

D0277	Vertical bitewings - 7 to 8 radiographic images	0
D0330	Panoramic radiographic image	0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0364		

D1000-D1999	II. Preventive	0
D1110	Prophylaxis - adult, for the first two services in any 12-month period	0
D1120	Prophylaxis - child, for the first two services in any 12-month period	0
D1999	Prophylaxis - adult or child, each additional service in the same 12-month period (maximum of 2 additional in the same 12 month period)	35
M1110	Prophylaxis - One additional prophylaxis will be covered at no charge for members who: (a) are pregnant in their 2nd or 3rd trimester; (b) have clinically demonstrabl	
D1206	Topical application of fluoride varnish, for the first two services in any 12-month period	0
D1208	Topical application of fluoride - excluding varnish, for the first two services in any 12-month period	0
D2999	Topical fluoride (adult or child) each additional service in same 12-month period	20
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth - molars	8
D9999	Sealant - per tooth - non-molars	35
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	8
D1353	Sealant repair - per tooth	5
D1510	Space maintainer - fixed - unilateral	65
D1515	Space maintainer - fixed - bilateral	85





CDT  
Codes ++



CDT Codes ++	Covered Dental Services	Patient Charges
D9000-D9999	XII. Adjunctive General Services (Continued)	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D9219	Evaluation for deep sedation or general anesthesia	55
D9223	Deep sedation/general anesthesia - each 15 minu-2(e)1 0 1 120.5 688.9 Tm 0 G [(De)15(e)-2(p)18( )9(s)-17(e)-2(d)-2(a)18(t)9(i)-25(o)125r6 re	

# MANAGED DENTAL CARE ORTHODONTIC BENEFITS

## Managed Dental Care Orthodontic Plan Schedule - Option A2

CDT Codes	Covered Services and Patient Charges ++	Patient Charges
	Orthodontics	

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<p>The Policy Covers:</p> <ul style="list-style-type: none"><li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li></ul>	<p>The Policy Does Not Cover:</p> <ul style="list-style-type: none"><li><input type="checkbox"/></li> <li><input type="checkbox"/></li></ul> <p style="text-align: right;">are</p>
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