

Limitations by Frequency or Age

- 1** Two Prophylaxes (1110 or 1120) or Periodontal Maintenance Treatments (4910) per calendar year.
- 2** Two Fluoride Treatments (1201 or 1203 or 1205), limited to under age 14, per calendar year
- 3** One Unilateral Space Maintainer (1510 or 1520), limited to under age 16 and replacing lost/extracted deciduous teeth, per arch per lifetime
- 4** One Bilateral Space Maintainer (1515 or 1525), limited to under age 16 and replacing lost/extracted deciduous teeth, per arch per lifetime
- 5** One Emergency Palliative Treatment (9110) in any 6-month period.
- 6** One Full-Mouth Series or Panoramic Film (0210 or 0330) in any 6 consecutive month period
- 7** One Sealant Treatment to Permanent Molar (1351), limited to under age 16 on unrestored tooth, per tooth in any 36 consecutive month period
- 8** One Diagnostic Consultation by Non-treating Dentist (9310) per dental specialty in any 12 consecutive month period
- 9** Appliance to Control Harmful Habits (8220) limited to under age 14.
- 10** Replacement of Amalgam Restoration (2110 through 2161) only after 12 or more months since prior procedure, if under age 19
- 11** Replacement of Amalgam Restoration (2110 through 2161) only after 36 or more months since prior procedure, if age 19 or older
- 12** Replacement of Resin Restoration (2330 through 2388) only after 12 or more months since prior procedure, if under age 19
- 13** Replacement of Resin Restoration (2330 through 2388) only after 36 or more months since prior procedure, if age 19 or older
- 14** One Crown (2336 or 2337 or 2710 or 2930 - 2933) per tooth in any 24 consecutive month period
- 15** Recement Bridge (6930) only after 12 or more months since initial insertion.
- 16** One Denture Rebase (5710 or 5711 or 5720 or 5721) in any 24 consecutive month period and only 12 or more months after insertion
- 17** One Denture Reline (5730 through 5761) in any 24 consecutive month period and only 12 or more months after insertion
- 18** One Denture Adjustment (5410 or 5411 or 5421 or 5422) in any 24 consecutive month period
- 19** One Tissue Conditioning (5850 or 5851) per arch in any 12 consecutive month period and only 12 or more months after denture insertion
- 20** One Periodontal Root Planing (4341), with evidence of bone loss, per quadrant in any 24 consecutive month period
- 21** One Periodontal Scaling (4341), in the absence of related treatment in prior 36 months, per quadrant in any 36 consecutive month period
- 22** One Distal or Proximal Wedge (4274), with evidence of periodontal disease of each tooth, per quadrant in any 36 consecutive month period
- 23** One Gingivectomy or Crown Lengthening (4211 or 4249), with evidence of periodontal disease of each tooth, in any 12 consecutive month period

24 Orthodontic treatment is limited to children up to age 19.

Limitations by Best Practice or Cosmetic Determinants

- 1 Labial Veneers are covered only for decay or injury to permanent tooth that cannot be restored with amalgam or composite filling
- 2 Resin Restoration (2330 through 2388) limited to anterior teeth. Resin Restoration to posterior teeth is reimbursed at amalgam rates.