| | | Children Under 21 January 2010 | Children Under 21 January 2023 | All Adults 21 and Older January 1, 2010 | Adults (DDS) 21 and Older January 1, 2023 | Adults 21 and Older January 1, 2023 |
|---|---|---|---|---|---|---|
| Code | Code Description | Covered Service | | | | |
| **DIAGNOSTIC SERVICES See 130 CMR 420.422 for service description and limitations.** | | | | | | |
| D0120 | Periodic oral evaluation- established patient | Yes | Yes | Yes | Yes | Yes |
| D0140 | Limited oral evaluation- problem focused | Yes | Yes | Yes | Yes | Yes |
| D0145 | oral evaluation for a patient under 3 years of age and counseling with primary caregiver | Yes | Yes | No | No | No |
| D0150 | Comprehensive oral evaluation - new or established patient | Yes | Yes | Yes | Yes | Yes |
| D0160 | Detailed and extensive oral evaluation | Yes | No | Yes | No | No |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No | Yes | No | Yes | Yes |
| D0190 | Screening of a patient | N/A | Yes | N/A | Yes | Yes |
| D0191 | Assessment of patient | N/A | Yes | N/A | Yes | Yes |
| **RADIOGRAPHS See 130 CMR 420.423 for service description and limitations.** | | | | | | |
| D0210 | Intraoral - complete series (including bitewings) | Yes | Yes | Yes | Yes | Yes |
| D0220 | Intraoral - periapical, first film | Yes | Yes | Yes | Yes | Yes |
| D0230 | Intraoral - periapical, each additional film | Yes | Yes | Yes | Yes | Yes |
| D0240 | Intraoral - occlusal film | No | Yes | No | No | No |
| D0270 | Bitewing - single film | Yes | Yes | Yes | Yes | Yes |
| D0272 | Bitewings - two films | Yes | Yes | Yes | Yes | Yes |
| D0273 | Bitewings - three films | Yes | Yes | Yes | Yes | Yes |
| D0274 | Bitewings - four films | Yes | Yes | Yes | Yes | Yes |
| D0330<br>D0330 | Panoramic film (non-surgical)<br>Panoramic film (surgical) | yes<br>yes | Yes<br>Yes | No*<br>Yes | Yes<br>yes | Yes<br>Yes |
| D0340 | Cephalometric radiographic image | Yes | Yes | Yes | Yes* | Yes* |
| D0350 | 2D Oral/facial photographic image | Yes | No | Yes | No | No |
| D0470 | Diagnostic cast | Yes | No | Yes | No | No |
| **PREVENTIVE SERVICES See 130 CMR 420.424 for service description and limitations.** | | | | | | |
| D1110 | Prophylaxis - adult | Yes (ages 14-21) | Yes (age 14 to 21) | Yes | Yes | Yes |
| D1120 | Prophylaxis - child | Yes (ages 0 - 14) | Yes (ages up to 14) | No | No | No |
| D1203 | Topical application of fluoride- child | Yes | CDT Code Deleted | No | CDT Code Deleted | CDT Code Deleted |
| D1204 | Topical application of fluoride- adult | N/A | CDT Code Deleted | No* | CDT Code Deleted | CDT Code Deleted |
| D1206 | Topical fluoride varnish; therapeutic application | Yes | Yes | Yes* | Yes* | Yes* |
| D1208 | Topical application of fluoride- excluding varnish | N/A | Yes | N/A | Yes* | Yes* |
| D1351 | Sealant - per tooth | Yes | Yes | No | No | No |
| D1354 | interim caries arresting medicament application- per tooth | N/A | Yes | N/A | Yes | Yes |
| D1510 | Space maintainer - fixed-unilateral | Yes | Yes | No | No | No |
| D1515 | Space maintainer - fixed-bilateral | Yes | CDT Code Deleted | No | CDT Code Deleted | CDT Code Deleted |
| D1516 | Space maintainer- fixed-unilateral | N/A | Yes | N/A | No | No |
| D1517 | Space maintainer- fixed-bilateral, mandibular | N/A | Yes | N/A | No | No |
| D1520 | Space maintainer - removable-unilateral | Yes | Yes | No | No | No |
| D1525 | Space maintainer - removable-bilateral | Yes | CDT Code Deleted | No | CDT Code Deleted | CDT Code Deleted |
| D1526 | Space maintainer- removable-bilateral, maxillary | N/A | Yes | N/A | No | No |
| D1527 | Space maintainer-removable-bilateral, mandibular | N/A | Yes | N/A | No | No |
| D1575 | Distal shoe space maintainer- fixed- unilateral - per quadrant | | | | | |
| D1550 | Re-cement or re-bond space maintainer | Yes | CDT Code Deleted | No | CDT Code Deleted | CDT Code Deleted |
| D1701 | Pfizer COVID-19 vaccine- first dose | N/A | Yes | N/A | Yes | Yes |
| D1702 | Pfizer COVID-19 vaccine- second dose | N/A | Yes | N/A | Yes | Yes |
| D1703 | Moderna Covid-19 vaccine- first dose | N/A | Yes | N/A | Yes | Yes |
| D1704 | Moderna Covid-19 vaccine- second dose | N/A | Yes | N/A | Yes | Yes |
| D1707 | Janssen COVID-19 vaccine- Single dose | N/A | Yes | N/A | Yes | Yes |
| D1708 | Pfizer-BioNTech Covid-19 - third dose | N/A | Yes | N/A | Yes | Yes |
| D1709 | Pfizer-BioNTech Covid-19 - booster dose | N/A | Yes | N/A | Yes | Yes |
| D1710 | Moderna Covid-19 vaccine - third dose | N/A | Yes | N/A | Yes | Yes |
| D1711 | Moderna Covid-19 vaccine - booster dose | N/A | Yes | N/A | Yes | Yes |

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| Code | Code Description | Covered Service | | | | |
| D1712 | Janssen Covid-19 vaccine | N/A | Yes | N/A | No | No |
| D1713 | Pfizer-BioNTech Covid-19 - pediatric first dose | N/A | Yes | N/A | No | No |
| D1714 | Pfizer-BioNTech Covid-19 - pediatric second dose | | | | | |
| RESTORATIVE SERVICES See 130 CMR 420.425 for service description and limitations. | | | | | | |
| D2140 | Amalgam-one surface, primary or permanent | Yes | Yes | Yes | Yes | Yes |
| D2150 | Amalgam-two surfaces, primary or permanent | Yes | Yes | Yes | Yes | Yes |
| D2160 | Amalgam-three surfaces, primary or permanent | Yes | Yes | Yes | Yes | Yes |
| D2161 | Amalgam-four or more surfaces, primary or permanent | Yes | Yes | Yes | Yes | Yes |
| D2330 | Resin - one surface, anterior | Yes | Yes | Yes | Yes | Yes |
| D2331 | Resin - two surfaces, anterior | Yes | Yes | Yes | Yes | Yes |
| D2332 | Resin - three surfaces, anterior | Yes | Yes | Yes | Yes | Yes |
| D2335 | Resin - four or more surfaces or involving incisal angle (anterior) | Yes | Yes | Yes | Yes | Yes |
| D2390 | Resin-based composite crown, anterior | Yes | Yes | No | No | No |
| D2391 | Resin-based composite - one surface, posterior | Yes | Yes | Yes | Yes | Yes |
| D2392 | Resin-based composite - two surfaces, posterior | Yes | Yes | Yes | Yes | Yes |
| D2393 | Resin-based comp | Yes | Yes | Yes | Yes | Yes |
| D2394 | Resin-based composite - four or more surfaces, posterior | Yes | Yes | Yes | Yes | Yes |
| D2710 | Crown - resin-based composite (indirect) | Yes | Yes | No | No | No |
| D2740 | Crown - porcelain/ceramic substrate | No | Yes | No | Yes | Yes |
| D2750 | Crown - porcelain fused to high noble metal | No | Yes | No | No | No |
| D2751 | Crown - porcelain fused to predominantly base metal | Yes | Yes | Yes | Yes | Yes |
| D2752 | Crown - porcelain fused to noble metal | No | Yes | No | No | No |
| D2790 | Crown - full cast high noble metal | No | Yes | No | No | No |
| D2910 | Recement inlay, onlay or partial coverage restoration | Yes | Yes | Yes | Yes | Yes |
| D2920 | Recement crown | Yes | Yes | Yes | Yes | Yes |
| D2930 | Prefabricated stainless steel crown - primary tooth | Yes | Yes | No | No | No |
| D2931 | Prefabricated stainless steel crown - permanent tooth | Yes | Yes | No* | Yes* | No |
| D2932 | Prefabricated resin crown | Yes | Yes | No | No | No |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | Yes | Yes | No | No | No |
| D2950 | Core buildup, including any pins when required | No | Yes | Yes | Yes | Yes |
| D2951 | Pin retention - per tooth, in addition to restoration | Yes | Yes | Yes | Yes | Yes |
| D2954 | Post and core in addition to crown, indirectly fabricated | Yes | Yes | Yes | Yes | Yes |
| D2980 | Crown repair, by report | Yes | Yes | Yes | Yes | Yes |
| D2999 | Unspecified restorative procedure, by report | Yes | Yes | Yes* | Yes* | Yes* |
| ENDODONTIC SERVICES See 130 CMR 420.426 for service description and limitations. | | | | | | |
| D3210 | pulp cap - indirect (excluding final restoration) | No | Yes | No | Yes | Yes |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | Yes | Yes | No | No | No |
| D3310 | Anterior (excluding final restoration) | Yes | Yes | Yes | Yes | Yes |
| D3320 | Bicuspid (excluding final restoration) | Yes | Yes | No | Yes | Yes |
| D3330 | Molar (excluding final restoration) | Yes | Yes | No* | Yes | Yes |
| D3346 | Retreatment of previous root canal therapy – anterior | Yes | Yes | Yes | Yes | Yes |
| D3347 | Retreatment of previous root canal therapy – bicuspid | Yes | Yes | No* | Yes | Yes |
| D3348 | Retreatment of previous root canal therapy – molar | Yes | Yes | No* | Yes | Yes |
| D3410 | Apicoectomy/periradicular surgery - anterior | Yes | Yes | Yes | Yes | Yes |
| D3421 | Apicoectomy/periradicular surgery - bicuspid (first root) | Yes | Yes | Yes | Yes | Yes |
| D3425 | Apicoectomy/periradicular surgery - molar (first root) | N/A | Yes | N/A | Yes | Yes |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | Yes | Yes | Yes | Yes | Yes |

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| Code | Code Description | Covered Service | | | | |
| **PERIODONTIC SERVICES See 130 CMR 420.427 for service description and limitations.** | | | | | | |
| D4210 | Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces per quadrant | Yes | Yes | Yes | Yes | Yes |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant | Yes | Yes | Yes | Yes | Yes |
| D4341 | Periodontal scaling and root planning - four or more teeth per quadrant | Yes | Yes | Yes | Yes | Yes |
| D4342 | Periodontal scaling and root planning - one to three teeth, per quadrant | Yes | Yes | Yes | Yes | Yes |
| D4346 | scaling in presence of generalized moderate or severe gingival inflammation | NA | Yes | NA | Yes | Yes |
| **PROSTHODONTIC (REMOVABLE) SERVICES See 130 CMR 420.428 for service description and imitations.** | | | | | | |
| D5110 | Complete denture – maxillary | Yes | Yes | Yes | Yes | Yes |
| D5120 | Complete denture – mandibular | Yes | Yes | Yes | Yes | Yes |
| D5130 | Immediate denture – maxillary | Yes | Yes | No | No | No |
| D5140 | Immediate denture - mandibular | Yes | Yes | No | No | No |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | Yes | Yes | Yes | Yes | Yes |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | Yes | Yes | Yes | Yes | Yes |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | Yes | Yes | No | No | No |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | Yes | Yes | No | No | No |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | N/A | Yes | N/A | No | No |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | N/A | Yes | N/A | No | No |
| D5510 | repair broken complete denture base | Yes | CDT Code Deleted | Yes | CDT Code Deleted | CDT Code Deleted |
| D5511 | Repair brokem complete denture base, mandibular | N/A | Yes | N/A | Yes | Yes |
| D5512 | Repair broken complete denture base, maxillary | N/A | Yes | N/A | Yes | Yes |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | Yes | Yes | Yes | Yes | Yes |
| D5610 | Repair resin denture base | Yes | CDT Code Deleted | Yes | CDT Code Deleted | CDT Code Deleted |
| D5611 | Repair resin partial denture base, mandibular | N/A | Yes | N/A | Yes | Yes |
| D5612 | Repair resin partial denture base, maxillary | N/A | Yes | N/A | Yes | Yes |
| D5620 | Repair cast framework | Yes | CDT Code Deleted | No | CDT Code Deleted | CDT Code Deleted |
| D5621 | Repair cast partial framework, mandibular | N/A | Yes | N/A | Yes | Yes |
| D5622 | Repair cast partial framework, maxillary | N/A | Yes | N/A | Yes | Yes |
| D5630 | Repair or replace broken clasp per tooth | Yes | Yes | Yes | Yes | Yes |
| D5640 | Replace broken teeth - per tooth | Yes | Yes | Yes | Yes | Yes |
| D5650 | Add tooth to existing partial denture | Yes | Yes | Yes | Yes | Yes |
| D5660 | Add clasp to existing partial denture per tooth | Yes | Yes | Yes | Yes | Yes |
| D5710 | Reline complete maxillary denture (chair side) | Yes | No | No | No | No |
| D5711 | Reline lower complete mandibular denture (chair side) | Yes | No | No | No | No |
| D5720 | Rebase maxillary partial denture | Yes | No | No | No | No |
| D5721 | Rebase mandibular partial denture | Yes | No | No | No | No |
| D5730 | Reline complete maxillary denture (chair side) | No | Yes | No | Yes | Yes |
| D5731 | Reline lower complete mandibular denture (chair side) | No | Yes | No | Yes | Yes |
| D5740 | Reline maxillary partial denture (chair side) | No | Yes | No | No | No |
| D5741 | Reline mandibular partial denture (chair side) | No | Yes | No | No | No |
| D5750 | Reline complete maxillary denture (laboratory) | Yes | Yes | No | Yes | Yes |
| D5751 | Reline complete mandibular denture (laboratory) | Yes | Yes | No | Yes | Yes |
| D5760 | Reline maxillary partial denture (laboratory) | Yes | Yes | No | No | No |
| D5761 | Reline mandibular partial denture (laboratory) | Yes | Yes | No | No | No |
| **PROSTHODONTIC (FIXED) SERVICES See 130 CMR 420.429 for service description and limitations.** | | | | | | |

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| Code | Code Description | Covered Service | | | | |
| D6241 | Pontic - porcelain fused to predominantly base metal | Yes | Yes | No | No | No |
| D6751 | Crown - porcelain fused to predominantly base metal | Yes | Yes | No | No | No |
| D6930 | Recement bridge | Yes | Yes | No | No | No |
| D6980 | Bridge repair, by report | Yes | Yes | No | No | No |
| D6999 | Unspecified fixed prosthodontic procedure, by report | Yes | Yes | Yes | Yes* | Yes* |
| EXODONTIC SERVICES See 130 CMR 420.430 for service description and limitations. | | | | | | |
| D7111 | Extraction, coronal remnants - deciduous tooth | Yes | Yes | Yes | Yes | Yes |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Yes | Yes | Yes | Yes | Yes |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | Yes | Yes | Yes | Yes | Yes |
| D7220 | Removal of impacted tooth - soft tissue | Yes | Yes | Yes | Yes | Yes |
| D7230 | Removal of impacted tooth - partially bony | Yes | Yes | Yes | Yes | Yes |
| D7240 | Removal of impacted tooth - completely bony | Yes | Yes | Yes | Yes | Yes |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | No | Yes | No | Yes | Yes |
| D7251 | coronectomy - intentional partial tooth removal, impacted teeth only | NA | Yes+ | NA | Yes+ | Yes+ |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | Yes | Yes | Yes | Yes | Yes |
| D7280 | Surgical access of an unerupted tooth | Yes | Yes | No | No | No |
| D7283 | Placement of device to facilitate eruption of impacted tooth | Yes | Yes | No | No | No |
| D7310 | Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant | Yes | Yes | Yes | Yes | Yes |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | Yes | Yes | Yes | Yes | Yes |
| D7320 | Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant | Yes | Yes | Yes | Yes | Yes |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | Yes | Yes | Yes | Yes | Yes |
| D7340 | Vestibuloplasty - ridge extension (second epithelialization) | Yes | Yes | Yes | Yes | Yes |
| D7350 | Vestibuloplasty - ridge extension | Yes | Yes | Yes | Yes | Yes |
| D7410 | Excision of benign lesion up to 1.25 cm | Yes | Yes | Yes | Yes | Yes |
| D7411 | Excision of benign lesion greater than 1.25 cm | Yes | Yes | Yes | Yes | Yes |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | Yes | Yes | Yes | Yes | Yes |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | Yes | Yes | Yes | Yes | Yes |
| D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | Yes | Yes | Yes | Yes | Yes |
| D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | Yes | Yes | Yes | Yes | Yes |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | Yes | Yes | Yes | Yes | Yes |
| D7472 | Removal of torus palatinus | No | Yes | No | Yes | Yes |
| D7473 | Removal of torus mandibularis | No | Yes | No | Yes | Yes |
| D7960 | Frenulectomy (frenectomy or frenotomy) - separate procedure | Yes | CDT Code Deleted | Yes | CDT Code Deleted | CDT Code Deleted |
| D7961 | Buccal/labial frenectomy (frenulectomy) | N/A | Yes | N/A | Yes | Yes |
| D7962 | Lingual frenectomy (frenulectomy) | N/A | Yes | N/A | Yes | Yes |
| D7963 | Frenuloplasty | Yes | Yes | Yes | Yes | Yes |
| D7970 | Excision of hyperplastic tissue - per arch | Yes | Yes | Yes | Yes | Yes |
| D7999 | Unspecified oral surgery procedure, by report | Yes* | Yes | Yes* | Yes | Yes* |
| ORTHODONTIC SERVICES See 130 CMR 420.431 for service description and limitations. | | | | | | |
| D8010 | Limited orthodontic treatment - primary dentition | NA | Yes+ | NA | No | No |
| D8020 | Limited orthodontic treatment - transitional dentition | NA | Yes+ | NA | No | No |
| D8030 | Limited orthodontic treatment - adolescent dentition | NA | Yes+ | NA | No | No |
| D8040 | Limited orthodontic treatment - adult dentition | NA | Yes+ | NA | No | No |

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| Code | Code Description | Covered Service | | | | |
| D8050 | Interceptive orthodontic treatment of the primary dentition | Yes* | CDT Code Deleted | No | CDT Code deleted | CDT Code deleted |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | Yes* | CDT Code Deleted | No | CDT Code deleted | CDT Code deleted |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | No | Yes+ | No | No | No |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | Yes* | Yes | No | No | No |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | No | Yes | No | No | No |
| D8660 | Preorthodontic treatment visit | Yes | Yes | No | No | No |
| D8670 | Periodic orthodontic treatment visit (as part of contract) | Yes | Yes | No | No# | No# |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | Yes | Yes | No# | No# | No# |
| D8690 | Orthodontic treatment (alternative billing to a contract fee) | Yes | Yes | No | No | No |
| D8692 | Replacement of lost or broken retainer | Yes* | CDT Code Deleted | No# | CDT Code Deleted | CDT Code Deleted |
| D8703 | Replacement of lost or broken retainer, maxillary | N/A | Yes | N/A | No# | No# |
| D8704 | Replacement of lost or broken retainer, mandibular | N/A | Yes | N/A | No# | No# |
| D8999 | Unspecified orthodontic procedure, by report | Yes | Yes | No# | No | No |
| GENERAL ANESTHESIA AND IV SEDATION SERVICES See 130 CMR 420.452 for service description and limitations. | | | | | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | Yes | Yes | Yes | Yes | Yes |
| D9220 | Deep sedation/ general anesthesia- first 15 minutes | Yes | CDT Code Deleted | Yes | CDT Code Deleted | CDT Code Deleted |
| D9221 | Deep sedation/general anesthesia – each 15-minute increment | Yes | CDT Code Deleted | Yes | CDT Code Deleted | CDT Code Deleted |
| D9222 | Deep sedation/ general anesthesia- first 15 minutes | N/A | Yes | N/A | Yes | Yes |
| D9223 | Deep sedation/general anesthesia – each 15-minute increment | N/A | Yes | N/A | Yes | Yes |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | Yes | Yes | Yes | Yes | Yes |
| D9239 | Intravenous moderate (conscious) sedation/anesthesia- first 15 minutes | N/A | Yes | N/A | Yes | Yes |
| D9241 | Intravenous moderate (conscious) sedation/anesthesia- first 15 minutes | Yes | CDT Code Deleted | Yes | CDT Code Deleted | CDT Code Deleted |
| D9242 | intravenous moderate (conscious) sedation/analgesia - each 15 minutes increment | Yes | CDT Code Deleted | Yes | CDT Code Deleted | CDT Code Deleted |
| D9243 | intravenous moderate (conscious) sedation/analgesia - each 15 minutes increment | N/A | Yes | N/A | Yes | Yes |
| D9248 | non-intravenous moderate (conscious) sedation | Yes | Yes | Yes | Yes | Yes |
| D9310 | consultation - diagnostic service | NA | Yes | NA | No | No |
| D9410 | house/extended care facility call | Yes | Yes | Yes | Yes | Yes |
| OTHER SERVICES See 130 CMR 420.456 for service description and limitations. | | | | | | |
| D9920 | behavior management, by report | Yes | Yes | Yes | Yes | Yes |
| D9930 | treatment of complications (post-surgical) - unusual circumstances, by report | Yes | Yes | Yes | Yes | Yes |
| D9940 | Occlusal guards, by report | Yes | CDT Code Deleted | No | CDT Code Deleted | CDT Code Deleted |
| D9941 | Fabrication of athletic mouthguard | Yes | Yes | No | No | No |
| D9945 | Occlual guard-soft appliance full arch | N/A | Yes | N/A | No | No |
| D9999 | Unspecified adjunctive procedure, by report | Yes | Yes* | Yes | Yes* | Yes* |

**Note: - refers to the removal of a covered service**

**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**

**Note: + refers to new covered service**

**Note: ++ refers to a replacement code**