

## Appendix B – Dental Procedure Codes

### PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
<b>DIAGNOSTIC</b>				
<b>CLINICAL ORAL EVALUATION</b>				
D0120	Periodic oral examination	1 per 6 months	Not billable with D0140, D0145, D0150 or D9310	
D0140	Limited oral evaluation – problem focused	Emergency	Not billable with D0120, D0145, D0150 or D9310	
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver	1 per 6 months	Age restriction up to 36 months. Not billable with D0120, D0140, D0150 or D9310	
D0150	Comprehensive oral evaluation – new or established patient	1 per year	Not billable with D0120, D0140, D0145 or D9310	
<b>RADIOGRAPH/DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)</b>				
D0210	Intraoral complete series of radiographic images	1 per 2 years	Not billable with D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0273 or D0274	
D0220	Intraoral periapical – first radiographic image	1 per day	Not billable with D0210 or D0240	
D0230	Intraoral periapical each additional radiographic image	8 per 3 months	Not billable with D0210, D0240. Must be billed with D0220	
D0240	Intraoral occlusal radiographic image	1 per 6 months	Not billable with D0210, D0220, or D0230	
D0250	Extraoral – 2D projection radiographic image created using a stationary radiation source, and detector	1 per 3 years		
D0270	Bitewings – single radiographic image	4 per year	Not billable with D0210, D0272, D0273 or D0274	
D0272	Bitewings – two radiographic images	1 per year	Not billable with D0210, D0273 or D0274	
D0273	Bitewings – three radiographic images	1 per year	Not billable with D0210, D0272 or D0274	
D0274	Bitewings – four radiographic images	1 per year	Not billable with D0210, D0272, or D0273	
D0310	Sialography			
D0330	Panoramic radiographic image	1 per 3 years		
D0340	2 D cephalometric radiographic image-acquisition, measurement and analysis	1 per year		
D0350	Oral/facial photographic image		This code excludes conventional radiographic – For orthodontics	
<b>TESTS AND EXAMINATIONS</b>				
D0470	Diagnostic casts	2 per year		

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report			
<b>ORAL PATHOLOGY LABORATORY</b>				
<b>GENERALLY PERFORMED IN A PATHOLOGY LABORATORY AND DOES NOT INCLUDE THE REMOVAL OF THE TISSUE SAMPLE FROM THE PATIENT</b>				
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		Analysis and written report of findings, of cytological sample of disaggregated transepithelial cells	
<b>PREVENTIVE</b>				
<b>DENTAL PROPHYLAXIS</b>				
D1110	Prophylaxis – adult	1 per 6 mo.	13 – 19 years of age; not reimbursable with D1120	
D1120	Prophylaxis – child	1 per 6 mo.	Up to 13 years of age; not reimbursable with D1110	
<b>TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)</b>				
D1206	Topical application of fluoride varnish	2 per year		
D1208	Topical application of fluoride	2 per year	Replaces Codes D1203 and D1204; effective 1/1/2013	
<b>OTHER PREVENTIVE SERVICES</b>				
D1351	Sealant – per tooth (posterior teeth)	1 sealant per tooth per 3 years	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Requires dental areas configuration.	
D1353	Sealant repair per tooth	1 sealant repair per tooth per 3 years	Tooth numbers 1-32 or A-t must be documented on claim form for payment consideration. Requires dental areas configuration.	
D1354	Interim caries arresting medicament application	2 per tooth per year	Tooth numbers 1-32 or A-T must be documented on claim form for payment consideration. Requires dental areas configuration.	
<b>SPACE MAINTENANCE (PASSIVE APPLIANCES)</b>				
D1510	Space maintainer – fixed unilateral	4 per year	Per quadrant – 10=UR, 20=UL, 30=LL, 40=UR must be included on claim form for payment consideration. Must be billed with the number codes	
D1515	Space maintainer – fixed bilateral	2 per year	Upper arch=01 or lower arch=02 must be included on claim form for payment consideration. Must be billed with the number codes.	
D1520	Space maintainer – removable – unilateral	4 per year	See D1510	
D1525	Space maintainer – removable – bilateral	2 per year	See D1515	

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D1550	Re-cementation of space maintainer	1 per year		

**RESTORATIVE**

**AMALGAM RESTORATIONS (INCLUDING POLISHING)**

D2140	Amalgam – one surface, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
D2150	Amalgam – two surfaces, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
D2160	Amalgam – three surfaces, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
D2161	Amalgam – four or more surfaces, primary or permanent	5 surfaces per tooth # per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents) liners, bases & local anesthesia are included in the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service. Not billable with D2140, D2150, D2160 on same tooth number	<b>\$25</b>

**RESIN-BASED COMPOSITE RESTORATIONS – DIRECT**

D2330	Resin – based composite – one surface, anterior	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service (DOS).	<b>\$25</b>
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<b>CPT CODE</b>	<b>DESCRIPTION</b>	<b>SERVICE LIMITS</b>	<b>SPECIAL INSTRUCTIONS</b>	<b>CO-PAY</b>
D2331	Resin – based composite – two surfaces, anterior	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	<b>\$25</b>
D2332	Resin – based composite – three surfaces, anterior	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	<b>\$25</b>
D2335	Resin – based composite – four or more surfaces or involving incisal angle (anterior)	5 surfaces per tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	<b>\$25</b>
D2390	Resin – based composite crown, anterior	1 tooth # per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS	<b>\$25</b>
D2391	Resin – based composite – one surface, posterior	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	<b>\$25</b>
D2392	Resin – based composite – two surfaces, posterior	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	<b>\$25</b>

<b>CPT CODE</b>	<b>DESCRIPTION</b>	<b>SERVICE LIMITS</b>	<b>SPECIAL INSTRUCTIONS</b>	<b>CO-PAY</b>
D2393	Resin – based composite – three surfaces, posterior	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS	<b>\$25</b>
D2394	Resin – based composite – four or more surfaces (poster)	5 surfaces per tooth # per 3 years	Tooth numbers 1-5, 12-21, A, B, I, J, K, L, S, T must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for DOS.	<b>\$25</b>
<b>CROWNS – SINGLE RESTORATIONS ONLY</b>				
D2751	Crown – porcelain fused to predominantly based metal	1 tooth # per 5 years	Tooth numbers 1-32 and A, B, I, J, K, L, S & T must be documented in the medical record, and on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
D2791	Crown – full cast predominantly base metal	1 tooth # per 5 years	Tooth numbers 1-32 and A, B, I, J, K, L, S & T must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
<b>OTHER RESTORATIVE SERVICES</b>				
D2920	Re-cement crown	1 tooth # per 1 year	Tooth numbers 1-32, A-t must be included on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
D2930	Prefabricated stainless steel crown – primary tooth	1 tooth # per 1 year	Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service (DOS)	<b>\$25</b>
D2931	Prefabricated stainless steel crown – permanent tooth	1 tooth # per 1 year	Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for DOS	<b>\$25</b>
D2932	Prefabricated resin crown	1 tooth # per 1 year	Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for DOS	<b>\$25</b>
D2940	Protective restoration	2 per year per tooth #	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same DOS as a restoration.	<b>\$25</b>

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D2950	Core buildup, including any pins	1 per calendar year per tooth #	Tooth numbers 1-31 , A-T must be documented on claim form for payment consideration	\$25
D2951	Pin retention – per tooth, in addition to restoration	1 tooth # per 3 years	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.	\$25
D2952	Cast post and core in addition to crown	1 tooth # per 3 years	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.	\$25
D2954	Prefab post and core in addition to crown	1 tooth # per 3 years	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.	\$25
<b>ENDODONTICS – INCLUDES LOCAL ANESTHESIA</b>				
<b>PULPOTOMY</b>				
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the denticemental junction and application of medicament	1 tooth # per 3 years	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. This is not to be construed as the first stage of root canal therapy. Not to be used for apexogenesis.	\$25
<b>ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW UP CARE)</b>				
D3310	Endodontic therapy, anterior (excluding final restoration)	1 tooth # per lifetime	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3320 or D3330	\$25
D3320	Endodontic therapy bicuspid (excluding final restoration)	1 tooth # per lifetime	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D330	\$25
D3330	Endodontic therapy, molar (excluding final restoration)	1 tooth # per lifetime	Tooth numbers 1-3, 14-19, 30-32 and primary teeth #A, B, I, J, K, L, S and T, if no permanent successor present; must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310 or D3320	\$25
<b>ENDODONTIC RETREATMENT</b>				
D3346	Retreatment of previous root canal therapy – anterior	1 tooth # per lifetime	Tooth numbers 6-11 and 22-27 must be documented on the claim form for payment consideration, includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately	\$25
D3347	Retreatment of previous root canal therapy – bicuspid	1 tooth # per lifetime	Tooth numbers 4, 5, 12, 13, 20, 21, 28 and 29 must be documented on the claim form for payment consideration, includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately	\$25
D3348	Retreatment of previous root canal therapy – molar	1 tooth # per lifetime	Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration; includes all diagnostic tests, radiographs, and post- Operative treatments and may not be billed separately	\$25

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>				
D3351	Apexification/recalcification/pulpal regeneration-initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately	<b>\$25</b>
D3352	Apexification/recalcification/pupal regeneration – interim medication replacement	3 treatment per tooth # per lifetime	Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately	<b>\$25</b>
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	1 tooth # per lifetime	Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately	<b>\$25</b>
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>				
D3410	Apicoectomy/periradicular surgery-anterior	1 tooth # per lifetime	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
D3421	Apicoectomy/surg bicuspid (first root)	1 tooth # per lifetime	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.	<b>\$25</b>
<b>PERIODONTICS</b>				
<b>SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)</b>				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	Each quadrant; UR, UL, LL, LR, once per year	Identification of the quadrant(s) ; quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4211. Must be billed with the number codes. Radiographs with documentation must be documented in the medical record for date of service	<b>\$25</b>
D4211	Gingivectomy or gingivoplasty – one to three teeth	Each quadrant; UR, UL, LL, LR, once per year	Identification of the quadrant; quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4210. Must be billed with the number codes. Radiographs with documentation must be documented in the medical record for date of service	<b>\$25</b>
D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or tooth bounded spaces per quadrant	Each quadrant; UR, UL, LL, LR, once per year	Identification of the quadrant; quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4210. Must be billed with the number codes. Radiographs with documentation must be documented in the medical record for date of service	<b>\$25</b>
D4261	Osseous surgery (including flap entry and closure) one to three continuous teeth or tooth bounded spaces per quadrant	Each quadrant; UR, UL, LL, LR, once per year	Identification of the quadrant, and radiographs as appropriate. Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4210. Must be billed with the number codes. Radiographs with documentation must be documented in the medical record for date of service	<b>\$25</b>

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
<b>NON-SURGICAL PERIODONTAL SERVICE</b>				
D4341	Periodontal scaling /root planing – four /more teeth per quadrant	Each quadrant; UR, UL, LL, LR, once per year	Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4342. Must be billed with the number codes. Radiographs with documentation must be documented in the medical record for date of service	<b>\$25</b>
D4342	Periodontal scaling/root planing – one to three teeth per quadrant	Each quadrant; UR, UL, LL, LR once per year	Quadrants are defined as 10=UR, 20=UL, 30=LL, 40=LR. Not reimbursed with D4341. Must be billed with the number codes. Radiographs with documentation must be documented in the medical record for date of service	<b>\$25</b>
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	1 per 6 months	<b>Requires PA.</b> Only covered when there is substantial gingival inflammation (gingivitis) in	<b>\$25</b>
<b>PROSTHODONTICS (REMOVABLE)</b>				
<b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>				
D5110	Complete denture – maxillary	1 per 5 years		<b>\$25</b>
D5120	Complete denture – mandibular	1 per 5 years		<b>\$25</b>
D5130	Immediate denture – maxillary	1 per 5 years		<b>\$25</b>
D5140	Immediate denture – mandibular	1 per 5 years		<b>\$25</b>
<b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>				
D5213	Maxillary partial denture – cast metal base framework with resin denture bases (including any conventional clasps, rests and teeth)	1 per 5 years	Partials and complete dentures may not be re-based or relined with a period of one (1) year after construction)	<b>\$25</b>
D5214	Mandibular partial denture – cast metal base framework with resin denture bases (including any conventional clasps, rests and teeth)	1 per 5 years	Partials and complete dentures may not be re-based or relined with a period of one (1) year after construction)	<b>\$25</b>
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	1 per 5 years	Partials and complete dentures may not be re-based or relined with a period of one (1) year after construction)	<b>\$25</b>
<b>ADJUSTMENTS TO DENTURES</b>				
D5410	Adjust complete denture upper	3 per year	<u>Adjustments</u> not covered within 3 months of placement	<b>\$25</b>
D5411	Adjust complete denture lower	3 per year	<u>Adjustments</u> not covered within 3 months of placement	<b>\$25</b>
D5421	Adjust partial denture upper	3 per year	<u>Adjustments</u> not covered within 3 months of placement	<b>\$25</b>

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D5422	Adjust partial denture lower	3 per year	<u>Adjustments</u> not covered within 3 months of placement	\$25
<b>REPAIRS TO COMPLETE DENTURES</b>				
D5511	Repair broken complete denture base - mandibular	2 per year		\$25
D5512	Repair broken complete denture base - maxillary	2 per year		
D5520	Replace missing or broken teeth- complete denture (each tooth)	2 per year per tooth #	Tooth numbers 1-32 must be documented on the claim form for payment consideration	\$25
<b>REPAIRS TO PARTIAL DENTURES</b>				
D5610	Repair resin denture base	2 per year per arch	Upper arch=01, Low arch=02; must be documented on the claim form for payment consideration. Must be billed with the number codes	\$25
D5621	Repair cast partial framework, mandibular	2 per year		\$25
D5622	Repair case partial framework, maxillary	2 per year		
D5630	Repair/replace broken clasp	2 per year		\$25
D5640	Replace broken tooth – per tooth	2 per year	Tooth numbers 1-32 must be documented on the claim form for payment consideration	\$25
D5650	Add tooth to existing partial	2 per year	Tooth numbers 1-32 must be documented on the claim form for payment consideration	\$25
D5660	Add tooth to existing partial denture	2 per year	Tooth numbers 1-32 must be documented on the claim form for payment consideration	\$25
<b>DENTURE REBASED PROCEDURES</b>				
D5710	Rebase complete maxillary denture	1 per 5 years		\$25
D5711	Rebase complete mandibular denture	1 per 5 years		\$25
D5720	Rebase maxillary partial denture	1 per 5 years		\$25
D5721	Rebase mandibular partial denture	1 per 5 years		\$25
<b>DENTURE RELINE PROCEDURES</b>				
D5730	Reline complete maxillary denture	1 per 2 years	Not covered within first 6 months of placement unless it is for an immediate denture	\$25

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D5731	Reline complete mandibular denture (chair side)	1 per 2 years	Not covered within first 6 months of placement unless it is for an immediate denture	\$25
D5740	Reline maxillary partial denture (chair side)	1 per 2 years	Not covered within first 6 months of placement	\$25
D5741	Reline mandibular partial denture (chair side)	1 per 2 years	Not covered within first 6 months of placement	\$25
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	\$25
D5751	Reline complete mandibular denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	\$25
D5760	Reline maxillary partial denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	\$25
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement	\$25
<b>PROSTHODONTIC FIXED</b>				
<b>FIXED PARTIAL DENTURE PONTICS – EACH ABUTMENT AND EACH PONTIC CONSTITUTE A UNIT IN A BRIDGE</b>				
D6211	Pontic – cast predominantly base metal	1 per 5 years	Tooth numbers 1-32 must be documented on the claim form for payment consideration	\$25
D6241	Pontic – Porcelain fused to predominantly based metal	1 per 5 years	Tooth numbers 1-32 must be documented on the claim form for payment consideration	\$25
D6545	Retainer – cast metal for resin bonded fixed prosthesis	1 per 5 years	Tooth numbers 1-32 must be documented on the claim form for payment consideration	\$25
<b>OTHER FIXED DENTURE SERVICES</b>				
D6930	Recement fixed partial bridge	1 per year		\$25
<b>ORAL AND MAXILLOFACIAL SURGERY (COVERED UNDER THE MEDICAL PLAN)</b>				
<b>EXTRACTION – INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE ANY NECESSARY SUTURE INCLUDED IN FEE FOR EXTRACTION</b>				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 tooth # per lifetime	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	\$25
D7210	Extraction erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	1 tooth # per lifetime	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	\$25
D7220	Removal of impacted tooth – soft tissue	1 tooth # per lifetime	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	\$25
D7230	Removal of impacted tooth – partial bony	1 tooth # per lifetime	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	\$25

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D7240	Removal of impacted tooth – complete bony	1 tooth # per lifetime	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration	\$25
<b>OTHER SURGICAL PROCEDURES</b>				
D7260	Oroantral fistula closure		<b>PA required</b>	\$25
D7270	Tooth preimplantation and/or stabilization of accidental avulsed or displaced tooth		Tooth numbers 1-32 and primary teeth #A, B, I, J, K, L, S, and T must also be documented on the claim form for payment consideration	\$25
D7280	Exposure of unerupted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration	\$25
D7283	Placement of device to facilitate eruption of impacted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration	\$25
D7285	Biopsy of oral tissue – hard (bone, tooth)			\$25
D7286	Biopsy of oral tissue – soft (all others)			\$25
<b>ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE FOR DENTURE</b>				
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant	1 quadrant UR, UL, LL, LR per lifetime	Quadrant 10=UR, 20=UL, 30=LL, 40=LR must also be documented on the claim form for payment consideration. Alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such	\$25
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	1 quadrant UR, UL, LL, LR per lifetime	Quadrant 10=UR, 20=UL, 30=LL, 40=LR must also be documented on the claim form for payment consideration	\$25
<b>VESTIBULOPLASTY</b>				
D7340	Vestibuloplasty – ridge extension (second epithelization)		<b>Requires PA</b> with documentation and radiographs as appropriate	\$25
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue)		<b>Requires PA</b> with documentation and radiographs as appropriate	\$25
D7410	Excision of benign lesion up to 1.25 cm			\$25
D7411	Excision of benign lesion > 1.25 cm			\$25
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm			\$25

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D7441	Excision of malignant tumor – lesion diameter > than 1.25 cm			\$25
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm			\$25
D7451	Removal benign odontogenic cyst or tumor lesion > 1.25 cm			\$25
D7460	Removal of benign nonodontogenic cyst or tumor lesion diameter up to 1.25 cm			\$25
D7461	Removal of benign nonodontogenic cyst or tumor lesion diameter greater > 1.25			\$25
<b>EXCISION OF BONE TISSUE</b>				
D7471	Removal of lateral exostosis (maxilla or mandible)		UA=01, LA=02 must be documented on the claim form for payment consideration. Must be billed with the number codes	\$25
D7472	Removal of torus palatines			\$25
D7473	Removal of torus mandibularis			\$25
D7485	Reduction of osseous tuberosity			\$25
D7490	Radical resection of mandible with bone graft		<b>Requires PA</b> with documentation and radiographs as appropriate	\$25
<b>SURGICAL INCISION</b>				
D7510	Incision of Drainage (I&D) of abscess – intraoral soft tissue			\$25
D7520	I&D of abscess – extraoral soft tissue			\$25
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue			\$25
D7550	Partial ostectomy - sequestrectomy for removal of non-vital bone		<b>Requires PA</b> with documentation. This code should only be used if a more specific code is not available	\$25
D7560	Maxillary sinusotomy for removal of tooth fragment of foreign body			\$25
<b>TREATMENT OF SIMPLE FRACTURES</b>				
D7610	Maxilla – open reduction			\$25

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D7620	Maxilla – closed reduction			\$25
D7630	Mandible – open reduction			\$25
D7640	Mandible – closed reduction			\$25
D7671	Alveolous – open reduction			\$25
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches		<b>Requires PA</b> with documentation and radiographs as appropriate	\$25
<b>TREATMENT OF FRACTURES (COMPOUND)</b>				
D7710	Maxilla – open reduction			\$25
D7720	Maxilla – closed reduction			\$25
D7730	Mandible – open reduction			\$25
D7740	Mandible – closed reduction			\$25
D7750	Malar and/or zygomatic arch – open reduction			\$25
D7770	Alveolus – open reduction stabilization of teeth			\$25
D7780	Facial bones – complicated reduction with fixation and multiple approaches		<b>Requires PA</b>	\$25
D7910	Suture of recent small wounds up to 5 cm		Excludes closure of surgical incisions	\$25
D7911	Complicated suture – up to 5 cm	1unit; not reimbursable with D7912	Excludes closure of surgical incisions	\$25
D7912	Complicated suture – greater than 5 cm	1 unit; not reimbursable with D7911	Excludes closure of surgical incisions	\$25
D7920	Skin graft		<b>Requires PA</b>	\$25
D7941	Osteotomy mandibular rami		<b>Requires PA</b>	\$25

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft		Requires PA	\$25
D7944	Osteotomy – segmented or subapical – per sextant or quadrant		Requires PA	\$25
D7946	LeFort I (maxilla-total)		Requires PA	\$25
D7947	LeFort I (maxilla – segmented)		Requires PA	\$25
D7948	LeFort II or LeFort III (osteoplasty of facial bones for mid-face hypoplasia or retrusion) – without bone graft		Requires PA	\$25
D7949	LeFort II or LeFort III – with bone graft		Requires PA	\$25
D7950	Osseous, osteoperiosteal or cartilage graft of the mandible or facial bones		Requires PA	\$25
D7955	Repair of maxillofacial soft and/or hard tissue defect		Requires PA	\$25
D7960	Frenulectomy			\$25
D7970	Excision of hyperplastic tissue – per arch		Requires PA. UALA must be documented on the claim form for payment consideration. Must be billed with the number codes.	\$25
D7979	Non-surgical sialolithotomy			
D7980	Sialolithotomy		Requires PA	\$25
D7981	Excision of Salivary gland		Requires PA	\$25
D7982	Sialodochoplasty		Requires PA	\$25
D7991	Coronoidectomy		Requires PA	\$25

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
<b>ORTHODONTICS</b>				
D8010	Limited orthodontic treatment of the primary dentition	2 per year	<b>Requires PA</b> with documentation, radiographs	<b>\$25</b>
D8020	Limited orthodontic treatment of the transitional dentition	2 per year	<b>Requires PA</b> with documentation, radiographs	
D8030	Limited orthodontic treatment of the adolescent dentition	2 per year	<b>Requires PA</b> with documentation, radiographs	<b>\$25</b>
D8040	Limited orthodontic treatment of the adult dentition	2 per year	<b>Requires PA</b> with documentation, radiographs	<b>\$25</b>
D8050	Interceptive orthodontic treatment of the primary dentition	2 per year	<b>Requires PA</b> with documentation, radiographs	<b>\$25</b>
D8060	Interceptive orthodontic treatment of the transitional dentition	2 per year	<b>Requires PA</b> with documentation, radiographs	<b>\$25</b>
D8070	Comprehensive orthodontic treatment of the transitional dentition	1 per lifetime	<b>Requires PA</b> with documentation, radiographs	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1 per lifetime	<b>Requires PA</b> with documentation, radiographs	
D8090	Comprehensive orthodontic treatment of the adult dentition	1 per lifetime	<b>Requires PA</b> with documentation, radiographs	
D8210	Removable Appliance therapy	2 per lifetime		<b>\$25</b>
D8220	Fixed appliance therapy	2 per year		<b>\$25</b>
D8680	Orthodontic retention (removal of appliances construction and placement of retainer		<b>Requires PA with documentation, radiographs</b>	<b>\$25</b>
D8692	Replacement of lost or broken retainer	2 per Lifetime		<b>\$25</b>
D8693	Rebonding or recementing; and/or repair, as required of fixed retainers	1 per lifetime	<b>Requires PA</b>	<b>\$25</b>
D8695	Removal of fixed orthodontic appliance(s) – other than at conclusion of treatment			

CPT CODE	DESCRIPTION	SERVICE LIMITS	SPECIAL INSTRUCTIONS	CO-PAY
<b>PALLIATIVE TREATMENT</b>				
D9110	Palliative (emergency) treatment of dental pain – minor procedure			<b>\$25</b>
<b>ANESTHESIA</b>				
D9222	Deep sedation/general anesthesia – first 15 minutes			
D9223	Deep sedation/general anesthesia – each 15 minute increment		Class 4 anesthesia permit required. <b>Replaces codes D9220 and D9221.</b>	<b>\$25</b>
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	Maximum 1 unit/day		<b>\$25</b>
D9243	Intravenous moderate conscious sedation/analgesia – each 15-minute increment		<b>Replaces codes D9241 and D9242.</b>	<b>\$25</b>
<b>OTHER SERVICES</b>				
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		Not reimbursable on same day as D1020, D1040, D1045, D1050	<b>\$25</b>
D9420	Hospital or ambulatory surgical center call			<b>\$25</b>

**\*Prior authorization must be obtained when service limits are exceeded**

Revised: **June 2018**