

2026 DENTAL BENEFIT PLANS
Preventive Plus Plan

The following is a **complete** list of 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 Responsibility	Limitations
	Diagnostic Services		
D0120	Periodic oral evaluation	0%	2 of (D0120-D0180) every calendar year
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 36 months
D0220	Intraoral, periapical, first radiographic image	0%	
D0230	Intraoral, periapical, each add'l radiographic image	0%	
D0270	Bitewing, single radiographic image	0%	2 of (D0270-D0274) every calendar year
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%	1 (D0277) every 36 months
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330) every 36 months
	Preventive Services		
D1110	Prophylaxis, adult	0%	2 of (D1110, D4346, D4910) every calendar year
	Periodontal Services		
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 one to three teeth per quadrant	0%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	0%	1 (D4355) every 36 months
D4910	Periodontal maintenance	0%	2 of (D1110, D4346, D4910) every calendar year



**BlueCross BlueShield
of North Carolina**



CDT Code	Description	Member Responsibility	Limitations
	Adjunctive General Services		
D9110	Palliative (emergency) treatment, minor procedure	0%	1 (D9110) every calendar year
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%	
D9995	Teledentistry, synchronous; real-time encounter	0%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%	