



IMPERIAL INSURANCE COMPANY
OF TEXAS

Imperial Insurance Company of Texas
(HMO) (HMO SNP)
2019 Dental Benefit

Dental care provided by



*The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted provider to utilize covered benefits.
 If elected, Member is responsible for all non-covered procedures.*

CDT Code	Description	Member Coinsurance	Limitations
Diagnostic Services			
D0120	Periodic oral evaluation	0%	1 of (D0120-D0180) every 6 months
D0140	Limited oral evaluation	0%	
D0150	Comprehensive oral evaluation	0%	
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%	
D0210	Intraoral, complete series of radiographic images	0%	1 of (D0210, D0330) every 12 months
D0220	Intraoral, periapical, first radiographic image	0%	
D0230	Intraoral, periapical, each add'l radiographic image	0%	
D0240	Intraoral, occlusal radiographic image	0%	2 (D0240) every 36 months
D0270	Bitewing, single radiographic image	0%	1 of (D0270-D0274) every 6 months
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%	
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330) every 12 months
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	0%	
D0415	Collection of microorganisms for culture	0%	
D0460	Pulp vitality tests	0%	
D0470	Diagnostic casts	0%	1 (D0470) every 12 months
Preventive Services			
D1110	Prophylaxis, adult	0%	1 of (D1110, D4346, D4910) every 6 months
D1206	Topical application of fluoride varnish	0%	1 of (D1206, D1208) every 6 months
D1208	Topical application of fluoride, excluding varnish	0%	
Restorative Services			
D2140	Amalgam, one surface, primary or permanent	0%	1 of (D2140-D2394) per surface per tooth every 36 months
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%	

D2335	Resin-based composite, four or more surfaces, involving incisal angle	0%	
D2390	Resin-based composite crown, anterior	0%	1 (D2390) per tooth every 36 months
D2391	Resin-based composite, one surface, posterior	0%	1 of (D2140-D2394) per surface per tooth every 36 months
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, D6210-D6792) per tooth every 60 months
D2712	Crown, ¾ resin-based composite (indirect)	0%	
D2720	Crown, resin with high noble metal	0%	
D2721	Crown, resin with predominantly base metal	0%	
D2722	Crown, resin with noble metal	0%	
D2740	Crown, porcelain/ceramic substrate	0%	
D2750	Crown, porcelain fused to high noble metal	0%	
D2751	Crown, porcelain fused to predominantly base metal	0%	
D2752	Crown, porcelain fused to noble metal	0%	
D2780	Crown, ¾ cast high noble metal	0%	
D2781	Crown, ¾ cast predominantly base metal	0%	
D2782	Crown, ¾ cast noble metal	0%	
D2783	Crown, ¾ porcelain/ceramic	0%	
D2790	Crown, full cast high noble metal	0%	
D2791	Crown, full cast predominantly base metal	0%	
D2792	Crown, full cast noble metal	0%	
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%	
D2940	Protective restoration	0%	
D2950	Core buildup, including any pins when required	0%	
D2951	Pin retention, per tooth, in addition to restoration	0%	
D2952	Post and core in addition to crown, indirectly fabricated	0%	
D2953	Each additional indirectly fabricated post, same tooth	0%	
D2954	Prefabricated post and core in addition to crown	0%	
D2955	Post removal	0%	
D2957	Each additional prefabricated post, same tooth	0%	
Restorative Services (continued)			
D2971	Additional procedure to construct new crown, existing partial denture frame	0%	
D2980	Crown repair necessitated by restorative material failure	0%	
Endodontic Services			
D3110	Pulp cap, direct (excluding final restoration)	0%	
D3120	Pulp cap, indirect (excluding final restoration)	0%	
D3220	Therapeutic pulpotomy (excluding final restoration)	0%	
D3221	Pulpal debridement, primary and permanent teeth	0%	

D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	0%	
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	0%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	1 of (D3310-D3330) per tooth per lifetime
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	0%	
D3330	Endodontic therapy, molar (excluding final restoration)	0%	
D3331	Treatment of root canal obstruction; non-surgical access	0%	1 (D3331) per tooth per lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	0%	1 (D3332) per tooth per lifetime
D3333	Internal root repair of perforation defects	0%	1 (D3333) per tooth per lifetime
D3346	Retreatment of previous root canal therapy, anterior	0%	1 of (D3346-D3348) per tooth per lifetime
D3347	Retreatment of previous root canal therapy, bicuspid	0%	
D3348	Retreatment of previous root canal therapy, molar	0%	
D3351	Apexification/recalcification, initial visit	0%	1 (D3351) per tooth per lifetime
D3352	Apexification/recalcification, interim medication replacement	0%	1 (D3352) per tooth per lifetime
D3353	Apexification/recalcification, final visit	0%	1 (D3353) per tooth per lifetime
D3410	Apicoectomy, anterior	0%	1 of (D3410-D3425) per tooth per lifetime
D3421	Apicoectomy, bicuspid (first root)	0%	
D3425	Apicoectomy, molar (first root)	0%	
D3426	Apicoectomy, (each additional root)	0%	1 (D3426) per tooth per lifetime
D3430	Retrograde filling, per root	0%	1 (D3430) per tooth per lifetime
D3450	Root amputation, per root	0%	
D3910	Surgical procedure for isolation of tooth with rubber dam	0%	
D3920	Hemisection, not including root canal therapy	0%	
D3950	Canal preparation and fitting of preformed dowel or post	0%	
Periodontal Services			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	1 of (D4210-D4285) per site/quad every 24 months
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%	
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	0%	
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	
D4241	Gingival flap procedure, one to three teeth per quadrant	0%	
D4245	Apically positioned flap	0%	
D4260	Osseous surgery, four or more teeth per quadrant	0%	
D4261	Osseous surgery, one to three teeth per quadrant	0%	

D4270	Pedicle soft tissue graft procedure	0%	
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%	
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%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	1 of (D4341, D4342) per site/quad every 24 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	1 of (D1110, D4346, D4910) every 6 months
D4355	Full mouth debridement	0%	1 (D4355) every 24 months
D4910	Periodontal maintenance	0%	1 of (D1110, D4346, D4910) every 6 months
Removable Prosthodontic Services			
D5110	Complete denture, maxillary	0%	1 of (D5110-D5224) per arch every 60 months
D5120	Complete denture, mandibular	0%	
D5130	Immediate denture, maxillary	0%	
D5140	Immediate denture, mandibular	0%	
D5211	Maxillary partial denture, resin base	0%	
D5212	Mandibular partial denture, resin base	0%	
D5213	Maxillary partial denture, cast metal, resin base	0%	
D5214	Mandibular partial denture, cast metal, resin base	0%	
D5221	Immediate maxillary partial denture, resin base	0%	
D5222	Immediate mandibular partial denture, resin base	0%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%	
D5281	Removable unilateral partial denture, one piece cast metal	0%	1 (D5281) per arch every 60 months
D5410	Adjust complete denture, maxillary	0%	1 of (D5410-D5422) per arch every 12 months
D5411	Adjust complete denture, mandibular	0%	
D5421	Adjust partial denture, maxillary	0%	
D5422	Adjust partial denture, mandibular	0%	
D5510	Repair broken complete denture base	0%	1 of (D5510, D5520) per arch every 12 months
D5520	Replace missing or broken teeth, complete denture	0%	
Removable Prosthodontic Services (continued)			
D5610	Repair resin denture base	0%	
D5620	Repair cast framework	0%	
D5630	Repair or replace broken clasp, per tooth	0%	
D5640	Replace broken teeth, per tooth	0%	
D5650	Add tooth to existing partial denture	0%	
D5660	Add clasp to existing partial denture, per tooth	0%	
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%	

D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%	
D5710	Rebase complete maxillary denture	0%	1 of (D5710-D5761) per arch every 24 months
D5711	Rebase complete mandibular denture	0%	
D5720	Rebase maxillary partial denture	0%	
D5721	Rebase mandibular partial denture	0%	
D5730	Reline complete maxillary denture, chairside	0%	
D5731	Reline complete mandibular denture, chairside	0%	
D5740	Reline maxillary partial denture, chairside	0%	
D5741	Reline mandibular partial denture, chairside	0%	
D5750	Reline complete maxillary denture, laboratory	0%	
D5751	Reline complete mandibular denture, laboratory	0%	
D5760	Reline maxillary partial denture, laboratory	0%	
D5761	Reline mandibular partial denture, laboratory	0%	
D5810	Interim complete denture, maxillary	0%	1 of (D5810-D5821) per arch every 60 months
D5811	Interim complete denture, mandibular	0%	
D5820	Interim partial denture, maxillary	0%	
D5821	Interim partial denture, mandibular	0%	
D5850	Tissue conditioning, maxillary	0%	1 of (D5850, D5851) per arch every 12 months
D5851	Tissue conditioning, mandibular	0%	
Fixed Prosthodontic Services			
D6210	Pontic, cast high noble metal	0%	1 of (D2710-D2792, D6210-D6792) per tooth every 60 months
D6211	Pontic, cast predominantly base metal	0%	
D6212	Pontic, cast noble metal	0%	
D6240	Pontic, porcelain fused to high noble metal	0%	
D6241	Pontic, porcelain fused to predominantly base metal	0%	
D6242	Pontic, porcelain fused to noble metal	0%	
D6245	Pontic, porcelain/ceramic	0%	
D6250	Pontic, resin with high noble metal	0%	
D6251	Pontic, resin with predominantly base metal	0%	
D6252	Pontic, resin with noble metal	0%	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	0%	
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	0%	
D6549	Resin retainer, for resin bonded fixed prosthesis	0%	
D6720	Retainer crown, resin with high noble metal	0%	
D6721	Retainer crown, resin with predominantly base metal	0%	
D6722	Retainer crown, resin with noble metal	0%	
D6740	Retainer crown, porcelain/ceramic	0%	
D6750	Retainer crown, porcelain fused to high noble metal	0%	
D6751	Retainer crown, porcelain fused to predominantly base metal	0%	
D6752	Retainer crown, porcelain fused to noble metal	0%	
D6780	Retainer crown, $\frac{3}{4}$ cast high noble metal	0%	
D6781	Retainer crown, $\frac{3}{4}$ cast predominantly base metal	0%	
D6782	Retainer crown, $\frac{3}{4}$ cast noble metal	0%	
D6783	Retainer crown, $\frac{3}{4}$ porcelain/ceramic	0%	
D6790	Retainer crown, full cast high noble metal	0%	

D6791	Retainer crown, full cast predominantly base metal	0%	
D6792	Retainer crown, full cast noble metal	0%	
D6930	Re-cement or re-bond fixed partial denture	0%	
D6980	Fixed partial denture repair, restorative material failure	0%	1 of (D6980)per arch every 24 months
Oral and Maxillofacial Services			
D7111	Extraction, coronal remnants, deciduous tooth	0%	
D7140	Extraction, erupted tooth or exposed root	0%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	
D7220	Removal of impacted tooth, soft tissue	0%	
D7230	Removal of impacted tooth, partially bony	0%	
D7240	Removal of impacted tooth, completely bony	0%	
D7241	Removal impacted tooth, complete bony, complication	0%	
D7250	Removal of residual tooth roots (cutting procedure)	0%	
D7261	Primary closure of a sinus perforation	0%	
D7270	Tooth reimplantation and/or stabilization, accident	0%	1 of (D7270, D7272) per tooth every 60 months
D7272	Tooth transplantation	0%	
D7280	Exposure of an unerupted tooth	0%	1 per tooth every 60 months
D7283	Placement, device to facilitate eruption, impaction	0%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	1 (of D7285, D7286) per tooth every 60 months
D7286	Incisional biopsy of oral tissue, soft	0%	
Oral and Maxillofacial Services (continued)			
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	1 of (D7310-D7350) per site/quad every 60 months
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	
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%	
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%	
D7471	Removal of lateral exostosis, maxilla or mandible	0%	1 of (D7471-D7473) per lifetime
D7472	Removal of torus palatinus	0%	
D7473	Removal of torus mandibularis	0%	
D7485	Reduction of osseous tuberosity	0%	
D7510	Incision & drainage of abscess, intraoral soft tissue	0%	
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%	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	0%	
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	0%	
D7963	Frenuloplasty	0%	
D7970	Excision of hyperplastic tissue, per arch	0%	
D7971	Excision of pericoronal gingiva	0%	1 (D7971) per lifetime
D7972	Surgical reduction of fibrous tuberosity	0%	1 (D7972) per lifetime
Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure	0%	1 (D9110) every 12 months
D9120	Fixed partial denture sectioning	0%	1 (D9120) every 12 months
D9210	Local anesthesia not in conjunction, operative or surgical procedures	0%	
D9211	Regional block anesthesia	0%	
D9212	Trigeminal division block anesthesia	0%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0%	
D9219	Evaluation for deep sedation or general anesthesia	0%	
D9223	Deep sedation/general anesthesia, each 15 minute increment	0%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each 15 minute increment	0%	
D9310	Consultation, other than requesting dentist	0%	1 of (D9310, D9311) every 6 months
D9311	Consultation with a medical health care professional	0%	
D9430	Office visit, observation, regular hours, no other services	0%	
D9440	Office visit, after regularly scheduled hours	0%	
D9610	Therapeutic parenteral drug, single administration	0%	1 (D9610) every 6 months
D9940	Occlusal guard, by report	0%	1 (D9940) every 24 months
D9942	Repair and/or relines of occlusal guard	0%	
D9950	Occlusion analysis, mounted case	0%	
D9951	Occlusal adjustment, limited	0%	
D9952	Occlusal adjustment, complete	0%	
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	0%	
D9991	Dental case management, addressing appointment compliance barriers	0%	
D9992	Dental case management, care coordination	0%	
D9993	Dental case management, motivational interviewing	0%	
D9994	Dental case management, patient education to improve oral health literacy	0%	

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D0120	Periodic oral evaluation	10%	1 of (D0120-D0180) every 6 months
D0140	Limited oral evaluation	10%	
D0150	Comprehensive oral evaluation	10%	
D0160	Oral evaluation, problem focused	10%	
D0180	Comprehensive periodontal evaluation	10%	
D0210	Intraoral, complete series of radiographic images	10%	1 of (D0210, D0330) every 12 months
D0220	Intraoral, periapical, first radiographic image	10%	
D0230	Intraoral, periapical, each add'l radiographic image	10%	
D0270	Bitewing, single radiographic image	10%	1 of (D0270-D0274) per 12 months
D0272	Bitewings, two radiographic images	10%	
D0274	Bitewings, four radiographic images	10%	
D0330	Panoramic radiographic image	10%	1 of (D0210, D0330) every 12 months
D0470	Diagnostic casts	10%	1 (D0470) every 12 months
Preventive Services			
D1110	Prophylaxis, adult	10%	1 of (D1110, D4346, D4910) every 6 months
D1206	Topical application of fluoride varnish	10%	1 of (D1206, D1208) per 6 months
D1208	Topical application of fluoride, excluding varnish	10%	
Restorative Services			
D2140	Amalgam, one surface, primary or permanent	10%	1 of (D2140-D2335) per surface per tooth every 36 months
D2150	Amalgam, two surfaces, primary or permanent	10%	
D2160	Amalgam, three surfaces, primary or permanent	10%	
D2161	Amalgam, four or more surfaces, primary or permanent	10%	
D2330	Resin-based composite, one surface, anterior	10%	
D2331	Resin-based composite, two surfaces, anterior	10%	
D2332	Resin-based composite, three surfaces, anterior	10%	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	10%	
Endodontic Services			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	10%	1 of (D3310-D3330) per tooth per lifetime

D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	10%	
D3330	Endodontic therapy, molar (excluding final restoration)	10%	
D3410	Apicoectomy, anterior	10%	1 of (D3410-D3425) per tooth per lifetime
D3421	Apicoectomy, bicuspid (first root)	10%	
D3425	Apicoectomy, molar (first root)	10%	
D3426	Apicoectomy, (each additional root)	10%	1 (D3426) per tooth per lifetime
Periodontal Services			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	10%	1 of (D4341, D4342) per site/quad every 24 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	10%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	10%	1 of (D1110, D4346, D4910) every 6 months
D4910	Periodontal maintenance	10%	
Removable Prosthodontic Services			
D5110	Complete denture, maxillary	10%	1 of (D5110-D5214) per arch every 60 months
D5120	Complete denture, mandibular	10%	
D5211	Maxillary partial denture, resin base	10%	
D5212	Mandibular partial denture, resin base	10%	
D5213	Maxillary partial denture, cast metal, resin base	10%	
D5214	Mandibular partial denture, cast metal, resin base	10%	
D5410	Adjust complete denture, maxillary	10%	1 of (D5410-D5422) per arch every 12 months
D5411	Adjust complete denture, mandibular	10%	
D5421	Adjust partial denture, maxillary	10%	
D5422	Adjust partial denture, mandibular	10%	
D5510	Repair broken complete denture base	10%	1 of (D5510, D5520) per arch every 12 months
D5520	Replace missing or broken teeth, complete denture	10%	
D5610	Repair resin denture base	10%	
D5620	Repair cast framework	10%	
D5630	Repair or replace broken clasp, per tooth	10%	
D5640	Replace broken teeth, per tooth	10%	
D5650	Add tooth to existing partial denture	10%	
D5660	Add clasp to existing partial denture, per tooth	10%	
D5710	Rebase complete maxillary denture	10%	1 of (D5710-D5761) per arch every 12 months
D5711	Rebase complete mandibular denture	10%	
D5720	Rebase maxillary partial denture	10%	
D5721	Rebase mandibular partial denture	10%	
D5730	Reline complete maxillary denture, chairside	10%	
D5731	Reline complete mandibular denture, chairside	10%	
D5740	Reline maxillary partial denture, chairside	10%	
D5741	Reline mandibular partial denture, chairside	10%	
D5750	Reline complete maxillary denture, laboratory	10%	

D5751	Reline complete mandibular denture, laboratory	10%	
Removable Prosthodontic Services (continued)			
D5760	Reline maxillary partial denture, laboratory	10%	1 of (D5710-D5761) per arch every 12 months
D5761	Reline mandibular partial denture, laboratory	10%	
D5850	Tissue conditioning, maxillary	10%	1 of (D5850, D5851) per arch every 12 months
D5851	Tissue conditioning, mandibular	10%	
Oral and Maxillofacial Services			
D7111	Extraction, coronal remnants, deciduous tooth	10%	
D7140	Extraction, erupted tooth or exposed root	10%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	10%	
D7220	Removal of impacted tooth, soft tissue	10%	
D7230	Removal of impacted tooth, partially bony	10%	
D7240	Removal of impacted tooth, completely bony	10%	
D7241	Removal impacted tooth, complete bony, complication	10%	
D7250	Removal of residual tooth roots (cutting procedure)	10%	
D7251	Coronectomy, intentional partial tooth removal	10%	
D7270	Tooth reimplantation and/or stabilization, accident	10%	1 of (D7270, D7272) per tooth every 60 months
D7272	Tooth transplantation	10%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	10%	1 (of D7285, D7286) per tooth every 60 months
D7286	Incisional biopsy of oral tissue, soft	10%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	10%	1 of (D7310-D7350) per site/quad every 60 months
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	10%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	10%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	10%	
D7410	Excision of benign lesion, up to 1.25 cm	10%	
D7411	Excision of benign lesion, greater than 1.25 cm	10%	
D7412	Excision of benign lesion, complicated	10%	
D7413	Excision of malignant lesion, up to 1.25 cm	10%	
D7414	Excision of malignant lesion, greater than 1.25 cm	10%	
D7415	Excision of malignant lesion, complicated	10%	
D7440	Excision of malignant tumor, up to 1.25 cm	10%	
D7441	Excision of malignant tumor, greater than 1.25 cm	10%	

D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	10%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	10%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	10%	
D7510	Incision & drainage of abscess, intraoral soft tissue	10%	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	10%	
D7520	Incision & drainage of abscess, extraoral soft tissue	10%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	10%	
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	10%	1 (D7960) every 60 months
D7970	Excision of hyperplastic tissue, per arch	10%	1 (D7970) per arch every 60 months
D7971	Excision of pericoronal gingiva	10%	1 (D7971) per lifetime
D7972	Surgical reduction of fibrous tuberosity	10%	1 (D7971) per lifetime
Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure	10%	
D9310	Consultation, other than requesting dentist	10%	
D9311	Consultation with a medical health care professional	10%	
D9430	Office visit, observation, regular hours, no other services	10%	
D9440	Office visit, after regularly scheduled hours	10%	
D9991	Dental case management, addressing appointment compliance barriers	10%	
D9992	Dental case management, care coordination	10%	
D9993	Dental case management, motivational interviewing	10%	
D9994	Dental case management, patient education to improve oral health literacy	10%	

Imperial Insurance Company of Texas is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Company of Texas depends on contract renewal. This information is not a complete description of benefits. Call 1-800-838-8271 (TTY: 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. Imperial Insurance Company of Texas (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY : 711).