

Code	Children Under 21 January 2010		All Adults 21 and Older January 1, 2010		Children Under 21 January 2015		Adults (DDS) 21 and Older January 1, 2015		Adults 21 and Older January 1, 2015	
	Covered Service	Auth Required	Covered Service	Auth Required	Covered Service	Auth Required	Covered Service	Auth Required	Covered Service	Auth Required
DIAGNOSTIC SERVICES See 130 CMR 420.422 for service description and limitations.										
D0120	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0140	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0145	Yes	No	No	No	Yes	No	No	No	No	No
D0150	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0160	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
RADIOGRAPHS See 130 CMR 420.423 for service description and limitations.										
D0210	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0220	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0230	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0270	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0272	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0273	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0274	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	No
D0330	Yes	No	No*	No*	Yes	No	Yes	No	Yes	No
D0330	Yes	No	Yes	Yes	Yes	No				
D0340	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D0350	Yes	No	Yes	Yes	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted
D0470	Yes	Yes	Yes	Yes	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted
PREVENTIVE SERVICES See 130 CMR 420.424 for service description and limitations.										
D1110	Yes (ages 14-21)	No	Yes	No	Yes (age 14 to 21)	No	Yes	No	Yes	No
D1120	Yes (ages up to 14)	No	No	No	Yes (ages up to 14)	No	No	No	No	No
D1203	Yes	No	No	No	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	No	CDT Code Deleted	No
D1204	N/A	N/A	No*	No*	CDT Code Deleted	CDT Code Deleted	CDT Code Deleted	No	CDT Code Deleted	No
D1206	Yes	No	No	No	Yes	No	No	No	No	No
D1208*	N/A	N/A	N/A	N/A	Yes	No	No*	No*	No*	No*
D1351	Yes	No	No	No	Yes	No	No	No	No	No
D1510	Yes	No	No	No	Yes	No	No	No	No	No
D1515	Yes	No	No	No	Yes	No	No	No	No	No
D1520	Yes	No	No	No	Yes	No	No	No	No	No
D1525	Yes	No	No	No	Yes	No	No	No	No	No
D1550	Yes	No	No	No	Yes	No	No	No	No	No
RESTORATIVE SERVICES See 130 CMR 420.425 for service description and limitations.										
D2140	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2150	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2160	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2161	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2330	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2331	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2332	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2335	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2390	Yes	No	No	No	Yes	No	No	No	No	No
D2391	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2392	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2393	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2394	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D2710	Yes	No	No	No	Yes	No	No	No	No	No

Non-surgical
Surgical

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	Covered Service	Auth Required	Covered Service	Auth Required	Covered Service	Auth Required	Covered Service	Auth Required	Covered Service	Auth Required
D2740	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D2750	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D2751	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
D2752	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D2790	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D2910	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D2920	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D2930	Yes	No	No	No	Yes	No	No	No	No	No
D2931	Yes	No	No*	No*	Yes	No	No*	No*	No	No
D2932	Yes	No	No	No	Yes	No	No	No	No	No
D2934	Yes	No	No	No	Yes	No	No	No	No	No
D2951	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D2954	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
D2980	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D2999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
ENDODONTIC SERVICES See 130 CMR 420.426 for service description and limitations.										
D3220	Yes	No	No	No	Yes	No	No	No	No	No
D3310	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
D3320	Yes	Yes	No*	No*	Yes	Yes	No*	No*	No	No
D3330	Yes	Yes	No*	No*	Yes	Yes	No*	No*	No	No
D3346	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
D3347	Yes	Yes	No*	No*	Yes	Yes	No*	No*	No	No
D3348	Yes	Yes	No*	No*	Yes	Yes	No*	No*	No	No
D3410	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
D3421	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
D3425	N/A	N/A	N/A	N/A	Yes	No	Yes	Yes	No	No
D3426	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
PERIODONTIC SERVICES See 130 CMR 420.427 for service description and limitations.										
D4210	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
D4211	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
D4341	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
D4342	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No
PROSTHODONTIC (REMOVABLE) SERVICES See 130 CMR 420.428 for service description and imitations.										
D5110	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D5120	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D5130	Yes	No	Yes	Yes	Yes	No	No	No	No	No
D5140	Yes	No	No	No	Yes	No	No	No	No	No
D5211	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D5212	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D5213	Yes	No	No	No	Yes	No	No	No	No	No
D5214	Yes	No	No	No	Yes	No	No	No	No	No
D5225	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D5226	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D5510	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D5520	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D5610	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D5620	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D5630	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D5640	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D5650	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D5660	Yes	No	Yes	No	Yes	No	Yes	No	No	No

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D5710	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D5711	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D5720	Yes	No	No	No	Yes	No	No	No	No	No
D5721	Yes	No	No	No	Yes	No	No	No	No	No
D5730	N/A	N/A	N/A	N/A	Yes	No	Yes	No	No	No
D5731	N/A	N/A	N/A	N/A	Yes	No	Yes	No	No	No
D5740	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D5741	N/A	N/A	N/A	N/A	Yes	No	No	No	No	No
D5750	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	No
D5751	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No
D5760	Yes	No	No	No	Yes	No	No	No	No	No
D5761	Yes	No	No	No	Yes	No	No	No	No	No
PROSTHODONTIC (FIXED) SERVICES See 130 CMR 420.429 for service description and limitations.										
D6241	Yes	No	No	No	Yes	No	No	No	No	No
D6751	Yes	No	No	No	Yes	No	No	No	No	No
D6930	Yes	No	No	No	Yes	No	No	No	No	No
D6980	Yes	No	No	No	Yes	No	No	No	No	No
D6999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
EXODONTIC SERVICES See 130 CMR 420.430 for service description and limitations.										
D7111	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D7140	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D7210	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D7220	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D7230	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D7240	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
D7250	N/A	N/A	N/A	N/A	Yes	No	Yes	No	Yes	No
D7270	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D7280	Yes	No	No	No	Yes	No	No	No	No	No
D7283	Yes	No	No	No	Yes	No	No	No	No	No
D7310	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7311	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7320	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7321	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7340	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
D7350	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
D7410	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7411	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7450	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7451	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7460	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7461	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7471	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
D7960	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7963	Yes	No	Yes	No	Yes	No	Yes	No	No	No
D7970	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
D7999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
ORTHODONTIC SERVICES See 130 CMR 420.431 for service description and limitations.										
D8050	Yes	Yes	No	No	Yes	Yes	No	No	No	No
D8060	Yes	Yes	No	No	Yes	Yes	No	No	No	No
D8080	Yes	Yes	No	No	Yes	Yes	No#	No#	No#	No#
D8660	Yes	No	No	No	Yes	No	No#	No#	No#	No#

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D8670	Yes	Yes	No	No	Yes	Yes	No#	No#	No#	No#
D8690	Yes	Yes	No	No	Yes	Yes	No#	No#	No#	No#
D8680	Yes	No	No	No	Yes	No	No#	No#	No#	No#
D8692	Yes	Yes	No	No	Yes	Yes	No#	No#	No#	No#
D8999	Yes	Yes	No	No	Yes	Yes	No#	No#	No#	No#
GENERAL ANESTHESIA AND IV SEDATION SERVICES See 130 CMR 420.452 for service description and limitations.										
D9110	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9220	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9221	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9230	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9241	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9242	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9248	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9410	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
OTHER SERVICES!See 130 CMR 420.456 for service description and limitations.										
D9920	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
D9930	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
D9940	Yes	Yes	No	No	Yes	Yes	No	No	No	No
D9941	Yes	No	No	No	Yes	No	No	No	No	No
D9999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Note: * refers to Exception for member with undue medical risk or one or more medical conditions

Note: # refers to treatment must begin before the age of 21