Dual Eligible Special Needs Plan (DSNP) $3000 Annual Max

$3,000 CALENDAR YEAR MAXIMUM

*The following is a **complete** list of dental procedures for which benefits are payable under this Plan for in-network and out-of-network services. Non-listed procedures are not covered. This Plan does not allow alternate benefits. This Plan covers up to a $3,000 allowance every calendar year, up to the maximum dental allowance amount. Any amount not used at the end of the calendar year will expire. After Plan paid benefits for dental services, members are responsible for the remaining costs.*

If elected, Member is responsible for all non-covered procedures.

**PPR - Procedure codes require claim pre-payment review and are subject to clinical guidelines (see last page of document for details).

CDT	Description	Member Responsibility	Limitations	PPR
D0120	Periodic oral evaluation	0%	2 (D0120) every calendar year; not payable within 6 months of (D0150, D0180)	
D0140	Limited oral evaluation	0%		
D0150	Comprehensive oral evaluation	0%	1 (D0150) every 3 calendar years	
D0160	Oral evaluation, problem focused	0%		
D0170	Re-evaluation, limited, problem focused	0%		
D0171	Re-evaluation, post operative office visit	0%		
D0180	Comprehensive periodontal evaluation	0%	1 (D0180) every 3 calendar years	
D0210	Intraoral, comprehensive series of radiographic images	0%	1 of (D0210, D0330, D0709) every 3 calendar years	
D0220	Intraoral, periapical, first radiographic image	0%		
D0230	Intraoral, periapical, each add 'l radiographic image	0%		
D0270	Bitewing, single radiographic image	0%	2 of (D0270-D0274, D0708) every calendar year	
D0272	Bitewings, two radiographic images	0%		
D0273	Bitewings, three radiographic images	0%		
D0274	Bitewings, four radiographic images	0%		
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	1 (D0277) every 3 calendar years	
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330, D0709) every 3 calendar years	

CDT	Description	Member Responsibility	Limitations	PPR
D0396	3D printing of a 3D dental surface scan	0%		
D0431	Adjunctive pre-diagnostic test	0%		
D0460	Pulp vitality tests	0%		
D0470	Diagnostic casts	0%		
D0601	Caries risk assessment and documentation, low risk	0%		
D0602	Caries risk assessment and documentation, moderate risk	0%		
D0603	Caries risk assessment and documentation, high risk	0%		
D0707	Intraoral, periapical radiographic image, image capture only	0%		
D0708	Intraoral, bitewing radiographic image, image capture only	0%	2 of (D0270-D0274, D0708) every calendar year	
D0709	Intraoral, comprehensive series of radiographic images, image capture only	0%	1 (D0709) every 3 calendar years	
D1110	Prophylaxis, adult	0%	2 of (D1110, D4346) every calendar year	
D1206	Topical application of fluoride varnish	0%		
D1208	Topical application of fluoride, excluding varnish	0%		
D2140	Amalgam, one surface, primary or permanent	0%	1 of (D2140-D2394) per surface, per tooth every 2 calendar years	
D2150	Amalgam, two surfaces, primary or permanent	0%		
D2160	Amalgam, three surfaces, primary or permanent	0%		
D2161	Amalgam, four or more surfaces, primary or permanent	0%		
D2330	Resin-based composite, one surface, anterior	0%		
D2331	Resin-based composite, two surfaces, anterior	0%		
D2332	Resin-based composite, three surfaces, anterior	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D2335	Resin-based composite, four or more surfaces, involving incisal angle	0%		
D2390	Resin-based composite crown, anterior	0%	1 (D2390) per tooth every 2 calendar years	
D2391	Resin-based composite, one surface, posterior	0%	1 of (D2140-D2394) per surface, per tooth every 2 calendar years	
D2392	Resin-based composite, two surfaces, posterior	0%		
D2393	Resin-based composite, three surfaces, posterior	0%		
D2394	Resin-based composite, four or more surfaces, posterior	0%		
D2710	Crown, resin-based composite (indirect)	0%	1 of (D2710-D2792) per tooth every 5 calendar years	Y
D2712	Crown, ¾ resin-based composite (indirect)	0%		Y
D2720	Crown, resin with high noble metal	0%		Y
D2721	Crown, resin with predominantly base metal	0%		Y
D2722	Crown, resin with noble metal	0%		Y
D2740	Crown, porcelain/ceramic	0%		Y
D2750	Crown, porcelain fused to high noble metal	0%	1 of (D2710-D2792) per tooth every 5 calendar years D2750 – D2792 are subject to Pre-Payment review.	Y
D2751	Crown, porcelain fused to predominantly base metal	0%		Y
D2752	Crown, porcelain fused to noble metal	0%		Y
D2780	Crown, ¾ cast high noble metal	0%		Y
D2781	Crown, ¾ cast predominantly base metal	0%		Y
D2782	Crown, ¾ cast noble metal	0%		Y
D2783	Crown, ¾ porcelain/ceramic	0%		Y
D2790	Crown, full cast high noble metal	0%		Y

CDT	Description	Member Responsibility	Limitations	PPR
D2791	Crown, full cast predominantly base metal	0%		Y
D2792	Crown, full cast noble metal	0%		Y
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	0%		
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%		
D2920	Re-cement or re-bond crown	0%		
D2921	Reattachment of tooth fragment, incisal edge or cusp	0%		
D2950	Core buildup, including any pins when required	0%	1 (D2950) per tooth every 5 calendar years	Y
D2951	Pin retention, per tooth, in addition to restoration	0%	1 (D2951) per tooth every 5 calendar years	
D2952	Post and core in addition to crown, indirectly fabricated	0%	1 of (D2952, D2954) per tooth every 5 calendar years	Y
D2953	Each additional indirectly fabricated post, same tooth	0%	1 of (D2953, D2957) per tooth every 5 calendar years	
D2954	Prefabricated post and core in addition to crown	0%	1 of (D2952, D2954) per tooth every 5 calendar years	Y
D2955	Post removal	0%	1 (D2955) per tooth every 5 calendar years	
D2957	Each additional prefabricated post, same tooth	0%	1 of (D2953, D2957) per tooth every 5 calendar years	
D2976	Band stabilization, per tooth	0%	Inclusive with D2160, D2161, D2393, D2394	
D3110	Pulp cap, direct (excluding final restoration)	0%	1 of (D3110, D3120) per tooth in a lifetime	
D3120	Pulp cap, indirect (excluding final restoration)	0%	1 of (D3110, D3120) per tooth in a lifetime	
D3220	Therapeutic pulpotomy (excluding final restoration)	0%	1 (D3220) per tooth in a lifetime	
D3221	Pulpal debridement, primary and permanent teeth	0%	1 (D3221) per tooth in a lifetime	
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	0%	1 (D3222) per tooth in a lifetime	
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	0%	1 of (D3230, D3240) per tooth in a lifetime	

CDT	Description	Member Responsibility	Limitations	PPR
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	0%	1 of (D3230, D3240) per tooth in a lifetime	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	1 of (D3310-D3330) per tooth in a lifetime	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%		
D3331	Treatment of root canal obstruction; non-surgical access	0%	1 (D3331) per tooth in a lifetime	
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	0%	1 (D3332) per tooth in a lifetime	
D3333	Internal root repair of perforation defects	0%	1 (D3333) per tooth in a lifetime	
D3346	Retreatment of previous root canal therapy, anterior	0%	1 of (D3346-D3348) per tooth in a lifetime; not payable within 12 months if performed by same provider	
D3347	Retreatment of previous root canal therapy, premolar	0%		
D3348	Retreatment of previous root canal therapy, molar	0%		
D3351	Apexification/recalcification, initial visit	0%	1 of (D3351) per tooth in a lifetime	
D3352	Apexification/recalcification, interim medication replacement	0%	1 of (D3352) per tooth in a lifetime	
D3353	Apexification/recalcification, final visit	0%	1 of (D3353) per tooth in a lifetime	
D3410	Apicoectomy, anterior	0%	1 of (D3410-D3425) per tooth in a lifetime	
D3421	Apicoectomy, premolar (first root)	0%		
D3425	Apicoectomy, molar (first root)	0%		
D3426	Apicoectomy, (each additional root)	0%	1 (D3426) per tooth in a lifetime	
D3428	Bone graft in conjunction with periradicular surgery, per tooth, single site	0%	1 of (D3428, D3429) per tooth in a lifetime	
D3429	Bone graft in conjunction with periradicular surgery, each add'l tooth, same site	0%		
D3430	Retrograde filling, per root	0%	1 (D3430) per tooth in a lifetime	

CDT	Description	Member Responsibility	Limitations	PPR
D3431	Biologic materials, soft osseous tissue regeneration with periradicular surgery	0%	1 of (D3431, D3432) per site in a lifetime	
D3432	Guided tissue regeneration, per site, with periradicular surgery	0%		
D3450	Root amputation, per root	0%	1 (D3450) per tooth in a lifetime	
D3920	Hemisection, not including root canal therapy	0%	1 (D3920) per tooth in a lifetime	
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	1 of (D4210-D4212) per site/quad every 3 calendar years	Y
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%		Y
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	0%		
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	0%	1 of (D4230, D4231) per site/quad every 3 calendar years	
D4231	Anatomical crown exposure, one to three teeth per quadrant	0%		
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	1 of (D4240-D4245) per site/quad every 3 calendar years	
D4241	Gingival flap procedure, one to three teeth per quadrant	0%		
D4245	Apically positioned flap	0%		
D4249	Clinical crown lengthening, hard tissue	0%	1 (D4249) per tooth in a lifetime	
D4260	Osseous surgery, four or more teeth per quadrant	0%	1 of (D4260, D4261) per site/quad every 5 calendar years	Y
D4261	Osseous surgery, one to three teeth per quadrant	0%		Y
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	0%	1 of (D4263, D4264) per site/quad in a lifetime	
D4264	Bone replacement graft, retained natural tooth, each additional site	0%		
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	0%	1 of (D4266, D4267) per site/quad every 5 calendar years	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D4268	Surgical revision procedure, per tooth	0%	1 (D4268) per tooth every 2 calendar years	
D4270	Pedicle soft tissue graft procedure	0%	1 of (D4270-D4285) per site/quad every 2 calendar years	
D4273	Autogenous connective tissue graft procedure, first tooth	0%		
D4274	Mesial/distal wedge procedure, single tooth	0%		
D4275	Non-autogenous connective tissue graft, first tooth	0%		
D4276	Combined connective tissue and pedicle graft	0%		
D4277	Free soft tissue graft, first tooth	0%		
D4278	Free soft tissue graft, each additional tooth	0%		
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	0%	1 of (D4270-D4285) per site/quad every 2 calendar years	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%		
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	0%	1 of (D4322, D4323) per arch every 3 calendar years	
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	0%		
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	1 of (D4341, D4342) per site/quad every 2 calendar years	Y
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%		Y
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	2 of (D1110, D4346) every calendar year	
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	0%	1 (D4355) every 2 calendar years	
D4910	Periodontal maintenance	0%	1 (D4910) every 3 months after periodontal treatment	

CDT	Description	Member Responsibility	Limitations	PPR
D4921	Gingival irrigation with a medicinal agent, per quadrant	0%	1 (D4921) per quad every 2 calendar years	
D5110	Complete denture, maxillary	0%	1 of (D5110, D5120, D5211-D5214, D5225, D5226, D5863-D5866) per arch every 5 calendar years	Y
D5120	Complete denture, mandibular	0%		Y
D5130	Immediate denture, maxillary	0%	1 of (D5130, D5140) per arch in a lifetime	Y
D5140	Immediate denture, mandibular	0%		Y
D5211	Maxillary partial denture, resin base	0%	1 of (D5110, D5120, D5211-D5214, D5225, D5226, D5863-D5866) per arch every 5 calendar years	Y
D5212	Mandibular partial denture, resin base	0%		Y
D5213	Maxillary partial denture, cast metal, resin base	0%		Y
D5214	Mandibular partial denture, cast metal, resin base	0%		Y
D5221	Immediate maxillary partial denture, resin base	0%	1 of (D5221-D5224, D5227, D5228) per arch in a lifetime	Y
D5222	Immediate mandibular partial denture, resin base	0%		Y
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%		Y
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%	1 of (D5221-D5224, D5227, D5228) per arch in a lifetime	Y
D5225	Maxillary partial denture, flexible base	0%	1 of (D5110, D5120, D5211-D5214, D5225, D5226, D5863-D5866) per arch every 5 calendar years	Y
D5226	Mandibular partial denture, flexible base	0%		Y
D5227	Immediate maxillary partial denture, flexible base	0%	1 of (D5221-D5224, D5227, D5228) per arch in a lifetime	Y
D5228	Immediate mandibular partial denture, flexible base	0%	1 of (D5221-D5224, D5227, D5228) per arch in a lifetime	Y
D5410	Adjust complete denture, maxillary	0%	1 of (D5410-D5422) per arch every calendar year; not payable within 6 months of initial placement by the same provider	
D5411	Adjust complete denture, mandibular	0%		
D5421	Adjust partial denture, maxillary	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D5422	Adjust partial denture, mandibular	0%		
D5511	Repair broken complete denture base, mandibular	0%	1 of (D5511, D5512) per arch every calendar year; not payable within 6 months of initial placement by the same provider	
D5512	Repair broken complete denture base, maxillary	0%		
D5520	Replace missing or broken teeth, complete denture	0%	1 (D5520) per arch every calendar year; not payable within 6 months of initial placement by the same provider	
D5611	Repair resin partial denture base, mandibular	0%	1 of (D5611-D5622) per arch every calendar year; not payable within 6 months of initial placement by the same provider	
D5612	Repair resin partial denture base, maxillary	0%		
D5621	Repair cast partial framework, mandibular	0%		
D5622	Repair cast partial framework, maxillary	0%		
D5630	Repair or replace broken retentive clasping materials, per tooth	0%	1 (D5630) per tooth every calendar year; not payable within 6 months of initial placement by the same provider	
D5640	Replace broken teeth, per tooth	0%	1 (D5640) per tooth every calendar year; not payable within 6 months of initial placement by the same provider	
D5650	Add tooth to existing partial denture	0%	1 (D5650) per tooth every calendar year; not payable within 6 months of initial placement by the same provider	
D5660	Add clasp to existing partial denture, per tooth	0%	1 (D5660) per tooth every calendar year; not payable within 6 months of initial placement by the same provider	
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%	1 of (D5670, D5671) per arch every 2 calendar years; not payable within 6 months of initial placement by the same provider	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%		
D5710	Rebase complete maxillary denture	0%	1 of (D5710-D5721 per arch every calendar year; not payable within 6	

CDT	Description	Member Responsibility	Limitations	PPR
D5711	Rebase complete mandibular denture	0%	months of initial placement by the same provider	
D5720	Rebase maxillary partial denture	0%		
D5721	Rebase mandibular partial denture	0%		
D5725	Rebase hybrid prosthesis	0%	1 of (D5725) per site every calendar year; not payable within 6 months of initial placement by the same provider	
D5730	Reline complete maxillary denture, direct	0%	1 of (D5730-D5761) per arch every calendar year; not payable within 6 months of initial placement by the same provider	
D5731	Reline complete mandibular denture, direct	0%		
D5740	Reline maxillary partial denture, direct	0%		
D5741	Reline mandibular partial denture, direct	0%		
D5750	Reline complete maxillary denture, indirect	0%	1 of (D5730-D5761) per arch every calendar year; not payable within 6 months of initial placement by the same provider	
D5751	Reline complete mandibular denture, indirect	0%		
D5760	Reline maxillary partial denture, indirect	0%		
D5761	Reline mandibular partial denture, indirect	0%		
D5765	Soft liner for complete or partial removable denture, indirect	0%	1 (D5765) per arch every 2 calendar years; not payable within 6 months of initial placement by the same provider	
D5850	Tissue conditioning, maxillary	0%	1 of (D5850, D5851) per arch every calendar year	
D5851	Tissue conditioning, mandibular	0%		
D5863	Overdenture, complete, maxillary	0%	1 of (D5110, D5120, D5211-D5214, D5225, D5226, D5863-D5866) per arch every 5 calendar years	
D5864	Overdenture, partial, maxillary	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D5865	Overdenture, complete, mandibular	0%		
D5866	Overdenture, partial, mandibular	0%		
D5867	Replacement of part of semi-precision, precision attachment, per attachment	0%	1 of (D5867, D5899) per site every 5 calendar years	
D5899	Unspecified removable prosthodontic procedure, by report	0%		
D7140	Extraction, erupted tooth or exposed root	0%		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%		Y
D7220	Removal of impacted tooth, soft tissue	0%		Y
D7230	Removal of impacted tooth, partially bony	0%		Y
D7240	Removal of impacted tooth, completely bony	0%		Y
D7241	Removal impacted tooth, complete bony, complication	0%		Y
D7250	Removal of residual tooth roots (cutting procedure)	0%		Y
D7260	Oroantral fistula closure	0%		
D7261	Primary closure of a sinus perforation	0%		
D7270	Tooth reimplantation and/or stabilization, accident	0%	1 (D7270) per tooth in a lifetime	
D7280	Exposure of an unerupted tooth	0%	1 (D7280) per tooth in a lifetime	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%		
D7286	Incisional biopsy of oral tissue, soft	0%		
D7288	Brush biopsy, transepithelial sample collection	0%		
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	1 of (D7310-D7321) per site quad in a lifetime	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%		
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%		
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	0%		
D7350	Vestibuloplasty, ridge extension	0%		
D7410	Excision of benign lesion, up to 1.25 cm	0%		
D7411	Excision of benign lesion, greater than 1.25 cm	0%		
D7412	Excision of benign lesion, complicated	0%		
D7413	Excision of malignant lesion, up to 1.25 cm	0%		
D7414	Excision of malignant lesion, greater than 1.25 cm	0%		
D7415	Excision of malignant lesion, complicated	0%		
D7440	Excision of malignant tumor, up to 1.25 cm	0%		
D7441	Excision of malignant tumor, greater than 1.25 cm	0%		
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	0%		
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	0%		
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	0%		
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	0%		
D7465	Destruction of lesion(s) by physical or chemical method, by report	0%		
D7471	Removal of lateral exostosis, maxilla or mandible	0%	1 (D7471) per arch in a lifetime	
D7472	Removal of torus palatinus	0%	1 (D7472) in a lifetime	
D7473	Removal of torus mandibularis	0%	1 (D7473) in a lifetime	
D7485	Reduction of osseous tuberosity	0%	1 (D7485) per site/quad in a lifetime	
D7510	Incision & drainage of abscess, intraoral soft tissue	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	0%		
D7520	Incision & drainage of abscess, extraoral soft tissue	0%		
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	0%		
D7530	Remove foreign body, mucosa, skin, tissue	0%		
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	0%		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site	0%		
D7953	Bone replacement graft for ridge preservation, per site	0%	1 (D7953) per site in a lifetime	Y
D7961	Buccal/labial frenectomy (frenulectomy)	0%	1 (D7961) per arch every 5 calendar years	
D7962	Lingual frenectomy (frenulectomy)	0%	1 (D7962) every 5 calendar years	
D7963	Frenuloplasty	0%	1 (D7963) every 5 calendar years	
D7970	Excision of hyperplastic tissue, per arch	0%	1 (D7970) per arch every 5 calendar years	
D7971	Excision of pericoronal gingiva	0%		
D7972	Surgical reduction of fibrous tuberosity	0%		
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	0%		
D9110	Palliative treatment of dental pain, per visit	0%		
D9222	Administration of deep sedation/general anesthesia, first 15-minute increment, or any portion thereof	0%		Y
D9223	Administration of deep sedation/general anesthesia, each subsequent 15-minute increment, or any portion thereof	0%		Y
D9230	Administration of nitrous oxide	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D9239	Administration of moderate sedation, intravenous, first 15-minute increment, or any portion thereof	0%		
D9243	Administration of moderate sedation, intravenous, each subsequent 15-minute increment, or any portion thereof	0%		
D9244	In-office administration of minimal sedation, single drug, enteral	0%		
D9245	Administration of moderate sedation, enteral	0%		
D9246	Administration of moderate sedation, non-intravenous parenteral, first 15-minute increment, or any portion thereof	0%		
D9247	Administration of moderate sedation, non-intravenous parenteral, each subsequent 15-minute increment, or any portion thereof	0%		
D9310	Consultation, other than requesting dentist	0%		
D9410	House/extended care facility call	0%		
D9610	Therapeutic parenteral drug, single administration	0%		
D9910	Application of desensitizing medicament	0%		
D9911	Application of desensitizing resin for cervical, root surface, per tooth	0%		
D9930	Treatment of complications, post-surgical, unusual, by report	0%		
D9942	Repair and/or reline of occlusal guard	0%	1 (D9942) every calendar year	
D9944	Occlusal guard, hard appliance, full arch	0%	1 of (D9944-D9946) every 3 calendar years	
D9945	Occlusal guard, soft appliance, full arch	0%		
D9946	Occlusal guard, hard appliance, partial arch	0%		

CDT	Description	Member Responsibility	Limitations	PPR
D9950	Occlusion analysis, mounted case	0%		
D9951	Occlusal adjustment, limited	0%		
D9952	Occlusal adjustment, complete	0%		
D9995	Teledentistry, synchronous; real-time encounter	0%	2 of (D9995, D9996) every calendar year	
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%		