



**Harvard Pilgrim StrideSM (HMO)/
(HMO-POS) Dental Addendum**
Effective Jan 1, 2021, through Dec 31, 2021

This addendum is part of your Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Evidence of Coverage. The addendum lists procedure codes for routine dental services that may be covered by your plan. These procedure codes are the copyright of the American Dental Association (ADA). Coverage varies by plan. Please refer to your Evidence of Coverage to determine which routine dental option is included with your plan.

If you have questions about your plan or this addendum, please call our Member Services department. Representatives are available to answer your questions October 1 – March 31, from 8 a.m. to 8 p.m., 7 days a week, and April 1 – September 30, from 8 a.m. to 8 p.m., Monday through Friday.

Procedure codes are listed in numerical order, along with their descriptions, recommended frequency, and category of service. A check mark (✓) in Table 1 below indicates whether a specific procedure code is covered for each plan. If there is no check mark (✓), then that procedure code is not covered by the plan.

Dental codes not listed in this addendum are excluded from Harvard Pilgrim's routine dental coverage for its Medicare Advantage members. Harvard Pilgrim will not cover excluded services, cosmetic procedures or services in which it was determined the member was not eligible under the plan benefits.

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D0120	Periodic Oral Evaluation, Established Patient	2 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0140	Limited Oral Evaluation, Problem Focused	2 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0150	Comprehensive Oral Evaluation, New or Established Patient	2 Every 1 Plan Year	Diagnostic	✓	✓	✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D0160	Detailed and Extensive Oral Evaluation, Problem Focused, by Report	1 Every 1 Plan Year	Diagnostic			✓
D0180	Comprehensive Periodontal Evaluation, New or Established Patient	2 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0210	Intraoral – Complete Series of Radiographic Images	1 Every 3 Plan Years	Diagnostic	✓	✓	✓
D0220	Intraoral – Periapical First Radiographic Image	8 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0230	Intraoral – Periapical Each Additional Radiographic Image	8 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0250	Extraoral – 2D Projection Radiographic Image Created Using a Stationary Radiation Source and Detector	2 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0260	Extraoral – Each Additional Radiographic Image (Code Deleted by ADA 2016)	2 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0270	Bitewing – Single Radiographic Image	4 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0272	Bitewings – Two Radiographic Images	1 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0273	Bitewings – Three Radiographic Images	1 Every 1 Plan Year	Diagnostic	✓	✓	✓
D0274	Bitewings – Four Radiographic Images	1 Every 1 Plan Year	Diagnostic	✓	✓	✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D0277	Vertical Bitewings – Seven to Eight Radiographic Images	1 Every 36 Months	Diagnostic	✓	✓	✓
D0330	Panoramic Radiographic Image	1 Every 36 Months	Diagnostic	✓	✓	✓
D0601	Caries Risk Assessment and Documentation, with a Finding of Low Risk	2 Every 12 Months	Diagnostic	✓	✓	✓
D0602	Caries Risk Assessment and Documentation, with a Finding of Moderate Risk	2 Every 12 Months	Diagnostic	✓	✓	✓
D0603	Caries Risk Assessment and Documentation, with a Finding of High Risk	2 Every 12 Months	Diagnostic	✓	✓	✓
D1110	Prophylaxis – Adult	2 Every 1 Plan Year	Preventive	✓	✓	✓
D1310	Nutritional Counseling for Control of Dental Disease	1 Every 1 Plan Year	Preventive			✓
D1354	Interim Caries Arresting Medicament Application, per Tooth	Unlimited per Plan Year	Preventive			✓
D2140	Amalgam – One Surface, Primary or Permanent	Unlimited per Plan Year	Restorative			✓
D2150	Amalgam – Two Surfaces, Primary or Permanent	Unlimited per Plan Year	Restorative			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D2160	Amalgam – Three Surfaces, Primary or Permanent	Unlimited per Plan Year	Restorative			✓
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	Unlimited per Plan Year	Restorative			✓
D2330	Resin-Based Composite, One Surface, Anterior	Unlimited per Plan Year	Restorative		✓	✓
D2331	Resin-Based Composite, Two Surfaces, Anterior	Unlimited per Plan Year	Restorative		✓	✓
D2332	Resin-Based Composite, Three Surfaces, Anterior	Unlimited per Plan Year	Restorative		✓	✓
D2335	Resin-Based Composite, Four or More Surfaces or Involving Incisal Angle (Anterior)	Unlimited per Plan Year	Restorative		✓	✓
D2391	Resin-Based Composite, One Surface, Posterior	Unlimited per Plan Year	Restorative		✓	✓
D2392	Resin-Based Composite, Two Surfaces, Posterior	Unlimited per Plan Year	Restorative		✓	✓
D2393	Resin-Based Composite, Three Surfaces, Posterior	Unlimited per Plan Year	Restorative		✓	✓
D2394	Resin-Based Composite, Four or More Surfaces, Posterior	Unlimited per Plan Year	Restorative		✓	✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D2510	Inlay – Metallic, One Surface	1 per Tooth Every 5 Plan Years	Restorative			✓
D2520	Inlay – Metallic, Two Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2530	Inlay – Metallic, Three or More Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2542	Onlay – Metallic, Two Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2543	Onlay – Metallic, Three Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2544	Onlay – Metallic, Four or More Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2610	Inlay – Porcelain/Ceramic, One Surface	1 per Tooth Every 5 Plan Years	Restorative			✓
D2620	Inlay – Porcelain/Ceramic, Two Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2630	Inlay – Porcelain/Ceramic, Three or More Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D2642	Onlay – Porcelain/Ceramic, Two Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2643	Onlay – Porcelain/Ceramic, Three Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2644	Onlay – Porcelain/Ceramic, Four or More Surfaces	1 per Tooth Every 5 Plan Years	Restorative			✓
D2652	Inlay – Composite/Resin, Three or More Surfaces	1 per Tooth Every 5 Plan Years	Restorative		✓	✓
D2663	Onlay – Composite/Resin, Three Surfaces	1 per Tooth Every 5 Plan Years	Restorative		✓	✓
D2664	Onlay – Composite/Resin, Four or More Surfaces	1 per Tooth Every 5 Plan Years	Restorative		✓	✓
D2740	Crown – Porcelain/Ceramic	1 per Tooth Every 5 Plan Years	Restorative			✓
D2750	Crown – Porcelain Fused to High Noble Metal	1 per Tooth Every 5 Plan Years	Restorative			✓
D2751	Crown – Porcelain Fused to Predominantly Base Metal	1 per Tooth Every 5 Plan Years	Restorative			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D2752	Crown – Porcelain Fused to Noble Metal	1 per Tooth Every 5 Plan Years	Restorative			✓
D2790	Crown – Full Cast High Noble Metal	1 per Tooth Every 5 Plan Years	Restorative			✓
D2791	Crown – Full Cast Predominately Base Metal	1 per Tooth Every 5 Plan Years	Restorative			✓
D2792	Crown – Full Cast Noble Metal	1 per Tooth Every 5 Plan Years	Restorative			✓
D2794	Crown – Titanium	1 per Tooth Every 5 Plan Years	Restorative			✓
D2920	Recement or Rebond Crown	Unlimited per Plan Year	Restorative			✓
D2940	Protective Restoration	Unlimited per Plan Year	Restorative			✓
D2949	Restorative Foundation for an Indirect Restoration	1 per Tooth Every 5 Plan Years	Restorative			✓
D2950	Core Buildup, Including Any Pins	1 per Tooth Every 5 Plan Years	Restorative			✓
D2954	Prefabricated Post and Core in Addition to Crown	1 per Tooth Every 5 Plan Years	Restorative			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D3110	Pulp Cap, Direct (Excluding Final Restoration)	Unlimited per Plan Year	Endodontics			✓
D3120	Pulp Cap, Indirect (Excluding Final Restoration)	Unlimited per Plan Year	Endodontics			✓
D3310	Endodontic Therapy, Anterior (Excluding Final Restoration)	1 per Tooth Lifetime	Endodontics			✓
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restorations)	1 per Tooth Lifetime	Endodontics			✓
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	Per Tooth per Member Lifetime	Endodontics			✓
D4341	Periodontal Scaling and Root Planing, Four or More Teeth per Quadrant	Per Quadrant (Max 4 Unique Quadrants Every 2 Years)	Periodontics			✓
D4342	Periodontal Scaling and Root Planing, One to Three Teeth per Quadrant	Per Quadrant (Max 4 Unique Quadrants Every 2 Years)	Periodontics			✓
D4355	Full Mouth Debridement to Enable Comprehensive Oral Evaluation and Diagnosis on Subsequent Visit	1 Every 3 Plan Years	Periodontics			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D4381	Localized Delivery of Antimicrobial Agents Via Controlled Release Vehicle into Diseased Crevicular Tissue, per Tooth	Unlimited per Plan Year	Periodontics			✓
D4910	Periodontal Maintenance Procedures	3 Every 1 Plan Year	Periodontics	✓	✓	✓
D5110	Complete Denture – Maxillary	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5120	Complete Denture – Mandibular	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5130	Immediate Denture – Maxillary	1 Every Member Lifetime	Prosthodontics (Removable)			✓
D5140	Immediate Denture – Mandibular	1 Every Member Lifetime	Prosthodontics (Removable)			✓
D5211	Maxillary Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5212	Mandibular Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D5213	Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5214	Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5221	Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5222	Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5225	Maxillary Partial Denture – Flexible Base (Including Any Clasps, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5226	Mandibular Partial Denture – Flexible Base (Including Any Clasps, Rests and Teeth)	1 Every 5 Plan Years	Prosthodontics (Removable)			✓
D5410	Adjust Complete Denture – Maxillary	2 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5411	Adjust Complete Denture – Mandibular	2 Every 1 Plan Year	Prosthodontics (Removable)			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D5421	Adjust Partial Denture – Maxillary	2 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5422	Adjust Partial Denture – Mandibular	2 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5511	Repair Broken Complete Denture Base – Mandibular	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5512	Repair Broken Complete Denture Base – Maxillary	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5611	Repair Resin Partial Denture Base – Mandibular	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5612	Repair Resin Partial Denture Base – Maxillary	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5621	Repair Cast Partial Framework – Mandibular	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5622	Repair Cast Partial Framework – Maxillary	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5630	Repair or Replace Broken Retentive Clasp Material, per Tooth	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5640	Replace Broken Teeth, per Tooth	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5650	Add Tooth to Existing Partial Denture	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5660	Add Clasp to Existing Partial Denture, per Tooth	1 Every 1 Plan Year	Prosthodontics (Removable)			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D5730	Reline Complete Maxillary Denture (Chairside)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5731	Reline Complete Mandibular Denture (Chairside)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5740	Reline Maxillary Partial Denture (Chairside)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5741	Reline Mandibular Partial Denture (Chairside)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5750	Reline Complete Maxillary Denture (Laboratory)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5751	Reline Complete Mandibular Denture (Laboratory)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5760	Reline Maxillary Partial Denture (Laboratory)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5761	Reline Mandibular Partial Denture (Laboratory)	1 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5850	Tissue Conditioning – Maxillary	2 Every 1 Plan Year	Prosthodontics (Removable)			✓
D5851	Tissue Conditioning – Mandibular	2 Every 1 Plan Year	Prosthodontics (Removable)			✓
D6210	Pontic – Cast High Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6211	Pontic – Cast Predominantly Base Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D6212	Pontic – Cast Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6214	Pontic – Titanium	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6240	Pontic – Porcelain Fused to High Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6242	Pontic – Porcelain Fused to Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6245	Pontic – Porcelain/Ceramic	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6740	Retainer Crown – Porcelain/Ceramic	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6750	Retainer Crown – Porcelain Fused to High Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6751	Retainer Crown – Porcelain Fused to Predominantly Base Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D6752	Retainer Crown – Porcelain Fused to Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6790	Retainer Crown – Full Cast High Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6791	Retainer Crown – Full Cast Predominantly Base Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6792	Retainer Crown – Full Cast Noble Metal	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6794	Retainer Crown – Titanium	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D6930	Recement or Rebond Fixed Partial Denture	1 per Tooth Every 5 Plan Years	Prosthodontics (Fixed)			✓
D7111	Extraction – Coronal Remnants, Primary Tooth	Per Tooth per Member Lifetime	Oral & Maxillofacial Surgery			✓
D7140	Extraction – Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	Per Tooth per Member Lifetime	Oral & Maxillofacial Surgery			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D7210	Extraction – Removal of Erupted Tooth Requiring Elevation of B1 and/or Sectioning of Tooth and Including Elevation of Mucoperiosteal Flap if Indicated	Per Tooth per Member Lifetime	Oral & Maxillofacial Surgery			✓
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	Per Tooth per Member Lifetime	Oral & Maxillofacial Surgery			✓
D7310	Alveoloplasty in Conjunction with Extractions, Four or More Teeth or Tooth Spaces, per Quadrant	Per Quadrant (Max 4 Unique Quadrants Every 1 Year)	Oral & Maxillofacial Surgery			✓
D7311	Alveoloplasty in Conjunction with Extractions, One to Three Teeth or Tooth Spaces, per Quadrant	Per Quadrant (Max 4 Unique Quadrants Every 1 Year)	Oral & Maxillofacial Surgery			✓
D7320	Alveoloplasty Not in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, per Quadrant	Per Quadrant (Max 4 Unique Quadrants Every 1 Year)	Oral & Maxillofacial Surgery			✓
D7321	Alveoloplasty Not in Conjunction with Extractions – One to Three Teeth or Tooth Spaces, per Quadrant	Per Quadrant (Max 4 Unique Quadrants Every 1 Year)	Oral & Maxillofacial Surgery			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	Unlimited per Plan Year	Oral & Maxillofacial Surgery			✓
D7511	Incision and Drainage of Abscess – Intraoral Soft Tissue, Complicated (Includes Drainage of Multiple Fascial Spaces)	Unlimited per Plan Year	Oral & Maxillofacial Surgery			✓
D7880	Occlusal Orthotic Device, by Report	1 Every 3 Plan Years	Oral & Maxillofacial Surgery			✓
D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	Unlimited per Plan Year	Adjunctive General			✓
D9219	Evaluation for Deep Sedation or General Anesthesia	Unlimited per Plan Year	Adjunctive General			✓
D9222	Deep Sedation/General Anesthesia, First 15 Minutes	Unlimited per Plan Year	Adjunctive General			✓
D9223	Deep Sedation/General Anesthesia, Each Subsequent 15 Minute Increment	Unlimited per Plan Year	Adjunctive General			✓
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	Unlimited per Plan Year	Adjunctive General			✓
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia, First 15 Minutes	Unlimited per Plan Year	Adjunctive General			✓

TABLE 1. COVERED ROUTINE DENTAL SERVICES BY PLAN (CONTINUED)

Procedure Code	Procedure Code Description	Recommended Frequency	Category of Service	\$500 Max Benefit	\$750 Max Benefit	\$1,000 Max Benefit
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia, Each Subsequent 15 Minute Increment	Unlimited per Plan Year	Adjunctive General			✓
D9910	Application of Desensitizing Medicament	Unlimited per Plan Year	Adjunctive General			✓
D9943	Occlusal Guard Adjustment	2 Every 1 Plan Year	Adjunctive General			✓
D9944	Occlusal Guard, by Report (Code Deleted by ADA 2019)	1 Every 3 Plan Years	Adjunctive General			✓

Harvard Pilgrim is a HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

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