



**Harvard Pilgrim Stride<sup>SM</sup> (HMO) Dental Addendum  
Effective Jan 1, 2024, through Dec 31, 2024**

This addendum is part of your Harvard Pilgrim Stride<sup>SM</sup> (HMO) Evidence of Coverage (EOC). The addendum lists procedure codes for non-medical dental services that may be covered by your plan's supplemental dental benefit. These procedure codes are the copyright of the American Dental Association<sup>®</sup>. The annual maximum coverage limit varies by plan. Please refer to your 2024 EOC to determine how much you may be reimbursed for non-medical dental services each year.

Not all dental codes listed in this addendum are reimbursable (i.e., covered) by Harvard Pilgrim's supplemental dental benefit for Medicare Advantage members. Harvard Pilgrim will not cover excluded (i.e., non-reimbursable) dental services or dental services for which it is determined the member was not eligible under the plan benefits.

Requests for reimbursement must include itemized receipts and be submitted no later than 60 days after the calendar year ends on December 31. There is a 2024 Dental Reimbursement Form available online at [www.harvardpilgrim.org/strideforms](http://www.harvardpilgrim.org/strideforms).

If you have questions about your plan, this addendum, or the dental reimbursement form, 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., seven days a week, and April 1 – September 30, from 8 a.m. to 8 p.m., Monday through Friday.

TYPES OF DENTAL SERVICES		PROCEDURE CODES	COVERAGE	DESCRIPTION OF SERVICES
DIAGNOSTIC (D0100–D0999)	Clinical oral evaluation (i.e., exam)	D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	Reimbursable	Physical examination of the mouth to look for indicators of oral health. Evaluations include diagnosis and treatment planning.
	Pre-diagnostic	D0190, D0191	Reimbursable	Oral health screening and assessment.
	Diagnostic imaging (i.e., X-rays)	D0210, D0220, D0230, D0240, D0250, D0251, D0270, D0272-D0274, D0277, D0310, D0320-D0322, D0330, D0340, D0350, D0364-D0374, D0380-D0389, D0391, D0393-D0396, D0701-D0703, D0705-D0709, D0801-D0804	Reimbursable	Radiographs, or X-rays, that help evaluate and diagnose oral diseases and conditions.
	Tests and examinations	D0411, D0412, D0414-D0419, D0422, D0423, D0425, D0431, D0460, D0470, D0600-D0606	Reimbursable	Examples include pulp vitality testing, diagnostic casts for treatment planning, cavity susceptibility testing, and adjunctive tests to detect oral cancer.
	Oral pathology laboratory	D0472-D0474, D0480, D0486, D0475-D0479, D0481-D0485, D0502, D0999	Reimbursable	Analyses to diagnose changes inside the mouth that may signal an underlying disease like oral cancer. The collection of tissue sample is not included.
PREVENTIVE (D1000–D1999)	Dental prophylaxis (i.e., cleaning)	D1110, D1120	Reimbursable	Involves scaling to remove plaque and tartar from the gum line and between teeth, deep cleaning with professional toothpaste and a high-powered electric toothbrush, and flossing to remove any extra tartar that may be left behind.
	Topical fluoride treatment	D1206, D1208	Reimbursable	Prescription strength fluoride solely for use in the dental office, which is applied under direct supervision of a dental professional.

	Other preventive services	D1301, D1310, D1320, D1321, D1330, D1351-D1355	Reimbursable	Examples include immunization counseling, nutritional counseling, oral hygiene instruction, tobacco and substance abuse counseling.
	<b>TYPES OF DENTAL SERVICES</b>	<b>PROCEDURE CODES</b>	<b>COVERAGE</b>	<b>DESCRIPTION OF SERVICES</b>
<b>PREVENTIVE (D1000–D1999) CONTINUED</b>	Space maintenance (passive appliances) and space maintainers	D1510, D1516, D1517, D1520, D1526, D1527, D1551-D1553, D1556-D1558, D1575	Reimbursable	Prevents tooth movement by keeping space open in the mouth. Allows permanent teeth to grow into place.
	Vaccinations	D1701-D1714, D1781-D1783, D1999	Reimbursable	COVID-19* and human papillomavirus (HPV) vaccine administration.  <i>*These are eligible for coverage by your plan's medical benefit.*</i>
<b>RESTORATIVE (D2000–D2999)</b>	Amalgam restorations, including polishing	D2140, D2150, D2160, D2161	Reimbursable	Amalgam restorations are commonly described as "silver" fillings. Fillings are the most basic dental restoration.
	Resin-based composite restorations, direct	D2330-D2332, D2335, D2390-D2394	Reimbursable	Composite restorations are commonly described as "white" fillings. Resin-based composite refers to a broad category of materials. Examples include bonded and light-cured.
	Gold foil restorations	D2410, D2420, D2430	Reimbursable	Fillings using thin, pure gold leaf. One of the oldest restorative techniques.
	Inlay/onlay restorations	D2510, D2520, D2530, D2542-D2544, D2610, D2620, D2630, D2642-D2644, D2650-D2652, D2662-D2664	Reimbursable	Used when the cavity is too large for a simple filling. Onlays are used for larger areas of decay where inlays won't work. Onlays cover the cusp of a single tooth while inlays fill the area between cusps.
	Crowns, single restorations only	D2710, D2712, D2720-D2722, D2740, D2750-D2753, D2780-D2783, D2790-D2792, D2794 D2799	Reimbursable	A crown (or cap) is used when the tooth must be replaced rather than repaired. Crowns cover a tooth's entire biting surface and structure above the gum line.
	Other restorative services	D2910, D2915, D2920, D2921, D2928-D2934, D2940, D2941, D2949-D2955, D2957, D2960-D2962, D2971, D2975, D2976, D2980-D2983, D2989-D2991, D2999	Reimbursable	Examples include veneers and recementing, rebonding, or repairing previous restorations.
<b>ODONTICS (D3000–D3999)</b>	Pulp capping	D3110, D3120	Reimbursable	To prevent dental pulp (part of the tooth's root) from dying after being exposed, or nearly exposed, during cavity preparation, traumatic injury, or by a deep cavity that reaches the center of the tooth.
	Pulpotomy	D3220-D3222	Reimbursable	More invasive than a filling but less invasive than a root canal. Only the top-most pulp is removed.

ENDODONTICS (D3000-D3999) CONTINUED				
TYPES OF DENTAL SERVICES	PROCEDURE CODES	COVERAGE	DESCRIPTION OF SERVICES	
Endodontic therapy on primary teeth or on permanent teeth, which includes treatment plan, clinical procedures and follow-up care	D3230, D3240, D3310, D3320, D3330-D3333	Reimbursable	Endodontic therapy is commonly known as a root canal. Root canals are designed to save natural teeth by eliminating bacteria from the infected tooth and preventing reinfection. All the tooth's pulp must be removed before filling and sealing the tooth.	
Endodontic retreatment	D3346-D3348	Reimbursable	Retreatment when a tooth fails to heal from a root canal or develops new problems. Filling material is removed, the canal cleaned, then the tooth is re-filled and sealed. After retreatment, a new crown or other restoration is needed to protect the tooth and return it to full function.	
Apexification/recalcification	D3351-D3353	Reimbursable	A procedure that closes the end of an open tooth root. It's often required for treating permanent teeth with incompletely formed roots that require root canals.	
Pulpal regeneration	D3355-D3357	Reimbursable	A procedure by which unhealthy pulp tissue is removed and new tissue growth induced. Allows still-developing permanent teeth to keep growing.	
Apicoectomy/periradicular surgery	D3410, D3421, D3425, D3426, D3428-D3432, D3450, D3460, D3470-D3473, D3501-D3503	Reimbursable	An apicoectomy, also known as root end surgery, may be needed when an infection develops or continues after a root canal. Often, the only alternative to an apicoectomy is tooth removal.	
Other endodontic procedures	D3910, D3911, D3920, D3921, D3950, D3999	Reimbursable	Adjunctive procedures to help save the natural tooth from dental injury or infection.	
Periodontal surgery, including usual post-operative care	D4210-D4212, D4230, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4263-D4268, D4270, D4273-D4278, D4283, D4285, D4286	Reimbursable	To either remove diseased gum and bone for better cleaning access or to build missing tissue back to a healthier state.	
Non-surgical periodontal services	D4322, D4323, D4341, D4342, D4346, D4355, D4381	Reimbursable	The removal of plaque and calculus from above and below the gum line. Oral medications and rinses may be used to kill bacteria and aid in gum and bone healing.	
Other periodontal services	D4910, D4920, D4921, D4999	Reimbursable	Examples include periodontal maintenance and gingival irrigation.	
Complete dentures, including routine post-delivery care	D5110, D5120, D5130, D5140	Reimbursable	Full, or complete, dentures are generally recommended for people with no or very few salvageable teeth. They are a good way to restore oral health for people with severe or chronic tooth problems.	

REMOVABLE PROSTHODONTICS (D5000–D5899)	REMOVABLE PROSTHODONTICS (D5000–D5899) CONTINUED			
	TYPES OF DENTAL SERVICES	PROCEDURE CODES	COVERAGE	DESCRIPTION OF SERVICES
	Partial dentures, including routine post-delivery care	D5211-D5214, D5221-D5228, D5282-D5284, D5286	Reimbursable	Partial dentures are used to replace a single tooth or a few teeth. They tend to be a quicker solution than full dentures and usually cost less.
	Adjustments to dentures	D5410, D5411, D5421, D5422	Reimbursable	To fix relatively minor problems that don't require denture replacement. Occasional adjustments over the lifespan of a pair of dentures are not uncommon.
	Repairs to complete dentures	D5511, D5512, D5520	Reimbursable	Repairs may be needed when dentures are broken or damaged, when one or more teeth need to be added (due to an extraction), or because of wear and tear.
	Repairs to partial dentures	D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671	Reimbursable	Repairs to partial dentures only when broken or damaged, when one or more teeth need to be added (due to an extraction), or because of wear and tear.
	Denture rebase procedures	D5710, D5711, D5720, D5721, D5725	Reimbursable	The process of retrofitting dentures by replacing all of the denture base with new material, providing a stable denture without replacing the denture teeth.
	Denture reline procedures	D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761	Reimbursable	The addition of new base material on the tissue side of a denture to ensure a snug fit. Relining affects only the denture's fit and does not change the denture's appearance or address any wear of the denture's teeth.
	Interim prosthesis	D5810, D5811, D5820, D5821	Reimbursable	Fixed partial denture prosthetic procedures include routine temporary prosthetics. May be used temporarily while waiting for a dental bridge or for healing after a dental implant is placed. Includes "flippers".
	Other removable prosthetic services	D5765, D5850, D5851, D5862-D5867, D5875, D5876, D5899	Reimbursable	Examples include overdentures (a denture prosthesis supported by implants) and tissue conditioning.
MAXILLOFACIAL PROSTHETICS (D5900–D5999)	The replacement of missing bone or tissue to restore oral functions such as swallowing, speech, and chewing.	D5911-D5916, D5919, D5922-D5929, D5931-D5937, D5951-D5955, D5958-D5960, D5982-D5988, D5991-D5993, D5995, D5996, D5999	Reimbursable	Examples include a palatal lift prosthesis, which helps the soft palate assume correct position for speech; a palatal augmentation prosthesis, which alters the palate for speech; and a mandibular resection prosthesis, which replaces part of a lost jaw and restores gums and teeth.
IMPLANTS (D6000–D6199)	Insertion of an implant (i.e., replica of an entire tooth, from root to crown) directly into the jaw bone	D6000-D6199	Not Reimbursable	Implants are durable restorations that replace lost teeth. Dental implants may also be used to support fixed partial dentures or "bridges." However, implant services are excluded from the plan's supplemental dental benefit.

**FIXED PROSTHODONTICS  
(D6200–D6999)**

Fixed partial denture pontics	D6205, D6210-D6212, D6214, D6240-D6243, D6245, D6250-D6253	Reimbursable	A pontic is an artificial tooth as part of a fixed partial denture, or "bridge." Pontics are attached to retainers, which are cemented to an abutment (i.e., tooth or root) for stability.
Fixed partial denture retainers, inlays/onlays	D6545, D6548, D6549, D6600-D6615, D6624, D6634	Reimbursable	A bridge usually consists of at least two retainers (i.e., inlay/onlay or other restoration), one on either end.

**TYPES OF DENTAL SERVICES**

**PROCEDURE CODES**

**COVERAGE**

**DESCRIPTION OF SERVICES**

**FIXED PROSTHODONTICS  
(D6200–D6999)  
CONTINUED**

Fixed partial denture retainers, crowns	D6710, D6720-D6722, D6740, D6750-D6753, D6780-D6784, D6790-D6794	Reimbursable	A bridge usually consists of at least two retainers (i.e., crown or other restoration), one on either end.
Other fixed partial denture services	D6920, D6930, D6940, D6950, D6980, D6985, D6999	Reimbursable	Examples include connector bar, stress breaker, and re-cementing or re-bonding.

**ORAL AND MAXILLOFACIAL SURGERY  
(D7000–D7999)**

Extractions, including local anesthesia, suturing if needed, and	D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250,	Reimbursable	Includes surgical and non-surgical removal of a tooth from its socket in
Alveoplasty (preparation of ridge)	D7310, D7311, D7320, D7321	Reimbursable	The surgical smoothing and re-contouring of the alveolar ridge. Performed after tooth extraction or to prepare for dentures.
Other surgical procedures	D7260, D7261, D7270, D7272, D7280, D7282-D7288, D7290-D7300	Reimbursable	Examples include biopsy or bone harvest.
Excision of soft tissue lesions	D7410-D7415, D7465	Reimbursable	Removal of abnormal soft tissue.
Vestibuloplasty	D7340, D7350	Reimbursable	Surgical restoration of alveolar ridge height by lowering muscles attached to the alveolar bone. Most often performed to prepare the mouth for dentures.
Excision of intra-osseous lesions	D7440, D7441, D7450, D7451, D7460, D7461	Reimbursable	Removal of abnormal tissue from the bone.
Excision of bone tissue	D7471-D7473, D7485, D7490	Reimbursable	Removal of bone tissue for use in a bone graft to repair damage from gum disease.
Surgical incision	D7509-D7511, D7520, D7521, D7530, D7540, D7550, D7560	Reimbursable	Examples include abscess drainage and foreign body removal.
Treatment of closed fractures	D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680	Reimbursable	A closed fracture is when the bone breaks but there is no puncture or open wound.
Reduction of dislocation and management of other temporomandibular joint (TMJ) dysfunctions	D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870-D7881, D7899	Reimbursable	Examples include stabilization splints (bite guards) or surgical procedures to remove debris and inflammatory byproducts, relieve pain, and repair or replace the joint.
Treatment of open fractures	D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7780	Reimbursable	An open fracture is when the bone breaks through the skin, resulting in risk of a deep bone infection.

Repair of traumatic wounds and complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)

D7910-D7912

Reimbursable

Soft tissue injuries to the face are typically repaired with stitches. Care must be taken to examine and treat possible injury to affected nerves, ducts, or glands.

Other repair procedures

D7920-D7922, D7939-D7941, D7943-D7953, D7955-D7957, D7961-D7963, D7970-D7972, D7979-D7983, D7990, D7991, D7993-D7999

Reimbursable

Examples include bone and skin grafts.

	TYPES OF DENTAL SERVICES	PROCEDURE CODES	COVERAGE	DESCRIPTION OF SERVICES
ORTHODONTICS (D8000–D8999)	Treatments of irregularities in the jaws and teeth, especially of alignment and occlusion (how the teeth come together)	D8000-D8999	Not Reimbursable	Using appliances such as braces or clear aligners to guide teeth into their ideal positions over a period of time. Orthodontics are excluded from the plan's supplemental dental benefit.
ADJUNCTIVE GENERAL (D9000–D9999)	Unclassified treatments	D9110, D9120, D9130	Reimbursable	Examples include palliative care for pain and physical therapy for temporomandibular joint (TMJ) dysfunction.
	Anesthesia	D9210-D9212, D9215, D9219, D9222, D9223, D9230, D9239, D9243, D9248	Reimbursable	Local anesthesia is usually considered part of Restorations, Endodontics, Periodontics, Prosthodontics (both removable and fixed), as well as Oral and Maxillofacial Surgery.
	Professional consultations	D9310, D9311	Reimbursable	When a dental practitioner's opinion or advice regarding evaluation and/or management of a specific problem is requested by another dental practitioner.
	Professional visits	D9410, D9420, D9430, D9440, D9450	Reimbursable	Examples include house calls, hospital visits, and after-hour visits.
	Drugs	D9610, D9612, D9613, D9630	Reimbursable	Administration of non-oral antibiotics, steroids, anti-inflammatory drugs or other medications to improve surgical healing, reduce pain and/or infection.
	Miscellaneous services	D9910-D9912, D9920, D9930, D9932-D9935, D9938, D9939, D9941-D9946, D9950-D9952, D9970-D9975	Reimbursable	Examples include pre-visit screenings, bite guards, and behavior management.
	Non-clinical procedures	D9961, D9985-D9987, D9990-D9997, D9999	Reimbursable	Examples include case management, missed appointments and cancellations.
SLEEP APNEA (NEW CATEGORY)	Sleep apnea services	D9947-D9949, D9953-D9957	Reimbursable	Screening for sleep-related breathing disorders*; administration of home sleep apnea test*; oral appliance therapy; and custom appliance fabrication, placement, adjustment and repair.  *These are eligible for coverage by your plan's medical benefit.*

**IMPORTANT INFORMATION:**

Documentation of the services provided (i.e., the bill or receipt) may list procedure codes from different categories of dental services. This means that a single treatment plan may consist of both reimbursable and non-reimbursable services. Before agreeing to any dental care, ask your dentist for a complete treatment plan, including procedure codes. Review it carefully with your dentist and compare it to this addendum, so you know in advance which services may not be reimbursed by the plan. You are responsible for the full cost of services that are excluded (i.e., not reimbursable) by the plan's supplemental dental benefit. Here are two examples:

EXAMPLE 1: A four-unit fixed partial denture may include X-rays (Diagnostic: D0100-D0999), implant body placement and implant supported retainers (Implant Services: D6000-D6199), and pontics (Fixed Prosthodontics: D6200-D6999). In this instance, you may be reimbursed for the X-rays and pontics but not for the implant body placement or implant supported retainers. The implant body placement and implant supported retainers are Implant Services and, as such, are excluded from the plan's supplemental dental benefit.

**IMPORTANT INFORMATION (CONTINUED):**

EXAMPLE 2: Orthodontic treatment planning may include a pre-treatment examination (Orthodontics: D8000-D8999), X-rays and diagnostic casts (Diagnostic: D0100-D0999), and case presentation (Adjunctive General Services: D9000-D9999). In this instance, you may be reimbursed for the X-rays, diagnostic casts, and case presentation but not for the pre-treatment examination. The pre-treatment examination is Orthodontics and, as such, is excluded from the plan's supplemental dental benefit.

**SOURCE:**

The *Code on Dental Procedures and Nomenclature (CDT Code)* version that is effective for services provided on or after January 1, 2024, through December 31, 2024. The *CDT Code* is a reference manual published annually by the American Dental Association® and contains procedural codes for oral health and related services that are provided by licensed dentists. The *CDT Code* is national terminology that is used to report dental services for payment. Changes to the *CDT Code* are intended to better reflect dental practices as they develop over time. CDT stands for Current Dental Terminology.

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (HMO) depends on contract renewal.

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

H6750\_24069\_C