure within a calendar year			
D8660	Pre-orthodontic treatment examination to monitor growth and development --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any oral evaluation procedure within a calendar year			
D0150	Comprehensive oral evaluation - new or established patient --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any oral evaluation procedure within a calendar year			
History:			
Procedure	Tooth/Quad	Surface	Service Date
D0150	--	--	10/27/2022
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to one occurrence per provider per lifetime			
D1110	Prophylaxis - adult --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
History:			
Procedure	Tooth/Quad	Surface	Service Date
D1110	--	--	12/08/2022
D9932	Cleaning and inspection of removable complete denture --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D9933	Cleaning and inspection of removable complete denture --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D4910	Periodontal maintenance --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D1120	Prophylaxis - child --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth --	--	--
Disclaimers: <ul style="list-style-type: none">• Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180.			
D9230	Inhalation of nitrous oxide / analgesia --	--	--

<div>Disclaimers:<ul style="list-style-type: none">This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.</div>											
D9248	Non-intravenous conscious sedation	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.</div>											
D0120	Periodic oral evaluation - established patient	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D0140	Limited oral evaluation - problem focused	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D0160	Detailed and extensive oral evaluation - problem focused	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D0170	Re-evaluation - limited	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D0171	Re-evaluation - post-operative office visit	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D0180	Comprehensive periodontal evaluation - new or established patient	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D8660	Pre-orthodontic treatment examination to monitor growth and development	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
D0150	Comprehensive oral evaluation - new or established patient	--	--								
<div>Disclaimers:<ul style="list-style-type: none">This procedure is a benefit once per provider per lifetime and is included as part of the oral evaluation limitations of your program</div>											
<div>History:<table><tr><th>Procedure</th><th>Tooth/Quad</th><th>Surface</th><th>Service Date</th></tr><tr><td>D0150</td><td>--</td><td>--</td><td>10/27/2022</td></tr></table></div>				Procedure	Tooth/Quad	Surface	Service Date	D0150	--	--	10/27/2022
Procedure	Tooth/Quad	Surface	Service Date								
D0150	--	--	10/27/2022								
D2330	Resin-based composite - one surface	--	--								
<div>History:<table><tr><th>Procedure</th><th>Tooth/Quad</th><th>Surface</th><th>Service Date</th></tr><tr><td>D2330</td><td>11</td><td>Facial</td><td>12/12/2022</td></tr></table></div>				Procedure	Tooth/Quad	Surface	Service Date	D2330	11	Facial	12/12/2022
Procedure	Tooth/Quad	Surface	Service Date								
D2330	11	Facial	12/12/2022								

History					
Service Type	ADA Code Name	Tooth/Quad	Surface	Descriptor	Date
D0210	Intraoral – complete series of radiographic images			--	10/27/2022
D1110	Prophylaxis – adult			--	12/08/2022
D2950	Core buildup	18		--	12/12/2022
D7140	Extraction	15		--	12/12/2022
D0150	Comprehensive oral evaluation – new or established patient			--	10/27/2022
D2330	Resin-based composite – one surface	11	Facial	--	12/12/2022

Waiting Periods			
Service Type	Effective Date	End Date	
Endodontics	04/01/2022	03/31/2023	
Other Endodontics procedures	04/01/2022	03/31/2023	
Apexification / Recalcification	04/01/2022	03/31/2023	
Endodontic Retreatment	04/01/2022	03/31/2023	
Pulpotomy	04/01/2022	03/31/2023	
Therapy (including treatment plan, procedures and follow-up care)	04/01/2022	03/31/2023	
Endodontics – Group Specific Benefit	04/01/2022	03/31/2023	
Pulp Capping	04/01/2022	03/31/2023	
Apicoectomy / Periradicular services	04/01/2022	03/31/2023	
Endodontic – By Report	04/01/2022	03/31/2023	
Implant Services	04/01/2022	03/31/2023	
Implant – By Report	04/01/2022	03/31/2023	
Other Implant Services	04/01/2022	03/31/2023	
Surgical Implants	04/01/2022	03/31/2023	
Implant support prosthetics	04/01/2022	03/31/2023	
Oral & Maxillofacial Surgery	04/01/2022	03/31/2023	
Vestibuloplasty	04/01/2022	03/31/2023	
Excision of bone tissue	04/01/2022	03/31/2023	
Extractions	04/01/2022	03/31/2023	
Alveoloplasty – Preparation of Ridge	04/01/2022	03/31/2023	
Treatment of fractures – compound	04/01/2022	03/31/2023	
Surgical incision	04/01/2022	03/31/2023	
Treatment of fractures – simple	04/01/2022	03/31/2023	
Other Surgical procedures	04/01/2022	03/31/2023	
Complicated suturing	04/01/2022	03/31/2023	
Oral & Maxillofacial Surgery – By Report	04/01/2022	03/31/2023	
Surgical excision of soft tissue lesions	04/01/2022	03/31/2023	
Oral & Maxillofacial – Group Specific	04/01/2022	03/31/2023	
Surgical extractions	04/01/2022	03/31/2023	
Surgical excision of intra–osseous lesions	04/01/2022	03/31/2023	
Periodontics	04/01/2022	03/31/2023	
Surgical Services	04/01/2022	03/31/2023	
Non–Surgical service	04/01/2022	03/31/2023	
Other Periodontic services	04/01/2022	03/31/2023	
Periodontics – By Report	04/01/2022	03/31/2023	
Prosthodontics; Fixed	04/01/2022	03/31/2023	
Fixed Partial Denture pontics	04/01/2022	03/31/2023	
Fixed Partial Denture retainers – inlays/onlays	04/01/2022	03/31/2023	
Fixed Partial Denture retainers – Crowns	04/01/2022	03/31/2023	
Other Fixed partial denture services	04/01/2022	03/31/2023	
Prosthodontics; Fixed – By Report	04/01/2022	03/31/2023	
Prosthodontics; Removable	04/01/2022	03/31/2023	
Adjustments to Dentures	04/01/2022	03/31/2023	
Interim prosthesis	04/01/2022	03/31/2023	
Complete Dentures	04/01/2022	03/31/2023	
Partial Dentures	04/01/2022	03/31/2023	
Other Removable prosthetic services	04/01/2022	03/31/2023	
Restorative	04/01/2022	03/31/2023	
Gold Foil	04/01/2022	03/31/2023	
Inlay/Onlay	04/01/2022	03/31/2023	

Restorative - By Report	04/01/2022	03/31/2023
Inlay/Onlay - Non Metallic	04/01/2022	03/31/2023
Crowns - Stainless Steel	04/01/2022	03/31/2023
Crowns - Single	04/01/2022	03/31/2023
Orthodontics	04/01/2022	03/31/2023
Treatment to control harmful habits	04/01/2022	03/31/2023
Limited orthodontic treatment	04/01/2022	03/31/2023
Comprehensive orthodontic treatment	04/01/2022	03/31/2023
Orthodontic - By Report	04/01/2022	03/31/2023
Other orthodontic services	04/01/2022	03/31/2023
Orthodontic - Group Specific	04/01/2022	03/31/2023
Orthodontic periodic procedure	04/01/2022	03/31/2023