



Dental Benefit Coverage, Limitations, and Exclusions Guide

Mercy Care Advantage (MCA) plans include supplemental dental benefits. More information about MCA covered benefits is available in Chapter 4 of the MCA Evidence of Coverage.

This document describes the covered MCA supplemental dental benefits and services, as well as limitations and exclusions. Individuals eligible for Medicare and Medicaid may have separate dental coverage available under the AHCCCS (Medicaid) benefits. Please contact your Medicaid plan for information.

The Mercy Care Advantage dental benefits are administered through DentaQuest and their participating dental network. Covered Services must be received from dentists participating in the DentaQuest network. To locate a participating dentist in the DentaQuest network, please call our Member Services Department at **602-586-1730** or toll free at **1-877-436-5288**, 8:00 a.m. – 8:00 p.m., 7 days a week (TTY users call **711**).

Prior authorization is not required for the procedures listed. Use this document to help verify covered MCA dental benefits when scheduling services with network dentists.

There are no copays for the MCA dental services listed in this document. The 2024 Mercy Care Advantage dental benefit has a \$5,000 annual benefit maximum for covered comprehensive dental benefits. Services received beyond the annual benefit maximum will be paid at zero and are the responsibility of the member. If you get a service not listed in the table, you will have to pay the full cost.

These dental benefits are effective from January 1 through December 31. Mercy Care Advantage (MCA) plan benefits are subject to change each calendar year. Any unused annual benefit maximum will not carry over into the new calendar year.

Exclusions: Dental services not listed in this document are excluded from coverage. Examples of excluded services include but are not limited to: Services related to emergency dental treatment; certain prosthodontic procedures such as bridges and dental implants and the surgical preparation for these types of procedures and/or their repair; orthodontics; and services related to the treatment of chronic TMJ. Note: these services may be covered under your AHCCCS (Medicaid) benefits.

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Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Diagnostic			
D0120	Periodic oral evaluation – established patient	Not applicable	One of (D0120, D0150, D0180) per 6 months per patient. Must be an established patient.
D0150	Comprehensive oral evaluation – new or established patient	Not applicable	One of (D0120, D0150, D0180) per 6 months per patient. One (D0150) per 1 lifetime per provider OR location.
D0180	Comprehensive periodontal evaluation – new or established patient	Not applicable	One of (D0120, D0150, D0180) per 6 months per patient.
D0210	Intraoral – complete series of radiographic images	Not applicable	One of (D0210, D0277, D0330, D0372) per 36 months per patient.
D0220	Intraoral – periapical first radiographic image	Not applicable	Not applicable.
D0230	Intraoral – periapical each additional radiographic image	Not applicable	Not applicable.
D0240	Intraoral – occlusal radiographic image	Not applicable	One (D0240) per 12 months per patient.
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Not applicable	One (D0250) per 12 months per patient.
D0270	Bitewing – single radiographic image	Not applicable	One of (D0270, D0272, D0273, D0274, D0373) per 12 months per patient.
D0272	Bitewings – two radiographic images	Not applicable	One of (D0270, D0272, D0273, D0274, D0373) per 12 months per patient.
D0273	Bitewings – three radiographic images	Not applicable	One of (D0270, D0272, D0273, D0274, D0373) per 12 months per patient.
D0274	Bitewings – four radiographic images	Not applicable	One of (D0270, D0272, D0273, D0274, D0373) per 12 months per patient.
D0277	Vertical bitewings – 7 to 8 films	Not applicable	One of (D0210, D0277, D0330, D0372) per 36 months per patient.
D0330	Panoramic radiographic image	Not applicable	One of (D0210, D0277, D0330, D0372) per 36 months per patient.
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	Not applicable	One of (D0210, D0277, D0330, D0372) per 36 months per patient.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Diagnostic			
D0373	Intraoral tomosynthesis – bitewing radiographic image	Not applicable	One of (D0270, D0272, D0273, D0274, D0373) per 12 months per patient.
D0374	Intraoral tomosynthesis – periapical radiographic image	Not applicable	One (D0374) per 12 months per provider OR location. Cannot be billed with D0220 or D0230.
Preventive			
D1110	Prophylaxis – adult	Not applicable	One of (D1110, D1120) per 6 months per patient.
D1120	Prophylaxis – child	Not applicable	One of (D1110, D1120) per 6 months per patient.
D1208	Topical application of fluoride – excluding varnish	Not applicable	One (D1208) per 6 months per patient.
Restorative			
D2140	Amalgam – one surface, primary or permanent	Teeth 1-32, A-T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2150	Amalgam – two surfaces, primary or permanent	Teeth 1-32, A-T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2160	Amalgam – three surfaces, primary or permanent	Teeth 1-32, A-T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2161	Amalgam – four or more surfaces, primary or permanent	Teeth 1-32, A-T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2330	Resin-based composite – one surface, anterior	Teeth 6-11, 22-27, C-H, M-R	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Restorative			
D2331	Resin-based composite-2 surfaces, anterior	Teeth 6-11, 22-27, C-H, M-R	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2332	Resin-based composite-3 surfaces, anterior	Teeth 6-11, 22-27, C-H, M-R	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	Teeth 6-11, 22-27, C-H, M-R	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2390	Resin-based composite crown, anterior	Teeth 6-11, 22-27, C-H, M-R	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2391	resin-based composite – one surface, posterior	Teeth 1-5, 12-21, 28-32, A, B, I-L, S, T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2392	resin-based composite – two surfaces, posterior	Teeth 1-5, 12-21, 28-32, A, B, I-L, S, T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2393	resin-based composite – three surfaces, posterior	Teeth 1-5, 12-21, 28-32, A, B, I-L, S, T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2394	resin-based composite – four or more surfaces, posterior	Teeth 1-5, 12-21, 28-32, A, B, I-L, S, T	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 36 months per provider, same tooth/same surface.
D2740	Crown – porcelain/ceramic	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Restorative			
D2750	Crown – porcelain fused to high noble metal	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.
D2751	Crown – porcelain fused to predominantly base metal	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.
D2752	Crown – porcelain fused to noble metal	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.
D2753	crown- porcelain fused to titanium and titanium alloys	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth
D2790	Crown – full cast high noble metal	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.
D2791	Crown – full cast predominantly base metal	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.
D2792	Crown – full cast noble metal	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.
D2794	Crown – titanium and titanium alloys	Teeth 1-32	One of (D2740, D2750, D2751, D2752, D2753, D2783, D2790, D2791, D2792, D2794) per 60 months per patient, same tooth.
D2910	Re-cement or re-bond inlay onlay, veneer or partial coverage restoration	Teeth 1-32	Once per tooth per 12 months only after 6 months of initial placement.
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Teeth 1-32	Once per tooth per 12 months only after 6 months of initial placement.
D2920	Re-cement or re-bond crown	Teeth 1-32, A-T	Once per tooth per 12 months only after 6 months of initial placement.
D2930	Prefabricated stainless steel crown – primary tooth	Teeth A-T	One (D2930) per 24 months per patient, same tooth.
D2931	Prefabricated stainless steel crown – permanent tooth	Teeth 1-32	One every 36 months per tooth.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Restorative			
D2932	Prefabricated resin crown	Teeth 1-32, A-T	One every 36 months per tooth.
D2933	Prefabricated stainless steel crown with resin window	Teeth 1-32, A-T	One every 36 months per tooth.
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	Teeth A-T	One every 36 months per tooth.
D2940	Protective restoration	Teeth 1-32, A-T	One (D2940) per patient per tooth per 12 months. Temporary restoration intended to relieve pain; not to be used as a base or liner under a restoration.
D2950	Core buildup, including any pins when required	Teeth 1-32	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration.
D2951	Pin retention – per tooth, in addition to restoration	Teeth 1-32	One (D2951) once per tooth per 60 months, per patient when billed with resin or amalgam restoration. Deny when included in D2950, D2952, D2954 if billed separately.
D2952	Cast post and core in addition to crown	Teeth 1-32	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration.
D2954	Prefabricated post and core in addition to crown	Teeth 1-32	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration.
D2999	Unspecified restorative procedure, by report	Teeth 1-32, A-T	Not applicable.
Endodontics			
D3110	Pulp cap-direct (excluding final restoration)	Teeth 1-32, A-T	One per lifetime per tooth.
D3120	Pulp cap-indirect (excluding final restoration)	Teeth 1-32, A-T	One per lifetime per tooth.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Endodontics			
D3220	Therapeutic pulpotomy	Teeth 1-32, A-T	One of (D3220 or D3221) once per tooth, per lifetime, per patient. Not allowed in conjunction with root canal therapy by same provider/ location within 90 days.
D3221	Gross pulpal debridement primary and permanent teeth	Teeth 1-32, A-T	One of (D3220 or D3221) once per tooth, per lifetime, per patient. Not allowed in conjunction with root canal therapy by same provider/ location within 90 days.
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Teeth 1-32	Not applicable.
D3310	Endodontic therapy,(root canal) anterior tooth (excluding final restoration)	Teeth 6-11, 22-27	One per lifetime per tooth.
D3320	Endodontic therapy, (root canal) premolar tooth (excluding final restoration)	Teeth 4, 5, 12, 13, 20, 21, 28, 29	One per lifetime per tooth.
D3330	Endodontic therapy, (root canal) molar tooth (excluding final restoration)	Teeth 1-3, 14-19, 30-32	Once per permanent tooth per lifetime.
D3331	Treatment of root canal obstruction; non-surgical access	Teeth 1-32	Once per permanent tooth per lifetime.
D3333	Internal root repair of perforation defects	Teeth 1-32	Once per permanent tooth per lifetime.
D3346	Retreatment of previous root canal therapy-anterior	Teeth 6-11, 22-27	Once per permanent tooth per lifetime.
D3347	Retreatment of previous root canal therapy – premolar	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Once per permanent tooth per lifetime.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Endodontics			
D3348	Retreatment of previous root canal therapy-molar	Teeth 1-3, 14-19, 30-32	Once per permanent tooth per lifetime.
D3410	Apicoectomy – anterior	Teeth 6-11, 22-27	Once per permanent tooth per lifetime.
D3421	Apicoectomy – premolar (first root)	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Once per permanent tooth per lifetime.
D3425	Apicoectomy – molar (first root)	Teeth 1-3, 14-19, 30-32	Once per permanent tooth per lifetime.
D3426	Apicoectomy (each additional root)	Teeth 1-5, 12-21, 28-32	Once per permanent tooth per lifetime.
D3430	Retrograde filling – per root	Teeth 1-32	Once per permanent tooth per lifetime.
D3450	Root amputation – per root	Teeth 1-32	Once per permanent tooth per lifetime.
D3999	Unspecified endodontic procedure, by report	Teeth 1-32, A-T	Not applicable.
Periodontics			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4210, D4211) once per quadrant per 24 months, per patient.
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4210, D4211) once per quadrant per 24 months, per patient.
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4240, D4241) once per quadrant per 24 months, per patient.
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4240, D4241) once per quadrant per 24 months, per patient.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Periodontics			
D4249	Clinical crown lengthening – hard tissue	Teeth 1-32	Once per permanent tooth per lifetime.
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4260 or D4261), once per quadrant per 24 months, per patient.
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4260 or D4261), once per quadrant per 24 months, per patient.
D4263	Bone replacement graft – first site in quadrant	Teeth 1-32	One every 24 months per tooth.
D4264	Bone replacement graft – each additional site in quadrant	Teeth 1-32	One every 24 months per tooth.
D4265	Biological materials to aid in soft and osseous tissue regeneration	Teeth 1-32	One every 24 months per tooth.
D4266	Guided tissue regenerate – resorbable barrier, per site, per tooth	Teeth 1-32	One every 24 months per tooth.
D4267	Guided tissue regeneration – nonresorbable barrier, per site, per tooth	Teeth 1-32	One every 24 months per tooth.
D4273	Subepithelial connective tissue graft procedure	Teeth 1-32	One every 24 months per tooth.
D4274	Distal or proximal wedge procedure	Teeth 1-32	One every 24 months per tooth.
D4275	Soft tissue allograft	Teeth 1-32	One every 24 months per tooth.
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	Per arch (LA, UA)	One every 24 months per arch.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Periodontics			
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	Per arch (LA, UA)	One every 24 months per arch.
D4341	Periodontal scaling and root planning – four or more teeth per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4341 or D4342), once per quadrant per 24 months, per patient.
D4342	Periodontal scaling and root planning – one to three teeth per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4341 or D4342), once per quadrant per 24 months, per patient.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Not applicable	Not billable on same day with D1110, D1120, D4341, D4342, D4355 or D4910.
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Not applicable	One per 36 months, per patient.
D4910	Periodontal maintenance procedures	Not applicable	Two of D4910 every 12 months.
D4999	Unspecified periodontal procedure, by report	Not applicable	One every 12 months.
Prosthodontics – Removable			
D5110	Complete denture – maxillary		One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.
D5120	Complete denture – mandibular	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5130	Immediate denture – maxillary	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Prosthodontics – Removable			
D5140	Complete denture – mandibular	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5211	Maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.
D5212	Mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Prosthodontics – Removable			
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5225	Maxillary partial denture-flexible base	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.
D5226	Mandibular partial denture-flexible base	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5410	Adjust complete denture – maxillary	Not applicable	Two (D5410) per arch per 12 months. Not covered within 6 months of placement.
D5411	Adjust complete denture – mandibular	Not applicable	Two (D5411) per arch per 12 months. Not covered within 6 months of placement.
D5421	Adjust partial denture-maxillary	Not applicable	Two (D5421) per arch per 12 months. Not covered within 6 months of placement.
D5422	Adjust partial denture – mandibular	Not applicable	Two (D5422) per arch per 12 months. Not covered within 6 months of placement.
D5511	Repair broken complete denture base, mandibular	Per arch (01, 02, LA, UA)	One (D5511) per arch per 12 months. Not covered within 6 months of placement.
D5512	Repair broken complete denture base, maxillary	Per arch (01, 02, LA, UA)	One (D5512) per arch per 12 months. Not covered within 6 months of placement.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Prosthodontics – Removable			
D5520	Replace missing or broken teeth – complete denture (each tooth)	1-32, 51-82	One (D5520) per tooth 12 months per patient, same tooth.
D5611	Repair resin partial denture base, mandibular	Per arch (01, 02, LA, UA)	Once per arch per 12 months.
D5612	Repair resin partial denture base, maxillary	Per arch (01, 02, LA, UA)	Once per arch per 12 months.
D5621	Repair cast partial framework, mandibular	Per arch (01, 02, LA, UA)	Once per arch per 12 months.
D5622	Repair cast partial framework, maxillary	Per arch (01, 02, LA, UA)	Once per arch per 12 months.
D5630	Repair or replace broken retentive/ clasp materials per tooth	Teeth 1-32	One (D5630) per tooth per 12 months per patient, same tooth.
D5640	Replace broken teeth-per tooth	Teeth 1-32	One (D5640) per tooth per 12 months per patient, same tooth.
D5650	Add tooth to existing partial denture	Teeth 1-32	One (D5650) per tooth per 12 months per patient, same tooth.
D5660	Add clasp to existing partial denture	Teeth 1-32	One (D5650) per tooth per 12 months per patient, same tooth.
D5710	Rebase complete maxillary denture	Not applicable	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement).
D5711	Rebase complete mandibular denture	Not applicable	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement).
D5720	Rebase maxillary partial denture	Not applicable	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement).
D5721	Rebase mandibular partial denture	Not applicable	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement).

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Prosthodontics – Removable			
D5725	Rebase of hybrid prosthesis	Per arch (01, 02, LA, UA)	One (D5725) per arch per 36 months (after 6 months have elapsed since initial placement).
D5730	Reline complete maxillary denture (chairside)	Not applicable	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement).
D5731	Reline complete mandibular denture (chairside)	Not applicable	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement).
D5740	Reline maxillary partial denture (chairside)	Not applicable	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement).
D5741	Reline mandibular partial denture (chairside)	Not applicable	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement).
D5750	Reline complete maxillary denture (laboratory)	Not applicable	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement).
D5751	Reline complete mandibular denture (laboratory)	Not applicable	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement).
D5760	Reline maxillary partial denture (laboratory)	Not applicable	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement).
D5761	Reline mandibular partial denture (laboratory)	Not applicable	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement).
D5765	Soft liner for complete or partial removable denture – indirect	Per arch (01, 02, LA, UA)	One (D5765) per arch per 36 months per patient. Not covered within 6 months of placement.
D5850	Tissue conditioning, maxillary	Not applicable	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.
D5851	Tissue conditioning, mandibular	Not applicable	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.
D5863	Overdenture-complete maxillary	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Prosthodontics – Removable			
D5864	Overdenture-partial maxillary	Per arch (01, 02, LA, UA)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months.
D5865	Overdenture-complete mandibular	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5866	Overdenture-partial mandibular	Per arch (01, 02, LA, UA)	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months.
D5876	Add metal substructure to acrylic full denture (per arch)	Not applicable	Only allowed on same day as D5110, D5120, D5130, D5140.
D5899	Unspecified removable prosthodontic procedure, by report	Not applicable	Narrative describing service.
Oral and Maxillofacial Surgery			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Teeth 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Once per tooth per lifetime.
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Teeth 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Once per tooth per lifetime.
D7220	Removal of impacted tooth – soft tissue	Teeth 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Once per tooth per lifetime.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Oral and Maxillofacial Surgery			
D7230	Removal of impacted tooth – partially bony	Teeth 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Once per tooth per lifetime.
D7240	Removal of impacted tooth – completely bony	Teeth 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Once per tooth per lifetime.
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Teeth 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Once per tooth per lifetime.
D7250	Surgical removal of residual tooth roots (cutting procedure)	Teeth 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Once per tooth per lifetime.
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Teeth 1-32	Once per tooth per lifetime.
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7310, D7311) per 1 lifetime per patient per quadrant.
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7310, D7311) per 1 lifetime per patient per quadrant.
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7320, D7321) per 1 lifetime per patient per quadrant.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Oral and Maxillofacial Surgery			
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Per quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7320, D7321) per 1 lifetime per patient per quadrant.
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Per arch (01, 02, LA, UA)	One per arch per lifetime.
D7350	Vestibuloplasty – ridge extension	Per arch (01, 02, LA, UA)	One per arch per lifetime.
D7471	Removal of exostosis – per site	Per arch (01, 02, LA, UA)	2 per arch per lifetime per patient/member, regardless of the provider.
D7472	Removal of torus palatinus	Not applicable	Once per lifetime per patient/member, regardless of provider.
D7473	Removal of torus mandibularis	Not applicable	2 per lifetime per patient/member, regardless of provider.
D7485	Surgical reduction of osseous tuberosity	Not applicable	Not applicable
Adjunctive General Services			
D9110	Palliative (emergency) treatment of dental pain – minor procedure	Not applicable	Not allowed with anything other than D0140 and x-rays. One visit per member per 12 months.
D9222	Deep sedation/general anesthesia first 15 minutes	Not applicable	One (D9222) per 1 day per patient. Not allowed on same day with D9230, D9239, D9243 or D9248. Submit sedation record with claim.
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	Not applicable	Eleven (D9223) per 1 day per patient. Not allowed on same day with D9230, D9239, D9243 or D9248. Submit sedation record with claim.
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Not applicable	One (D9230) per 1 day per patient. Not allowed on the same day with D9222, D9223, D9239, D9243 or D9248. Submit sedation record with claim.

Dental Code	Dental Procedure Description	Teeth Covered	Frequency & Limitations
Adjunctive General Services			
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Not applicable	One (D9239) per 1 day per patient. Not allowed on same day with D9222, D9223, D9230, or D9248. Submit sedation record with claim.
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Not applicable	Eleven (D9243) per 1 day per patient. Not allowed on same day with D9223, D9230 or D9248. Submit sedation record with claim.
D9410	House/extended care facility call	Not applicable	One every 6 months. Applies to visits at nursing homes, long-term care facilities, hospice sites and institutions. Does not apply to visits at a member's home residence.
D9420	Hospital or ambulatory surgical center call	Not applicable	One every 6 months.



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