

List of Covered Dental Services

MUTUAL DENTAL PREFERREDSM AND MUTUAL DENTAL PROTECTIONSM INSURANCE POLICIES



CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D0120	Periodic Oral Evaluation - Established Patient	Diagnostic and Preventive Services
D0140	Limited Oral Evaluation - Problem Focused	Diagnostic and Preventive Services
D0150	Comprehensive Oral Evaluation - New Or Established Patient	Diagnostic and Preventive Services
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	Diagnostic and Preventive Services
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	Diagnostic and Preventive Services
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	Major Services: Restorative
D0210	Intraoral - Complete Series Of Radiographic Images	Diagnostic and Preventive Services
D0220	Intraoral - Periapical First Radiographic Image	Diagnostic and Preventive Services
D0230	Intraoral - Periapical Each Additional Radiographic Image	Diagnostic and Preventive Services
D0240	Intraoral - Occlusal Radiographic Image	Diagnostic and Preventive Services
D0270	Bitewing - Single Radiographic Image	Diagnostic and Preventive Services
D0272	Bitewings - Two Radiographic Images	Diagnostic and Preventive Services
D0273	Bitewings - Three Radiographic Images	Diagnostic and Preventive Services
D0274	Bitewings - Four Radiographic Images	Diagnostic and Preventive Services
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	Diagnostic and Preventive Services
D0330	Panoramic Radiographic Image	Diagnostic and Preventive Services
D0364	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0365	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0366	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0367	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0368	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0369	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0370	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0371	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic

CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D0372	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0373	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0374	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0375	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0376	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0377	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0378	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0379	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0380	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0381	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0382	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0383	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0384	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0385	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0386	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0387	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0388	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0389	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0390	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0391	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0392	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0393	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0394	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0395	Cone Beam x-rays, used for Implants	Major Services: Fixed Prosthodontic
D0460	Pulp Vitality Tests	Diagnostic and Preventive Services

		Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
CDT CODE	Description	
D0470	Diagnostic Casts	Diagnostic and Preventive Services
D1110	Prophylaxis - Adult	Diagnostic and Preventive Services
D2140	Amalgam - One Surface, Primary Or Permanent	Basic Services: Restorative
D2150	Amalgam - Two Surfaces, Primary Or Permanent	Basic Services: Restorative
D2160	Amalgam - Three Surfaces, Primary Or Permanent	Basic Services: Restorative
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	Basic Services: Restorative
D2330	Resin-Based Composite - One Surface, Anterior	Basic Services: Restorative
D2331	Resin-Based Composite - Two Surfaces, Anterior	Basic Services: Restorative
D2332	Resin-Based Composite - Three Surfaces, Anterior	Basic Services: Restorative
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	Basic Services: Restorative
D2390	Resin-Based Composite Crown, Anterior	Basic Services: Restorative
D2391	Resin-Based Composite - One Surface, Posterior	Basic Services: Restorative
D2392	Resin-Based Composite - Two Surfaces, Posterior	Basic Services: Restorative
D2393	Resin-Based Composite - Three Surfaces, Posterior	Basic Services: Restorative
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	Basic Services: Restorative
D2510	Inlay - Metallic - One Surface	Major Services: Restorative
D2520	Inlay - Metallic - Two Surfaces	Major Services: Restorative
D2530	Inlay - Metallic - Three Or More Surfaces	Major Services: Restorative
D2542	Onlay - Metallic - Two Surfaces	Major Services: Restorative
D2543	Onlay - Metallic - Three Surfaces	Major Services: Restorative
D2544	Onlay - Metallic - Four Or More Surfaces	Major Services: Restorative
D2610	Inlay - Porcelain/Ceramic - One Surface	Major Services: Restorative
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	Major Services: Restorative
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	Major Services: Restorative
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Major Services: Restorative

CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Major Services: Restorative
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Major Services: Restorative
D2650	Inlay - Resin-Based Composite - One Surface	Major Services: Restorative
D2651	Inlay - Resin-Based Composite - Two Surfaces	Major Services: Restorative
D2652	Inlay - Resin-Based Composite - Three Or More Surfaces	Major Services: Restorative
D2662	Onlay - Resin-Based Composite - Two Surfaces	Major Services: Restorative
D2663	Onlay - Resin-Based Composite - Three Surfaces	Major Services: Restorative
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	Major Services: Restorative
D2710	Crown - Resin-Based Composite (Indirect)	Major Services: Restorative
D2712	Crown - ¼ Resin-Based Composite (Indirect)	Major Services: Restorative
D2740	Crown - Porcelain/Ceramic Substrate	Major Services: Restorative
D2750	Crown - Porcelain Fused To High Noble Metal	Major Services: Restorative
D2751	Crown - Porcelain Fused To Predominantly Base Metal	Major Services: Restorative
D2752	Crown - Porcelain Fused To Noble Metal	Major Services: Restorative
D2780	Crown - 3/4 Cast High Noble Metal	Major Services: Restorative
D2781	Crown - 3/4 Cast Predominantly Base Metal	Major Services: Restorative
D2782	Crown - 3/4 Cast Noble Metal	Major Services: Restorative
D2783	Crown - 3/4 Porcelain/Ceramic	Major Services: Restorative
D2790	Crown - Full Cast High Noble Metal	Major Services: Restorative
D2791	Crown - Full Cast Predominantly Base Metal	Major Services: Restorative
D2792	Crown - Full Cast Noble Metal	Major Services: Restorative
D2794	Crown - Titanium	Major Services: Restorative
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	Major Services: Restorative
D2915	Re-Cement Or Re-Bond Indirectly Fabricated Or Prefabricated Post And Core	Major Services: Restorative
D2920	Re-Cement Or Re-Bond Crown	Major Services: Restorative

		Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
CDT CODE	Description	
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	Major Services: Restorative
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	Major Services: Restorative
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	Major Services: Restorative
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Major Services: Restorative
D2932	Prefabricated Resin Crown	Major Services: Restorative
D2933	Prefabricated Stainless Steel Crown With Resin Window	Major Services: Restorative
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	Major Services: Restorative
D2940	Protective Restoration	Major Services: Restorative
D2950	Core Buildup, Including Any Pins When Required	Major Services: Restorative
D2951	Pin Retention - Per Tooth, In Addition To Restoration	Major Services: Restorative
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	Major Services: Fixed Prosthodontic
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	Major Services: Fixed Prosthodontic
D2954	Prefabricated Post And Core In Addition To Crown	Major Services: Fixed Prosthodontic
D2957	Each Additional Prefabricated Post - Same Tooth	Major Services: Fixed Prosthodontic
D2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	Major Services: Restorative
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of	Major Services: Endodontic
D3221	Pulpal Debridement, Primary And Permanent Teeth	Major Services: Endodontic
D3222	PARTIAL PULPOTOMY PERMANENT TOOTH	Major Services: Endodontic
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	Major Services: Endodontic
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	Major Services: Endodontic
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	Major Services: Endodontic
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	Major Services: Endodontic
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	Major Services: Endodontic
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	Major Services: Endodontic
D3333	Internal Root Repair Of Perforation Defects	Major Services: Endodontic

CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	Major Services: Endodontic
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid	Major Services: Endodontic
D3348	Retreatment Of Previous Root Canal Therapy - Molar	Major Services: Endodontic
D3351	Apexification/Recalcification – Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	Major Services: Endodontic
D3410	Apicoectomy - Anterior	Major Services: Endodontic
D3421	Apicoectomy - Bicuspid (First Root)	Major Services: Endodontic
D3425	Apicoectomy - Molar (First Root)	Major Services: Endodontic
D3426	Apicoectomy (Each Additional Root)	Major Services: Endodontic
D3427	Periradicular Surgery Without Apicoectomy	Major Services: Endodontic
D3430	Retrograde Filling - Per Root	Major Services: Endodontic
D3431	BIOLOGIC MATERIALS AID TISSUE REGENERATION	Major Services: Endodontic
D3432	GUIDED TISSUE REGEN/RESORBABLE BARRIER	Major Services: Endodontic
D3450	Root Amputation - Per Root	Major Services: Endodontic
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	Major Services: Endodontic
D3950	CANAL PREP & FITTING OF DOWEL OR POST	Major Services: Endodontic
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	Major Services: Surgical Periodontic
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	Major Services: Surgical Periodontic
D4212	GINGIVECTOMY PER TOOTH	Major Services: Surgical Periodontic
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	Major Services: Surgical Periodontic
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	Major Services: Surgical Periodontic
D4245	Apically Positioned Flap	Major Services: Surgical Periodontic
D4249	Clinical Crown Lengthening – Hard Tissue	Major Services: Surgical Periodontic
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces	Major Services: Oral Surgery
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces	Major Services: Oral Surgery
D4263	Bone Replacement Graft - First Site In Quadrant	Major Services: Surgical Periodontic

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D4264	Bone Replacement Graft - Each Additional Site In Quadrant	Major Services: Surgical Periodontic
D4265	BIOLOGIC MATERIALS	Major Services: Surgical Periodontic
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	Major Services: Surgical Periodontic
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	Major Services: Surgical Periodontic
D4270	Pedicle Soft Tissue Graft Procedure	Major Services: Surgical Periodontic
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	Major Services: Surgical Periodontic
D4275	Soft Tissue Allograft	Major Services: Surgical Periodontic
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	Major Services: Surgical Periodontic
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery), First Tooth Or Edentulous Tooth Position In Graft	Major Services: Surgical Periodontic
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery), Each Additional Contiguous Tooth Or Edentulous Tooth Position In Same	Major Services: Surgical Periodontic
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	Major Services: Non-Surgical Periodontic
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	Major Services: Non-Surgical Periodontic
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	Major Services: Non-Surgical Periodontic
D4910	Periodontal Maintenance	Major Services: Non-Surgical Periodontic
D5110	Complete Denture - Maxillary	Major Services: Removal Prosthodontic
D5120	Complete Denture - Mandibular	Major Services: Removal Prosthodontic
D5130	Immediate Denture - Maxillary	Major Services: Removal Prosthodontic
D5140	Immediate Denture - Mandibular	Major Services: Removal Prosthodontic
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	Major Services: Removal Prosthodontic
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	Major Services: Removal Prosthodontic
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	Major Services: Removal Prosthodontic
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	Major Services: Removal Prosthodontic
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	Major Services: Removal Prosthodontic
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	Major Services: Removal Prosthodontic
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth)	Major Services: Removal Prosthodontic

CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D5410	Adjust Complete Denture - Maxillary	Major Services: Removal Prosthodontic
D5411	Adjust Complete Denture - Mandibular	Major Services: Removal Prosthodontic
D5421	Adjust Partial Denture - Maxillary	Major Services: Removal Prosthodontic
D5422	Adjust Partial Denture - Mandibular	Major Services: Removal Prosthodontic
D5510	Repair Broken Complete Denture Base	Major Services: Removal Prosthodontic
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	Major Services: Removal Prosthodontic
D5610	Repair Resin Denture Base	Major Services: Removal Prosthodontic
D5620	Repair Cast Framework	Major Services: Removal Prosthodontic
D5630	Repair Or Replace Broken Clasp	Major Services: Removal Prosthodontic
D5640	Replace Broken Teeth - Per Tooth	Major Services: Removal Prosthodontic
D5650	Add Tooth To Existing Partial Denture	Major Services: Removal Prosthodontic
D5660	Add Clasp To Existing Partial Denture	Major Services: Removal Prosthodontic
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	Major Services: Removal Prosthodontic
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	Major Services: Removal Prosthodontic
D5710	Rebase Complete Maxillary Denture	Major Services: Removal Prosthodontic
D5711	Rebase Complete Mandibular Denture	Major Services: Removal Prosthodontic
D5720	Rebase Maxillary Partial Denture	Major Services: Removal Prosthodontic
D5721	Rebase Mandibular Partial Denture	Major Services: Removal Prosthodontic
D5730	Reline Complete Maxillary Denture (Chairside)	Major Services: Removal Prosthodontic
D5731	Reline Complete Mandibular Denture (Chairside)	Major Services: Removal Prosthodontic
D5740	Reline Maxillary Partial Denture (Chairside)	Major Services: Removal Prosthodontic
D5741	Reline Mandibular Partial Denture (Chairside)	Major Services: Removal Prosthodontic
D5750	Reline Complete Maxillary Denture (Laboratory)	Major Services: Removal Prosthodontic
D5751	Reline Complete Mandibular Denture (Laboratory)	Major Services: Removal Prosthodontic
D5760	Reline Maxillary Partial Denture (Laboratory)	Major Services: Removal Prosthodontic

CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D5761	Reline Mandibular Partial Denture (Laboratory)	Major Services: Removal Prosthodontic
D5850	Tissue Conditioning, Maxillary	Major Services: Surgical Periodontic
D5851	Tissue Conditioning, Mandibular	Major Services: Surgical Periodontic
D5863	Overdenture – Complete Maxillary	Major Services: Removal Prosthodontic
D5864	Overdenture – Partial Maxillary	Major Services: Removal Prosthodontic
D5865	Overdenture – Complete Mandibular	Major Services: Removal Prosthodontic
D5866	Overdenture – Partial Mandibular	Major Services: Removal Prosthodontic
D6010	Surgical Placement Of Implant Body: Endosteal Implant	Major Services: Fixed Prosthodontic
D6040	EPOSTEAL IMPLANT	Major Services: Fixed Prosthodontic
D6050	TRANOSTEAL IMPLANT	Major Services: Fixed Prosthodontic
D6055	Connecting Bar – Implant Supported Or Abutment Supported	Major Services: Fixed Prosthodontic
D6056	Prefabricated Abutment – Includes Modification And Placement	Major Services: Fixed Prosthodontic
D6057	Custom Fabricated Abutment – Includes Placement	Major Services: Fixed Prosthodontic
D6058	Abutment Supported Porcelain/Ceramic Crown	Major Services: Fixed Prosthodontic
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	Major Services: Fixed Prosthodontic
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	Major Services: Fixed Prosthodontic
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	Major Services: Fixed Prosthodontic
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	Major Services: Fixed Prosthodontic
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	Major Services: Fixed Prosthodontic
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	Major Services: Fixed Prosthodontic
D6065	Implant Supported Porcelain/Ceramic Crown	Major Services: Fixed Prosthodontic
D6066	Implant Supported Porcelain Fused To Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	Major Services: Fixed Prosthodontic
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	Major Services: Fixed Prosthodontic
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	Major Services: Fixed Prosthodontic
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	Major Services: Fixed Prosthodontic

		Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
CDT CODE	Description	
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal)	Major Services: Fixed Prosthodontic
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	Major Services: Fixed Prosthodontic
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	Major Services: Fixed Prosthodontic
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	Major Services: Fixed Prosthodontic
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	Major Services: Fixed Prosthodontic
D6075	Implant Supported Retainer For Ceramic Fpd	Major Services: Fixed Prosthodontic
D6076	Implant Supported Retainer For Porcelain Fused To Metal Fpd (Titanium, Titanium Alloy, Or High Noble Metal)	Major Services: Fixed Prosthodontic
D6077	Implant Supported Retainer For Cast Metal Fpd (Titanium, Titanium Alloy, Or High Noble Metal)	Major Services: Fixed Prosthodontic
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	Basic Services: Routine and Restorative
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	Basic Services: Routine and Restorative
D6094	Abutment Supported Crown - (Titanium)	Major Services: Fixed Prosthodontic
D6100	Implant removal	Major Services: Fixed Prosthodontic
D6110	Implant /Abutment Supported Removable Denture For Edentulous Arch – Maxillary	Major Services: Removal Prosthodontic
D6111	Implant /Abutment Supported Removable Denture For Edentulous Arch – Mandibular	Major Services: Removal Prosthodontic
D6112	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Maxillary	Major Services: Removal Prosthodontic
D6113	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Mandibular	Major Services: Removal Prosthodontic
D6114	IMP/ABUTMT SUPP FIXED FULL DENT-MAXILLRY	Major Services: Fixed Prosthodontic
D6115	IMP/ABUTMT SUPP FIXED FULL DENT-MANDIBLR	Major Services: Fixed Prosthodontic
D6116	IMP/ABUTMT SUPP FIX PARTL DENT-MAXILLARY	Major Services: Fixed Prosthodontic
D6117	IMP/ABUTMT SUPP FIX PARTL DENT-MANDIBULR	Major Services: Fixed Prosthodontic
D6194	Abutment Supported Retainer Crown For Fpd (Titanium)	Major Services: Fixed Prosthodontic
D6205	Pontic - Indirect Resin Based Composite	Major Services: Fixed Prosthodontic
D6210	Pontic - Cast High Noble Metal	Major Services: Fixed Prosthodontic
D6211	Pontic - Cast Predominantly Base Metal	Major Services: Fixed Prosthodontic
D6212	Pontic - Cast Noble Metal	Major Services: Fixed Prosthodontic

		Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
CDT CODE	Description	
D6214	Pontic - Titanium	Major Services: Fixed Prosthodontic
D6240	Pontic - Porcelain Fused To High Noble Metal	Major Services: Fixed Prosthodontic
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	Major Services: Fixed Prosthodontic
D6242	Pontic - Porcelain Fused To Noble Metal	Major Services: Fixed Prosthodontic
D6245	Pontic - Porcelain/Ceramic	Major Services: Fixed Prosthodontic
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	Major Services: Fixed Prosthodontic
D6251	PONTIC - RESIN WITH PREDOM BASE METAL	Major Services: Fixed Prosthodontic
D6252	PONTIC - RESIN WITH NOBLE METAL	Major Services: Fixed Prosthodontic
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	Major Services: Fixed Prosthodontic
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	Major Services: Fixed Prosthodontic
D6549	Resin Retainer – For Resin Bonded Fixed Prosthesis	Major Services: Fixed Prosthodontic
D6600	Inlay - Porcelain/Ceramic, Two Surfaces	Major Services: Restorative
D6601	Inlay - Porcelain/Ceramic, Three Or More Surfaces	Major Services: Restorative
D6602	Inlay - Cast High Noble Metal, Two Surfaces	Major Services: Restorative
D6603	Inlay - Cast High Noble Metal, Three Or More Surfaces	Major Services: Restorative
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	Major Services: Restorative
D6605	Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	Major Services: Restorative
D6606	Inlay - Cast Noble Metal, Two Surfaces	Major Services: Restorative
D6607	Inlay - Cast Noble Metal, Three Or More Surfaces	Major Services: Restorative
D6608	Onlay - Porcelain/Ceramic, Two Surfaces	Major Services: Restorative
D6609	Onlay - Porcelain/Ceramic, Three Or More Surfaces	Major Services: Restorative
D6610	Onlay - Cast High Noble Metal, Two Surfaces	Major Services: Restorative
D6611	Onlay - Cast High Noble Metal, Three Or More Surfaces	Major Services: Restorative
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	Major Services: Restorative
D6613	Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	Major Services: Restorative

		Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
CDT CODE	Description	
D6614	Onlay - Cast Noble Metal, Two Surfaces	Major Services: Restorative
D6615	Onlay - Cast Noble Metal, Three Or More Surfaces	Major Services: Restorative
D6624	Inlay - Titanium	Major Services: Restorative
D6634	Onlay - Titanium	Major Services: Restorative
D6710	Crown - Indirect Resin Based Composite	Major Services: Restorative
D6720	RETAINER CROWN -RESIN + HIGH NOBLE METAL	Major Services: Oral Surgery
D6721	RETAINER CROWN-RESIN + PRED BASE METAL	Major Services: Oral Surgery
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	Major Services: Oral Surgery
D6740	Crown - Porcelain/Ceramic	Major Services: Restorative
D6750	Crown - Porcelain Fused To High Noble Metal	Major Services: Restorative
D6751	Crown - Porcelain Fused To Predominantly Base Metal	Major Services: Restorative
D6752	Crown - Porcelain Fused To Noble Metal	Major Services: Restorative
D6780	Crown - 3/4 Cast High Noble Metal	Major Services: Restorative
D6781	Crown - 3/4 Cast Predominantly Base Metal	Major Services: Restorative
D6782	Crown - 3/4 Cast Noble Metal	Major Services: Restorative
D6783	Crown - 3/4 Porcelain/Ceramic	Major Services: Restorative
D6790	Crown - Full Cast High Noble Metal	Major Services: Restorative
D6791	Crown - Full Cast Predominantly Base Metal	Major Services: Restorative
D6792	Crown - Full Cast Noble Metal	Major Services: Restorative
D6794	Crown - Titanium	Major Services: Restorative
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	Major Services: Restorative
D7111	Extraction, Coronal Remnants - Deciduous Tooth	Basic Services: Routine and Restorative
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	Basic Services: Routine and Restorative
D7210	Surgical Removal Of Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of	Major Services: Oral Surgery
D7220	Removal Of Impacted Tooth - Soft Tissue	Major Services: Oral Surgery

CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D7230	Removal Of Impacted Tooth - Partially Bony	Major Services: Oral Surgery
D7240	Removal Of Impacted Tooth - Completely Bony	Major Services: Oral Surgery
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	Major Services: Oral Surgery
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	Major Services: Oral Surgery
D7251	Coronectomy – Intentional Partial Tooth Removal	Major Services: Oral Surgery
D7260	OROANTRAL FISTULA CLOSURE	Major Services: Oral Surgery
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	Major Services: Oral Surgery
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	Major Services: Oral Surgery
D7280	Surgical Access Of An Unerupted Tooth	Major Services: Oral Surgery
D7282	MOBILIZATION OF TOOTH TO AID ERUPTION	Major Services: Oral Surgery
D7283	PLACE/DEVICE TO AID ERUPTION/ IMPACTED	Major Services: Oral Surgery
D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	Major Services: Oral Surgery
D7286	Incisional Biopsy Of Oral Tissue-Soft	Major Services: Oral Surgery
D7288	Brush Biopsy - Transepithelial Sample Collection	Major Services: Oral Surgery
D7290	SURGICAL REPOSITIONING OF TEETH	Major Services: Oral Surgery
D7291	TRASSEPTAL FIBEROTOMY	Major Services: Oral Surgery
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	Major Services: Oral Surgery
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	Major Services: Oral Surgery
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	Major Services: Oral Surgery
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	Major Services: Oral Surgery
D7410	RADICAL EXCISION-UP TO 1.25 CM (BENIGN)	Major Services: Oral Surgery
D7411	RADICAL EXC-GREATER THAN 1.25 CM(BENIGN)	Major Services: Oral Surgery
D7412	RADICAL EXCISION, COMPLICATED (BENIGN)	Major Services: Oral Surgery
D7413	RADICAL EXCISION - UP TO 1.25 CM	Major Services: Oral Surgery
D7414	RADICAL EXCISION - GREATER THAN 1.25 CM	Major Services: Oral Surgery

CDT CODE	Description	Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
D7415	RADICAL EXCISION - COMPLICATED	Major Services: Oral Surgery
D7440	EXCISION OF MALIGNANT TUMOR - TO 1.25 CM	Major Services: Oral Surgery
D7441	EXCISION OF MALIGNANT TUMOR OVER 1.25 CM	Major Services: Oral Surgery
D7450	REMOVE ODONTOGENIC CYST - UP TO 1.25 CM	Major Services: Oral Surgery
D7451	REMOVE ODONTOGENIC CYST - OVER 1.25 CM	Major Services: Oral Surgery
D7460	REMOVE NONODONTOGENIC CYST UP TO 1.25 CM	Major Services: Oral Surgery
D7461	REMOVE NONODONTOGENIC CYST OVER 1.25 CM	Major Services: Oral Surgery
D7465	ELECTROSURGERY, CHEMOTHERAPY, CRYOTHERAPY	Major Services: Oral Surgery
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	Major Services: Oral Surgery
D7472	Removal Of Torus Palatinus	Major Services: Oral Surgery
D7473	Removal Of Torus Mandibularis	Major Services: Oral Surgery
D7485	Removal Of Torus Mandibularis	Major Services: Oral Surgery
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	Major Services: Oral Surgery
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	Major Services: Oral Surgery
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	Major Services: Oral Surgery
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	Major Services: Oral Surgery
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	Major Services: Oral Surgery
D7963	Frenuloplasty	Major Services: Oral Surgery
D7970	Excision Of Hyperplastic Tissue - Per Arch	Major Services: Oral Surgery
D7971	Excision Of Pericoronal Gingiva	Major Services: Oral Surgery
D7972	Surgical Reduction Of Fibrous Tuberosity	Major Services: Oral Surgery
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	Basic Services: Adjunctive General
D9120	Fixed Partial Denture Sectioning	Major Services: Fixed Prosthodontic
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	Basic Services: Adjunctive General
D9221	Deep Sedation/General Anesthesia – Each Additional 15 Minutes	Basic Services: Adjunctive General

		Mutual Dental Preferred Policy DNT2 Mutual Dental Protection Policy DNT5
CDT CODE	Description	
D9240	Intravenous Sedation	Major Services: Adjunctive General
D9241	Intravenous Moderate (Conscious) Sedation/Analgesia – First 30 Minutes	Major Services: Adjunctive General
D9242	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Additional 15 Minutes	Major Services: Adjunctive General
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	Major Services: Adjunctive General
D9450	CASE PRESENTATION, DETAILED TREATMENT PLAN	Major Services: Adjunctive General

Mutual Dental Preferred and Mutual Dental Protection insurance policies are underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-775-1000, mutualofomaha.com.

This information does NOT represent a guarantee of coverage or payment. Dental insurance plans contain exclusions and limitations. Not all dental services are covered. See your insurance policy for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability are subject to change.