

Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
	Diagnostic Services			
D0120	Periodic oral evaluation	1 (D0120) every 11 months		
D0140	Limited oral evaluation	3 (D0140) every 6 months		
D0145	Oral evaluation under age 3	1 (D0145) every 6 months, up to age 3		
D0150	Comprehensive oral evaluation	1 (D0150) every 12 months		
D0160	Oral evaluation, problem focused			
D0170	Re-evaluation, limited, problem focused	1 of (D0160, D0170) every 6 months		
D0190	Screening of a patient	1 of (D0190, D0191) every 6 months. 1 additional of (D0190, D0191) every 12		
D0190	Screening of a patient	months by a PCP or their clinical staff, or by mobile based providers, to facilitate		
D0191	Assessment of a patient	PCP Fluoride Varnish - (VA)		
		1 (D0210) every 12 months. D0210 may not be billed on the same date of service as		
D0210	Intraoral, complete series of radiographic images	D0220 and/or D0230. Use code D0210 when providing 14 or more intraoral x-rays		
00210	intraorai, complete series of radiographic images	on the same date of service.		
		1 (D0220) every 12 months. D0220 may not be billed on the same date of service as		
D0220	Intraoral, periapical, first radiographic image	D0210.		
		12 (D0230) every 12 months. D0230 may not be billed on the same date of service		
D0230	Inhunanal manianinal anah add II andinananhin imana	as D0210. No more than 13 units of any combination of D0220 and /or D0230 may		
D0230	Intraoral, periapical, each add 'l radiographic image	be billed within 12 months		
D0240	Laborated and and and the conditions	2 (D0240) every 12 months		
D0240	Intraoral, occlusal radiographic image	2 (DO240) every 12 months		
	Bitewing, single radiographic image	4		
D0272	Bitewings, two radiographic images	4 - f / D0270 D0277 \ C		
D0273	Bitewings, three radiographic images	1 of (D0270-D0277) every 6 months		
D0274	Bitewings, four radiographic images			
D0277	Vertical bitewings, 7 to 8 radiographic images			
D0322	Tomographic survey	1 (D0322) every 6 months		
D0330	Panoramic radiographic image	1 (D0330) every 36 months		
	2D cephalometric radiographic image, measurement and analysis	1 (D0340) every 36 months		
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 (D0350) every 12 months		
D0364	Cone beam CT capture & interpretation, limited view, less than one whole jaw			
D0365	Cone beam CT capture & interpretation, view of one full arch, mandible	1 of (D0364-D0367, D0380-D0383) every 36 months		Narrative Required with Claim Submission
D0366	Cone beam CT capture & interpretation, view of one full arch, maxilla, cranium			
D0367	Cone beam CT capture & interpretation, view of both jaws; cranium			
D0370	Maxillofacial ultrasound capture and interpretation	1 of (D0370, D0386) every 36 months		Narrative Required with Claim Submission
D0380	Cone beam CT image capture with limited field of view, less than one whole jaw			
D0381	Cone beam CT image capture with field of view of one full dental arch, mandible	1 of (D0364-D0367, D0380-D0383) every 36 months		Narrative Required with Claim Submission
D0382	Cone beam CT image capture with field of view of one full dental arch, maxilla	1 of (50304-50307, 50300-50303) every 30 months		Natiative Required with claim Submission
D0383	Cone beam CT image capture with field of view of both jaws			
D0386	Maxillofacial ultrasound image capture	1 of (D0370, D0386) every 36 months		Narrative Required with Claim Submission
D0415	Collection of microorganisms for culture	1 of (D0415, D0416) every 6 months		
D0416	Viral culture	1 of (Do-13, Do-10) every o months		
D0460	Pulp vitality tests	1 (D0460) per patient, per day, same provider		
D0470	Diagnostic casts	1 (D0470) every 12 months		Narrative Required with Claim Submission
D0502	Other oral pathology procedures, by report	1 (D0502) every 12 months		
DOCOC	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in	1 (D0000) array C manths		
D0600	structure of enamel, dentin, and cementum	1 (D0600) every 6 months		
D0601	Caries risk assessment and documentation, low risk			The Caries Risk Assessment (D0601, D0602, D0603) must be
D0602	Caries risk assessment and documentation, moderate risk	1 of (D0601-D0603) every 12 months - (VA)		performed at the same visit as an evaluation (D0120, D0140,
D0603	Caries risk assessment and documentation, high risk			D0145, D0150). Narrative Required with Claim Submission
	Preventive Services			
D1120	Prophylaxis, child	1 (D1120) every 6 months		
		1 (D1206) every 6 months. 1 additional (D1206) every 12 months at Primary Care		
D1206	Topical application of fluoride varnish	Physician or their clinical staff, or by mobile based providers, to facilitate PCP		
	and the second of the second o	Fluoride Varnish - (VA)		
D1208	Topical application of fluoride, excluding varnish	1 (D1208) every 6 months		
D1200	represe appression of monac, exchange various	I (DIZOO) EVELY O MONUIS	L	



Preventive Services (continued)  D1351 Sealant, per tooth  D1352 Preventive resin restoration, permans  D1353 Sealant repair, per tooth  D1354 Interim caries arresting medicament at  D1510 Space maintainer, fixed, unilateral  D1515 Space maintainer, fixed, bilateral  D1520 Space maintainer, removable, unilateral  D1525 Space maintainer, removable, bilateral  D1526 Re-cement or re-bond space maintainer  D1557 Distal shoe space maintainer, fixed, unilateral  D1558 Removal of fixed space maintainer  D1575 Distal shoe space maintainer, fixed, unilateral  D1576 Distal shoe space maintainer, fixed, unilateral  D1577 Distal shoe space maintainer, fixed, unilateral  D1578 Distal shoe space maintainer, fixed, unilateral  D1579 Distal shoe space maintainer, fixed, unilateral  D1570 Amalgam, one surface, primary or permover permov	eral ral iner	1 of (D1351, D1352) per tooth in a lifetime  1 (D1353) per tooth in a lifetime  1 (D1354) per tooth every 6 months  4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months  2 (D1550) per tooth in a lifetime  1 (D1555) per tooth in a lifetime  4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		Narrative and X-rays Required with Claim Submission
D1352 Preventive resin restoration, permane D1353 Sealant repair, per tooth D1354 Interim caries arresting medicament at D1510 Space maintainer, fixed, unilateral D1515 Space maintainer, fixed, bilateral D1520 Space maintainer, removable, unilate D1520 Space maintainer, removable, unilate D1520 Space maintainer, removable, bilateral D1550 Re-cement or re-bond space maintainer D1555 Removal of fixed space maintainer D1555 Removal of fixed space maintainer D1575 Distal shoe space maintainer, fixed, unilate D1525 Restorative Services D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, three surfaces, primary or per D2161 Amalgam, four or more surfaces, primary or D2330 Resin-based composite, two surfaces, D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, four or more D2390 Resin-based composite, four or more D2390 Resin-based composite, two surfaces, D2391 Resin-based composite, two surfaces, D2392 Resin-based composite, four or more D2393 Resin-based composite, two surfaces, D2394 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me	eral ral iner	1 (D1353) per tooth in a lifetime 1 (D1354) per tooth every 6 months  4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months  2 (D1550) per tooth in a lifetime 1 (D1555) per tooth in a lifetime 4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		Narrative and X-rays Required with Claim Submission
D1353 Sealant repair, per tooth D1354 Interim caries arresting medicament at D1510 Space maintainer, fixed, unilateral D1515 Space maintainer, fixed, bilateral D1520 Space maintainer, removable, unilateral D1525 Space maintainer, removable, unilateral D1525 Space maintainer, removable, bilateral D1555 Re-cement or re-bond space maintainer D1556 Re-cement or re-bond space maintainer D1575 Distal shoe space maintainer, fixed, unitated part of the properties Removal of fixed space maintainer D1575 Distal shoe space maintainer, fixed, unitate part of the properties Restorative Services D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2150 Amalgam, two surfaces, primary or per D2161 Amalgam, four or more surfaces, primary or D2330 Resin-based composite, two surfaces, D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, three surface D2339 Resin-based composite crown, anterior D2391 Resin-based composite, four or more D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface, D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, perclain fused to predominal D2781 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me	eral ral iner	1 (D1353) per tooth in a lifetime 1 (D1354) per tooth every 6 months  4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months  2 (D1550) per tooth in a lifetime 1 (D1555) per tooth in a lifetime 4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		Narrative and X-rays Required with Claim Submission
D1354 Interim caries arresting medicament at D1510 Space maintainer, fixed, unilateral D1515 Space maintainer, fixed, bilateral D1520 Space maintainer, fixed, bilateral D1520 Space maintainer, removable, unilate D1525 Space maintainer, removable, unilate D1525 Space maintainer, removable, bilateral D1550 Re-cement or re-bond space maintainer D1555 Removal of fixed space maintainer D1555 Removal of fixed space maintainer D1555 Removal of fixed space maintainer, fixed, university of D1575 Distal shoe space maintainer, fixed, unitate D1575 Distal shoe space maintainer, fremovable, unitate D1575 Distal shoe space maintainer, fremovable, unitate D1575 Distal shoe space maintainer, fixed, unitate D1575 Distal s	eral ral iner unilateral	1 (D1354) per tooth every 6 months  4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months  2 (D1550) per tooth in a lifetime 1 (D1555) per tooth in a lifetime 4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		Narrative and X-rays Required with Claim Submission
D1510 Space maintainer, fixed, unilateral D1515 Space maintainer, fixed, bilateral D1515 Space maintainer, removable, unilate D1525 Space maintainer, removable, unilate D1525 Space maintainer, removable, bilatera D1550 Re-cement or re-bond space maintain D1555 Removal of fixed space maintainer D1575 Distal shoe space maintainer, fixed, un Restorative Services D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, there surfaces, primary or per D2161 Amalgam, four or more surfaces, primary or per D2330 Resin-based composite, one surface, primary or per D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, tone surface, D2334 Resin-based composite, four or more D2390 Resin-based composite, four or more D2390 Resin-based composite, two surfaces, D2391 Resin-based composite, two surfaces, D2392 Resin-based composite, four or more D2394 Resin-based composite, three surface, D2394 Resin-based composite, four or more D2712 Crown, ½ resin-based composite, four or more D2712 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me	eral ral iner unilateral	4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months  2 (D1550) per tooth in a lifetime 1 (D1555) per tooth in a lifetime 4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		Narrative and X-rays Required with Claim Submission
D1515 Space maintainer, fixed, bilateral D1520 Space maintainer, removable, unilate D1525 Space maintainer, removable, bilateral D1526 Re-cement or re-bond space maintain D1557 Removal of fixed space maintainer D1558 Removal of fixed space maintainer D1559 Distal shoe space maintainer, fixed, un Restorative Services D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2161 Amalgam, troe surfaces, primary or per D2161 Amalgam, four or more surfaces, prim D2331 Resin-based composite, one surface, prim D2332 Resin-based composite, two surfaces, D2331 Resin-based composite, three surface, D2331 Resin-based composite, three surface, D2390 Resin-based composite, four or more D2390 Resin-based composite, two surfaces, D2391 Resin-based composite, three surface, D2392 Resin-based composite, four or more D2393 Resin-based composite, three surface, D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, porcelain/ceramic D2751 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominantly base me D2791 Crown, full cast predominantly base me	ral iner unilateral	12 months  2 (D1550) per tooth in a lifetime  1 (D1555) per tooth in a lifetime  4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		
D1520 Space maintainer, removable, unilated D1525 Space maintainer, removable, bilatera D1550 Re-cement or re-bond space maintainer D1555 Removal of fixed space maintainer D1555 Removal of fixed space maintainer D1575 Distal shoe space maintainer, fixed, unapplication of the provided P1575 Distal shoe space maintainer, fixed, unapplication of the provided P1575 Distal shoe space maintainer, fixed, unapplication of the provided P1575 Distal shoe space maintainer, fixed, unapplication of the provided P1575 Distal shoe space maintainer, fixed, unapplication of provided P1575 Distal shoe space maintainer, fixed, unapplication of provided P1575 Distal shoe space maintainer, fixed, unapplication of provided P1575 Distal shoe surfaces, primary or primary or provided P1575 Distal shoe surfaces, primary or	ral iner unilateral	12 months  2 (D1550) per tooth in a lifetime  1 (D1555) per tooth in a lifetime  4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		
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D1550 Re-cement or re-bond space maintain D1555 Removal of fixed space maintainer  D1575 Distal shoe space maintainer, fixed, un Restorative Services  D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, two surfaces, primary or per D2161 Amalgam, four or more surfaces, primary or D2161 Amalgam, four or more surfaces, primary or D2330 Resin-based composite, one surfaces, D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, three surface D2330 Resin-based composite crown, anterior D2390 Resin-based composite, four or more D2390 Resin-based composite, two surfaces, D2391 Resin-based composite, four or more D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, two surfaces, D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me	unilateral	1 (D1555) per tooth in a lifetime 4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		
D1555 Removal of fixed space maintainer  D1575 Distal shoe space maintainer, fixed, un  Restorative Services  D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, two surfaces, primary or per D2161 Amalgam, four or more surfaces, prim D2330 Resin-based composite, one surface, prim D2331 Resin-based composite, two surfaces, prim D2332 Resin-based composite, two surfaces, prim D2333 Resin-based composite, to remove surface, prim D2390 Resin-based composite, four or more D2390 Resin-based composite crown, anterior D2391 Resin-based composite, two surfaces, prim D2392 Resin-based composite, two surfaces, prim D2393 Resin-based composite, four or more D2394 Resin-based composite, three surface, prim D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominant D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me	unilateral	1 (D1555) per tooth in a lifetime 4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every		
D1575 Distal shoe space maintainer, fixed, un Restorative Services  D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, three surfaces, primary or per D2160 Amalgam, three surfaces, primary or per D2161 Amalgam, four or more surfaces, primary or per D2330 Resin-based composite, two surfaces, D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, four or more D2390 Resin-based composite crown, anterior D2391 Resin-based composite, two surfaces, D2392 Resin-based composite, two surfaces, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, porcelain/ceramic D2751 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me		4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every	ĺ	
Restorative Services  D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, three surfaces, primary or per D2161 Amalgam, four or more surfaces, prim D2330 Resin-based composite, one surface, prim D2331 Resin-based composite, two surfaces, prim D2332 Resin-based composite, three surface D2335 Resin-based composite, four or more D2390 Resin-based composite crown, anteric D2391 Resin-based composite, one surface, prim D2391 Resin-based composite, two surfaces, prim D2392 Resin-based composite, two surfaces, prim D2393 Resin-based composite, three surfaces, prim D2394 Resin-based composite, four or more D2395 Resin-based composite, four or more D2396 Resin-based composite, four or more D2397 Crown, % resin-based composite (indi D2721 Crown, porcelain/ceramic D2751 Crown, porcelain/ceramic D2751 Crown, % cast predominantly base med D2791 Crown, full cast predominantly base med D2791 Cr				
D2140 Amalgam, one surface, primary or per D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, two surfaces, primary or per D2161 Amalgam, four or more surfaces, primary or por D2161 Amalgam, four or more surfaces, primary or por D2161 Amalgam, four or more surfaces, primary or por D2330 Resin-based composite, one surfaces, por D2331 Resin-based composite, two surfaces, por D2332 Resin-based composite, four or more D2390 Resin-based composite, four or more D2391 Resin-based composite, two surfaces, por D2392 Resin-based composite, two surfaces, por D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indicated por por por D2712 Crown, porcelain/ceramic D2751 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base med D2791 Crown, full cast predominantly base med D2791 Crown, por P270 Crown, por P270 Cro	ermanent	12 months		
D2150 Amalgam, two surfaces, primary or per D2160 Amalgam, three surfaces, primary or per D2161 Amalgam, four or more surfaces, primary or D2161 Amalgam, four or more surfaces, primary or D2330 Resin-based composite, one surfaces, D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, three surfaces, D2335 Resin-based composite, four or more D2390 Resin-based composite, one surfaces, D2391 Resin-based composite, two surfaces, D2392 Resin-based composite, three surfaces, D2393 Resin-based composite, three surfaces, D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me	ermanent			
D2160 Amalgam, three surfaces, primary or p D2161 Amalgam, four or more surfaces, prim D2330 Resin-based composite, one surface, p D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, three surface D2335 Resin-based composite, four or more D2390 Resin-based composite crown, anteric D2391 Resin-based composite, one surface, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me				
D2161 Amalgam, four or more surfaces, prim D2330 Resin-based composite, two surfaces, D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, two surfaces, D2335 Resin-based composite, three surface D2336 Resin-based composite crown, anterior D2390 Resin-based composite crown, anterior D2391 Resin-based composite, two surfaces, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, porcelain/ceramic D2751 Crown, porcelain/sused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me	permanent			
D2330 Resin-based composite, one surface, in D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, three surface D2335 Resin-based composite, four or more D2390 Resin-based composite, four or more D2391 Resin-based composite, one surface, D2391 Resin-based composite, one surface, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, ½ resin-based composite (indi D2721 Crown, porcelain/ceramic D2751 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, ¼ cast predominantly base m2791 Crown, full cast predominantly base m279	permanent			
D2331 Resin-based composite, two surfaces, D2332 Resin-based composite, three surface D2335 Resin-based composite, four or more D2390 Resin-based composite crown, anteric D2391 Resin-based composite, one surface, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, two surfaces, D2394 Resin-based composite, four or more D2712 Crown, ½ resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, ½ cast predominantly base m2791 Crown, full cast predominantly	mary or permanent	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2332 Resin-based composite, three surface D2335 Resin-based composite, four or more D2390 Resin-based composite crown, anterio D2391 Resin-based composite, one surface, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, ½ resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, ½ cast predominantly base me D2791 Crown, full cast predominantly base me	, anterior	1 of (b2140-b2333, b2331-b2334) per surface per tooth every 30 months		National Arrays Required with Claim Submission
D2335 Resin-based composite, four or more D2390 Resin-based composite crown, anterior D2391 Resin-based composite, one surface, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, ½ resin-based composite (indifferent particular) Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, ¼ cast predominantly base med D2791 Crown, full cast predominantly base med D2791 Crow	s, anterior			
D2390 Resin-based composite crown, anterior D2391 Resin-based composite, one surface, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indificulty of the Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me	es, anterior			
D2391 Resin-based composite, one surface, D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, ½ resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, ½ cast predominantly base me D2791 Crown, full cast predominantly base me D2791 Crown, full cast predominantly base me	e surfaces, involving incisal angle			
D2392 Resin-based composite, two surfaces, D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, % resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me	ior	1 (D2390) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2393 Resin-based composite, three surface D2394 Resin-based composite, four or more D2712 Crown, ½ resin-based composite (indi D2721 Crown, perin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predomina D2781 Crown, ½ cast predominantly base me D2791 Crown, full cast predominantly base me	, posterior			
D2394 Resin-based composite, four or more D2712 Crown, ¼ resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominan D2781 Crown, ¾ cast predominantly base me D2791 Crown, full cast predominantly base me	s, posterior	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2712 Crown, % resin-based composite (indi D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominan D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me	es, posterior	1 of (D2140-D2555, D2591-D2594) per surface per tooth every 50 months		Natiative and X-rays Required with Claim Submission
D2721 Crown, resin with predominantly base D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base me	e surfaces, posterior			
D2740 Crown, porcelain/ceramic D2751 Crown, porcelain fused to predominal D2781 Crown, ¾ cast predominantly base me D2791 Crown, full cast predominantly base me	direct)			
D2751 Crown, porcelain fused to predominal D2781 Crown, % cast predominantly base me D2791 Crown, full cast predominantly base m	se metal			
D2781 Crown, ¾ cast predominantly base me D2791 Crown, full cast predominantly base n		1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2791 Crown, full cast predominantly base n	antly base metal	1 01 (b2/12-b2/31, b2300-b2302) per tooti ili a ilietilile		Narrative and X-rays Required with Claim Submission
	netal			
D2010 Be coment or to hand inlay enlay ye	metal			
D2910 Re-ceillett of re-bolld fillay, offiay, ve	eneer, or partial coverage	1 of (D2910, D2920) per tooth every 12 months		
D2915 Re-cement or re-bond indirectly fabric	ricated/prefabricated post & core	1 (D2915) per tooth in a lifetime		
D2920 Re-cement or re-bond crown		1 of (D2910, D2920) per tooth every 12 months		
D2921 Reattachment of tooth fragment, inci-	cisal edge or cusp			
D2930 Prefabricated stainless steel crown, pr	primary tooth	1 of (D2930, D2932, D2933) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2931 Prefabricated stainless steel crown, po	permanent tooth	1 (D2931) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2932 Prefabricated resin crown		1 of (D2930, D2932, D2933) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2933 Prefabricated stainless steel crown wi	vith resin window	ב טו נטבשטט, טבששט, אבששטן אפו נטטנוו פיפוץ שו וווטוונווג		ivaniative and A-rays nequired with Claim Submission
D2940 Protective restoration		2 (D2940) per tooth every 6 months		
D2950 Core buildup, including any pins wher	en required	1 (D2950) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2951 Pin retention, per tooth, in addition to		2 (D2951) per tooth every 36 months		
D2952 Post and core in addition to crown, in	ndirectly fabricated	1 of (D2952, D2954) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2953 Each additional indirectly fabricated p		1 of (D2953, D2957) per tooth in a lifetime		
D2954 Prefabricated post and core in addition	post, same tootn	1 of (D2952, D2954) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2955 Post removal		1 (D2955) per tooth in a lifetime		X-rays Required with Claim Submission
D2957 Each additional prefabricated post, sa				
D2960 Labial veneer (resin laminate), chairsi	on to crown	1 of (D2953, D2957) per tooth in a lifetime	Υ	
D2961 Labial veneer (resin laminate), laborat	on to crown	1 of (D2953, D2957) per tooth in a lifetime		
D2962 Labial veneer (porcelain laminate), lab	on to crown  same tooth side	1 of (D2953, D2957) per tooth in a lifetime  1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime	Y	
D2975 Coping	on to crown  same tooth side atory			
D2980 Crown repair necessitated by restorat	on to crown  same tooth side atory		Υ	
Endodontic Services	on to crown  same tooth side atory aboratory	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime	Υ	Narrative and X-rays Required with Claim Submission
D3110 Pulp cap, direct (excluding final restor	on to crown  same tooth side atory aboratory	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime 1 (D2975) per tooth in a lifetime	Υ	Narrative and X-rays Required with Claim Submission



Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
	Endodontic Services (continued)			
D3120	Pulp cap, indirect (excluding final restoration)	1 of (D3110, D3120) per tooth every 36 months		
		1 (D3220) per tooth every 36 months		
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	1 (D3222) per tooth in a lifetime		
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	1 of (D3230, D3240) per tooth in a lifetime		
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	() par aran ma mama		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)			
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth in a lifetime		X-rays Required with Claim Submission
D3330	Endodontic therapy, molar tooth (excluding final restoration)			
D3351	Apexification/recalcification, initial visit	1 (D3351) per tooth in a lifetime		X-rays Required with Claim Submission
D3352	Apexification/recalcification, interim medication replacement	1 (D3352) per tooth in a lifetime		X-rays Required with Claim Submission
D3353	Apexification/recalcification, final visit	1 (D3353) per tooth in a lifetime		X-rays Required with Claim Submission
D3410	Apicoectomy, anterior			
D3421	Apicoectomy, premolar (first root)	1 of (D3410-D3425) per tooth in a lifetime		X-rays Required with Claim Submission
D3425	Apicoectomy, molar (first root)			
D3426	Apicoectomy, (each additional root)	1 (D3426) per tooth in a lifetime		X-rays Required with Claim Submission
D3430	Retrograde filling, per root	1 (D3430) per tooth in a lifetime - multiple roots may be claimed		X-rays Required with Claim Submission
D3450	Root amputation, per root	1 (D3450) per tooth in a lifetime		X-rays Required with Claim Submission
D3460	Endodontic endosseous implant	1 (D3460) per tooth in a lifetime		X-rays Required with Claim Submission
D3920	Hemisection, not including root canal therapy	1 (D3920) per tooth in a lifetime		X-rays Required with Claim Submission
D3950	Canal preparation and fitting of preformed dowel or post	1 (D3950) per tooth in a lifetime		
	Periodontal Services	· · · · · · · · · · · · · · · · · · ·		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant			
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant			
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth			
D4230	Anatomical crown exposure, one to three teeth per quadrant			
D4231	Anatomical crown exposure, four or more teeth per quadrant			
D4240	Gingival flap procedure, four or more teeth per quadrant			
D4241	Gingival flap procedure, one to three teeth per quadrant			
D4249	Clinical crown lengthening, hard tissue			
	Osseous surgery, four or more teeth per quadrant			
D4261	Osseous surgery, one to three teeth per quadrant			Narrative and X-rays Required with Claim Submission
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	1 of (D4210-D4278) per site/quadrant every 60 months		
D4264	Bone replacement graft, retained natural tooth, mat site, quadrant			
D4265	Biologic materials to aid in soft and osseous tissue regeneration			
D4266	Guided tissue regeneration, resorbable barrier, per site			
D4267	Guided tissue regeneration, non-resorbable barrier, per site			
D4270	Pedicle soft tissue graft procedure			
D4273	Autogenous connective tissue graft procedure, first tooth			
D4273	Mesial/distal wedge procedure, single tooth			
D4274	Free soft tissue graft, first tooth		V	
D4277	Free soft tissue graft, and tooth		Y	
D4278	Provisional splinting, intracoronal		<u> </u>	
D4321	Provisional splinting, intracoronal	1 of (D4320, D4321) per quadrant every 60 months		Narrative and X-rays Required with Claim Submission
D4321	Periodontal scaling and root planing, four or more teeth per quadrant		+	
D4341	Periodontal scaling and root planing, rour or more teeth per quadrant  Periodontal scaling and root planing, one to three teeth per quadrant	1 of (D4341, D4342) per site/quadrant every 12 months	<del>                                     </del>	X-Rays Required with Claim Submission
D4342	Scaling in the presence of generalized moderate or sever gingival inflammation, full mouth after oral	1 (D4346) every 12 months	+	Narrative and X-rays Required with Claim Submission
D4346 D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	1 (D4346) every 12 months 1 (D4355) every 12 months	+	Narrative and X-rays Required with Claim Submission  Narrative and X-rays Required with Claim Submission
D4355 D4381	Localized delivery of antimicrobial agent/per tooth	1 (D4381) per tooth every 12 months	+	ivariative and A-rays nequiled with Cidin Submission
D4381 D4910	Periodontal maintenance	1 (D4381) per tooth every 12 months  1 (D4910) every 3 months	+	
D4910	Removable Prosthodontic Services	I (D45IO) every 5 months		
DE110				
D5110	Complete denture, maxillary			
D5120	,	1 of (D5110-D5140) per arch every 60 months, unless medically necessary	<b>├</b>	Narrative and X-rays Required with Claim Submission
D5130	Immediate denture, maxillary		<b> </b>	
D5140	Immediate denture, mandibular			



Removable Prosthodontic Services (continued)  D5211 Maxillary partial denture, resin base  D5212 Maxillary partial denture, resin base  D5213 Maxillary partial denture, cast metal, resin base  D5214 Maxillary partial denture, cast metal, resin base  D5215 Maxillary partial denture, cast metal, resin base  D5216 Maxillary partial denture, cast metal, resin base  D5217 Immediate maxillary partial denture, resin base  D5210 Immediate maxillary partial denture, resin base  D5211 Adjust partial denture, maxillary  D5212 Immediate maxillary partial denture, maxillary  D5213 Adjust partial denture, maxillary  D5214 Adjust partial denture, maxillary  D5215 Adjust partial denture, maxillary  D5216 Adjust partial denture, maxillary  D5217 Adjust partial denture, maxillary  D5218 Repair torken complete denture base, maxillary  D5219 Repair consplete denture base, maxillary  D5210 Repair cross partial framework, maxillary  D5210 Repair cast framework, maxilla	
DS212   Mandibular partial denture, resin base   1 of (DS211-DS214) per arch every 60 months unless medically necessary   Narrative and X-rays Required with Cla   DS214   Mandibular partial denture, cast metal, resin base   1 of (DS211-DS214) per arch every 12 months   Narrative and X-rays Required with Cla   DS212   Immediate mandibular partial denture, resin base   1 of (DS211-DS222) per arch every 12 months   Narrative and X-rays Required with Cla   DS212   Immediate mandibular partial denture, resin base   1 of (DS211-DS222) per arch every 12 months   Narrative and X-rays Required with Cla   DS212   Adjust partial denture, mandibular   1 of (DS411-DS422) per arch every 6 months   DS212   Adjust partial denture, mandibular   1 of (DS411-DS422) per arch every 6 months   DS212   Adjust partial denture, mandibular   1 of (DS411-DS422) per arch every 6 months   DS512   Repair broken complete denture base, mandibular   1 of (DS521), DS512   Per arch every 6 months   DS512   Repair broken complete denture base, mandibular   1 (DS520) per arch every 6 months   DS512   Repair cast transmown, mandibular   1 (DS520) per arch every 6 months   DS513   Repair cast partial framework, mandibular   1 (DS520) per arch every 6 months   DS514   Repair cast partial framework, mandibular   2 (DS520) per arch every 6 months   2 (DS520) per arch every 6	
DS211   Maxillary partial denture, cast metal, resin base   DS214   Mandibular partial denture, cast metal, resin base   DS224   Immediate maxillary partial denture, resin base   DS222   Adjust partial denture, maxillary   DS222   Adjust partial denture, base, maxillary   DS222   Repair broken complete denture base, maxillary   DS222   Repair broken complete denture base, maxillary   DS222   Repair cast partial framework, maxillary   DS222   Repair cast partial framework, maxillary   DS222   Repair cast framework, maxillary   DS222   Repai	
DS212   Maxillary partial denture, cast metal, resin base   DS212   Immediate maxillary partial denture, cast metal, resin base   DS222   Immediate maxillary partial denture, cast metal, resin base   DS222   Immediate maxillary partial denture, resin base   DS222   Immediate maxillary partial denture, maxillary   DS222   D	
D5222   Immediate mandbular partial denture, resin base   1 of (D5221-D5222) per arch every 12 months   Narrative and X-rays Required with Cla   D5212   Immediate mandbular partial denture, resin base   1 of (D5410-D5422) per arch every 6 months   D5412   Adjust complete denture, mandibular   1 of (D5410-D5422) per arch every 6 months   D54212   Adjust partial denture, mandibular   1 of (D5511, D5512) per arch every 6 months   D5512   Repair broken complete denture base, mandibular   1 of (D5511, D5512) per arch every 60 months   D5511   Repair broken complete denture base, mandibular   1 of (D5511, D5512) per arch every 60 months   D5512   Repair cast partial framework, mandibular   1 (D5520) per arch every 60 months   D5512   Repair cast partial framework, mandibular   Contraindicated any provider, within 91 days   D5512   Repair cast framework, mandibular   Contraindicated any provider, within 91 days   D5522   Repair cast framework, mandibular   Contraindicated any provider, within 91 days   D5523   Repair or replace broken clasp, per tooth   Contraindicated any provider, within 91 days   D5524   Replace broken teeth, per tooth   Contraindicated any provider, within 91 days   D5525   Add tooth to existing partial denture, per tooth   Contraindicated any provider, within 91 days   D5526   Add tooth to existing partial denture   Contraindicated any provider, within 91 days   D5527   Replace all teeth & actylic on cast metal frame, mandibular   Contraindicated any provider, within 91 days   D5528   Replace all teeth & actylic on cast metal frame, mandibular   D5528   Replace all teeth & actylic on cast metal frame, mandibular   D5231   Replace complete mandibular denture, chairside   D5331   Reline mandibular partial denture, chairside   D5331   Reline mandibular partial denture, chairside   D5331   Reline mandibular partial denture, chairside   D5331   Reline complete mandibular denture, chairside   D5331   Reline mandibular partial denture, chairside   D5331   Reline complete mandibular denture, chairside	m Submission
DS222   Immediate mandibular partial denture, resin base   DS410   Adjust complete denture, maxillary   DS411   Adjust complete denture, maxillary   DS411   Adjust partial denture, maxillary   DS412   Adjust partial denture, maxillary   DS512   Repair broken complete denture base, mandibular   DS512   Repair broken complete denture base, maxillary   DS512   Repair broken complete denture base, maxillary   DS512   Repair cast partial framework, maxillary   DS512   Repair cast frame, maxillary cast last established   DS512   Replace all teeth & acrylic on cast metal frame, maxillary cast last established   DS512   Replace cast leeth & acrylic	im Submission
DS222   Immediate mandibular partial denture, resin base	III Subiliissioii
D5411   Adjust complete denture, mandibular   1 of (D5410-D5422) per arch every 6 months	
D5421   Adjust partial denture, maxillary   1 of (D5410-D5422) per arch every 6 months	
DS-22   Adjust partial denture, maxiliary   DS-22   Repair broken complete denture base, mandibular   1 of (DS511, DS512) per arch every 60 months   DS-22   Repair broken complete denture base, maxiliary   1 (DS520) per arch every 60 months   DS-22   Repair broken complete denture base, maxiliary   DS-22   Repair cast partial framework, maxiliary   DS-22   Repair cast partial framework, maxiliary   DS-22   Repair cast partial framework, maxiliary   DS-22   Repair cast framework, maxiliary	
DS511 Repair broken complete denture base, mandibular   1 of (D5511, D5512) per arch every 60 months   D5522 Repair broken complete denture base, maxillary   1 (D5520) per arch every 60 months   D5521 Repair cast partial framework, mandibular   Contraindicated any provider, within 91 days   Contraindicat	
D5512 Repair broken complete denture base, maxillary   1 of (D5511, D5512) per arch every 60 months   1 (D5520) per arch every 60 months   2 (D5520) per arch	
DS521   Repair broken complete denture base, maxillary   1 (DS520) per arch every 60 months   DS520   Repair cast partial framework, mandibular   Contraindicated any provider, within 91 days   DS521   Repair cast framework, maxillary   Contraindicated any provider, within 91 days   DS522   Repair cast framework, maxillary   Contraindicated any provider, within 91 days   DS522   Repair cast framework, mandibular   Contraindicated any provider, within 91 days   DS523   Repair creplace broken clasp, per tooth   Contraindicated any provider, within 91 days   DS524   Repair cast framework in a contraindicated any provider, within 91 days   DS524   Repair cast framework in a contraindicated any provider, within 91 days   DS524   Repair cast framework in a contraindicated any provider, within 91 days   DS524   Repair cast frame, maxillary   Contraindicated any provider, within 91 days   DS524   Repair cast frame, maxillary   DS524   Repair cast frame, mandibular denture, chairside   DS524   Reline mandibular denture, chairside   DS524   Reline mandibular denture, chairside   DS524   Reline complete maxillary denture, chairside   DS524   Reline complete maxillary denture, chairside   DS524   Reline complete maxillary denture, laboratory   Narrative Required with Claim Su   DS526   Reline maxillary partial denture, laboratory   Narrative Required with Claim Su   DS526   Reline maxillary partial denture, laboratory   Narrative Required with Claim Su   DS526   Reline maxillary partial denture, laboratory   Narrative Required with Claim Su   Narrative Required with Claim Su   DS526   Reline maxillary partial denture, laboratory   Narrative Required with Claim Su   DS526   Reline maxillary partial denture, laboratory   Narrative Required with Claim Su   Narrative Required with Claim Su   DS526   Reline maxillary partial denture, laboratory   Narrative Required with Claim Su   Narrativ	
D5611 Repair cast partial framework, maxillary  D5622 Repair cast partial framework, maxillary  D5623 Repair cast framework, maxillary  D5624 Repair cast framework, maxillary  D5625 Repair cast framework, maxillary  D5626 Repair cast framework, maxillary  D5627 Repair cast framework, maxillary  D5630 Repair or replace broken clasp, per tooth  D5630 Repair or replace broken clasp, per tooth  D5630 Repair or replace broken teeth, per tooth  D5640 Replace broken teeth, per tooth  D5640 Add closp to existing partial denture  D5640 Add clasp to existing partial denture, per tooth  D5640 Replace all teeth & acrylic on cast metal frame, maxillary  D5651 Replace all teeth & acrylic on cast metal frame, mandibular  D5650 Reline complete maxillary denture, chairside  D5730 Reline maxillary partial denture, chairside  D5740 Reline maxillary partial denture, chairside  D5750 Reline maxillary partial denture, chairside  D5750 Reline maxillary denture, chairside  D5751 Reline maxillary partial denture, chairside  D5750 Reline maxillary partial denture, chairside  D5750 Reline complete maxillary denture, laboratory  D5751 Reline maxillary and the chairside  D5750 Reline maxillary partial denture, chairside  D5750 Reline maxillary and the chairside  D5751 Reline maxillary denture, laboratory  D5750 Reline maxillary partial denture, laboratory  D5750 Reline maxillary partial denture, laboratory  D5750 Reline maxillary partial denture, laboratory  D5751 Reline maxillary partial denture, laboratory  D5750 Reline maxillary partial denture, laboratory  D5751 Reline maxillary partial denture, laboratory  D5750 Reline maxillary partial denture, laboratory	
D5612 Repair cast partial framework, maxillary D5621 Repair cast framework, maxillary D5622 Repair cast framework, maxillary D5630 Repair or replace broken clasp, per tooth D5630 Repair or replace broken clasp, per tooth D5640 Replace broken teeth, per tooth D5640 Replace broken teeth, per tooth D5650 Add tooth to existing partial denture D5650 Add clasp to existing partial denture, per tooth D5660 Add clasp to existing partial denture, per tooth D5670 Replace all teeth & acrylic on cast metal frame, maxillary D5671 Replace all teeth & acrylic on cast metal frame, mandibular D5730 Reline complete maxillary denture, chairside D5740 Reline maxillary partial denture, chairside D5741 Reline mandibular partial denture, chairside D5750 Reline complete maxillary partial denture, chairside D5750 Reline complete maxillary denture, chairside D5750 Reline complete maxillary denture, laboratory D5751 Reline complete maxillary denture, laboratory D5751 Reline complete maxillary denture, laboratory D5751 Reline complete maxillary denture, laboratory D5750 Reline complete maxillary partial denture, laboratory D5750 Reline complete maxillary partial denture, laboratory D5760 Reline maxillary partial denture, laboratory	
DS612   Repair cast framework, maxillary   Contraindicated any provider, within 91 days	
D5622 Repair cast framework, mandibular  D5630 Repair or replace broken clasp, per tooth  D5640 Replace broken teeth, per tooth  D5650 Add tooth to existing partial denture  D5660 Add clasp to existing partial denture, per tooth  D5670 Replace all teeth & acrylic on cast metal frame, maxillary  D5671 Replace all teeth & acrylic on cast metal frame, mandibular  D5730 Reline complete maxillary partial denture, chairside  D5740 Reline maxillary partial denture, chairside  D5741 Reline maxillary partial denture, chairside  D5750 Reline complete maxillary partial denture, chairside  D5750 Reline maxillary partial denture, chairside  D5760 Reline maxillary partial denture, laboratory  D5760 Reline maxillary partial denture, laboratory  D5760 Reline maxillary partial denture, laboratory  Narrative Required with Claim Su	
D5622 Repair cast framework, mandibular   Contraindicated any provider, within 91 days	
D5640 Replace broken teeth, per tooth  D5650 Add tooth to existing partial denture  D5660 Add clasp to existing partial denture, per tooth  D5670 Replace all teeth & acrylic on cast metal frame, maxillary  D5671 Replace all teeth & acrylic on cast metal frame, mandibular  D5730 Reline complete maxillary denture, chairside  D5741 Reline mandibular partial denture, chairside  D5741 Reline complete maxillary partial denture, chairside  D5750 Reline complete maxillary denture, chairside  D5761 Reline complete maxillary partial denture, chairside  D5761 Reline complete maxillary partial denture, chairside  D5761 Reline complete maxillary denture, chairside  D5761 Reline complete maxillary denture, chairside  D5761 Reline complete maxillary denture, chairside  D5760 Reline complete maxillary denture, laboratory  D5751 Reline complete maxillary denture, laboratory  D5760 Reline maxillary partial denture, laboratory	
D5650 Add tooth to existing partial denture  D5600 Add clasp to existing partial denture, per tooth  D5600 Replace all teeth & acrylic on cast metal frame, maxillary  D5601 Replace all teeth & acrylic on cast metal frame, mandibular  D5601 Replace all teeth & acrylic on cast metal frame, mandibular  D5601 Replace all teeth & acrylic on cast metal frame, mandibular  D5730 Reline complete maxillary denture, chairside  D5731 Reline complete mandibular denture, chairside  D5740 Reline mandibular partial denture, chairside  D5741 Reline mandibular partial denture, chairside  D5750 Reline complete maxillary denture, laboratory  D5751 Reline complete mandibular denture, laboratory  D5751 Reline complete mandibular denture, laboratory  D5760 Reline maxillary partial denture, laboratory	
D5660 Add clasp to existing partial denture, per tooth  D5670 Replace all teeth & acrylic on cast metal frame, maxillary  D5671 Replace all teeth & acrylic on cast metal frame, mandibular  D5730 Reline complete maxillary denture, chairside  D5731 Reline complete mandibular denture, chairside  D5740 Reline maxillary partial denture, chairside  D5741 Reline maxillary partial denture, chairside  D5750 Reline complete maxillary denture, chairside  D5760 Reline complete maxillary denture, chairside  D5760 Reline complete maxillary partial denture, laboratory  D5760 Reline complete maxillary partial denture, laboratory  D5760 Reline maxillary partial denture, laboratory	
D5670 Replace all teeth & acrylic on cast metal frame, maxillary D5671 Replace all teeth & acrylic on cast metal frame, mandibular D5730 Reline complete maxillary denture, chairside D5731 Reline complete maxillary denture, chairside D5740 Reline maxillary partial denture, chairside D5741 Reline maxillary partial denture, chairside D5750 Reline complete maxillary denture, chairside D5750 Reline complete maxillary denture, chairside D5751 Reline complete maxillary denture, laboratory D5751 Reline complete maxillary denture, laboratory D5750 Reline complete maxillary partial denture, laboratory D5760 Reline maxillary partial denture, laboratory	
D5671 Replace all teeth & acrylic on cast metal frame, mandibular  D5730 Reline complete maxillary denture, chairside  D5731 Reline complete mandibular denture, chairside  D5740 Reline maxillary partial denture, chairside  D5741 Reline maxillary partial denture, chairside  D5750 Reline complete maxillary denture, chairside  D5750 Reline complete maxillary denture, laboratory  D5751 Reline complete maxillary denture, laboratory  D5750 Reline complete maxillary denture, laboratory  D5760 Reline maxillary partial denture, laboratory	
D5671 Replace all teeth & acrylic on cast metal frame, mandibular D5730 Reline complete maxillary denture, chairside D5740 Reline complete maxillary partial denture, chairside D5740 Reline maxillary partial denture, chairside D5741 Reline maxillary partial denture, chairside D5750 Reline complete maxillary denture, laboratory D5751 Reline complete maxillary denture, laboratory D5760 Reline maxillary partial denture, laboratory	,
D5731 Reline complete mandibular denture, chairside D5740 Reline maxillary partial denture, chairside D5741 Reline mandibular partial denture, chairside D5750 Reline complete maxillary denture, laboratory D5751 Reline complete mandibular denture, laboratory D5760 Reline maxillary partial denture, laboratory D5760 Reline complete mandibular denture, laboratory	,
D5740 Reline maxillary partial denture, chairside  D5741 Reline mandibular partial denture, chairside  D5750 Reline complete maxillary denture, laboratory  D5751 Reline complete mandibular denture, laboratory  D5760 Reline maxillary partial denture, laboratory	,
D5741 Reline mandibular partial denture, chairside  D5750 Reline complete maxillary denture, laboratory  D5751 Reline complete mandibular denture, laboratory  D5760 Reline maxillary partial denture, laboratory  Narrative Required with Claim Su	
D5750 Reline complete maxillary denture, laboratory  D5751 Reline complete mandibular denture, laboratory  D5760 Reline maxillary partial denture, laboratory  Narrative Required with Claim Su	,
D5751 Reline complete mandibular denture, laboratory  D5760 Reline maxillary partial denture, laboratory  Narrative Required with Claim Su	,
D5760 Reline maxillary partial denture, laboratory	
D5760 Reline maxillary partial denture, laboratory	omission
DETC1 Delive mondibules neglicing mential denture leberatory	7111551011
D5761 Reline mandibular partial denture, laboratory	
D5820 Interim partial denture, maxillary  1 of (D5820, D5821) per arch every 60 months  Narrative and X-rays Required with Cla	m Submission
D5821 Interim partial denture, mandibular	711 3db111331011
D5850 Tissue conditioning, maxillary  1 of (D5850, D5851) per arch every 12 months	
D5851 Tissue conditioning, mandibular	
D5862 Precision attachment, by report 1 (D5862) every 60 months Y	
D5899 Unspecified removable prosthodontic procedure, by report 2 (D5899) every 60 months	
Maxillofacial Prosthetic Services	
D5931 Obturator prosthesis, surgical         1 (D5931) in a lifetime         Y	
D5932 Obturator prosthesis, definitive 1 (D5932) in a lifetime Y	
D5933 Obturator prosthesis, modification 1 (D5933) in a lifetime Y	
D5936         Obturator prosthesis, interim         1 (D5936) in a lifetime         Y	
D5985         Radiation cone locator         1 (D5985) every 12 months         Y	
D5988 Surgical splint         1 (D5988) in a lifetime         Y	
D5992 Adjust maxillofacial prosthetic appliance, by report 1 (D5992) every 12 months Narrative Required with Claim Su	omission
D5993 Maintenance & cleaning, maxillofacial prosthesis, other than required adjustments, by report 1 (D5993) every 3 months Narrative Required with Claim Su	omission
Fixed Prosthodontic Services	
D6930 Re-cement or re-bond fixed partial denture Contraindicated any provider, within 91 days	
Oral and Maxillofacial Services	
D7111 Extraction, coronal remnants, primary tooth	
D7140 Extraction, erupted tooth or exposed root  1 of (D7111-D7250) per tooth in a lifetime. D7111, D7140, D7210, D7220, D7230,	
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth  D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same	
D7220 Removal of impacted tooth, soft tissue  day, same recipient, any provider.  Narrative and X-rays Required with Cla	
D7230 Removal of impacted tooth, partially bony	m Submission
D7240 Removal of impacted tooth, completely bony	m Submission



DENTAL PLAN		itations and i not reaction requirements	Prior Auth	
Code	Description	Limitations	Req	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)			
D7241	Removal impacted tooth, complete bony, complication	1 of (D7111-D7250) per tooth in a lifetime. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.		Narrative and X-rays Required with Claim Submission
D7250	Removal of residual tooth roots (cutting procedure)	1 of (D7111-D7250) per tooth in a lifetime. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.		Narrative and X-rays Required with Claim Submission
D7251	Coronectomy, intentional partial tooth removal	2 (D7251) in a lifetime		Narrative and X-rays Required with Claim Submission
D7260	Oroantral fistula closure	Contraindicated any provider, within 91 days		Narrative and X-rays Required with Claim Submission
D7261	Primary closure of a sinus perforation	Contraindicated any provider, within 91 days. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.		Narrative and X-rays Required with Claim Submission
D7270	Tooth reimplantation and/or stabilization, accident	Contraindicated any provider, within 91 days		Narrative and X-rays Required with Claim Submission
D7280	Exposure of an unerupted tooth	1 (D7280) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D7283	Placement, device to facilitate eruption, impaction			Narrative and X-rays Required with Claim Submission
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)			Narrative and X-rays Required with Claim Submission
D7286	Incisional biopsy of oral tissue, soft			Narrative Required with Claim Submission
D7287	Exfoliative cytological sample collection			Narrative Required with Claim Submission
D7288	Brush biopsy, transepithelial sample collection			Narrative Required with Claim Submission
D7290	Surgical repositioning of teeth			Narrative and X-rays Required with Claim Submission
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report			Narrative and X-rays Required with Claim Submission
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap			Narrative and X-rays Required with Claim Submission
D7293	Placement of temporary anchorage device requiring flap; includes device removal			Narrative and X-rays Required with Claim Submission
D7294	Placement of temporary anchorage device without flap; includes device removal			Narrative and X-rays Required with Claim Submission
D7310	Alveoloplasty with extractions, four or more teeth per quadrant			
	Alveoloplasty with extractions, one to three teeth per quadrant	1 of (D7310-D7321) per quadrant in a lifetime, contraindicated any provider within		Narrative and X-rays Required with Claim Submission
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	3286 days		
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant			
D7410	Excision of benign lesion, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7411	Excision of benign lesion, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7412	Excision of benign lesion, complicated			Narrative and X-rays Required with Claim Submission
D7440	Excision of malignant tumor, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7441	Excision of malignant tumor, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7465	Destruction of lesion(s) by physical or chemical method, by report			Narrative and X-rays Required with Claim Submission
D7472	Removal of torus palatinus	2 of (D7472, D7243) in a lifetime		Narrative and X-rays Required with Claim Submission
D7473	Removal of torus mandibularis	· · · · · ·		, ,
D7490	Radical resection of maxilla or mandible		Υ	
D7510	Incision & drainage of abscess, intraoral soft tissue	Incidental already part of another procedure		Narrative and X-rays Required with Claim Submission
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated			Narrative and X-rays Required with Claim Submission
D7520	Incision & drainage of abscess, extraoral soft tissue	Incidental already part of another procedure		Narrative and X-rays Required with Claim Submission
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated			Narrative and X-rays Required with Claim Submission
D7530	Remove foreign body, mucosa, skin, tissue			Narrative Required with Claim Submission
D7540	Removal of reaction producing foreign bodies, musculoskeletal system			Narrative and X-rays Required with Claim Submission
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone			Narrative and X-rays Required with Claim Submission
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			Narrative and X-rays Required with Claim Submission
D7610	Maxilla, open reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7620	Maxilla, closed reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7630	Mandible, open reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7640	Mandible, closed reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7650	Malar and/or zygomatic arch, open reduction	1 of (D7650, D7660, D7750, D7760) in a lifetime		Narrative and X-rays Required with Claim Submission
D7660	Malar and/or zygomatic arch, closed reduction	,		, , , , , , , , , , , , , , , , , , ,
D7670	Alveolus, closed reduction, may include stabilization of teeth			Narrative and X-rays Required with Claim Submission



Online	Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
State   Section of Section Industrial Control Section		Oral and Maxillofacial Services (continued)			
Sealing on reduction	D7671	Alveolus, open reduction, may include stabilization of teeth			Narrative and X-rays Required with Claim Submission
1977   Marcides content enclation   1 of 19750, 0750, 0750, 0750, 0750 in a fintine   1 of 19750, 0750, 0750, 0750 in a fintine   1 of 19750, 0750 in a fintine   1 of 19750, 0750, 0750 in a fintine   1 of 19750, 0750, 0750 in a fintine   1 of 19750, 0750 in a fintine	D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches			Narrative and X-rays Required with Claim Submission
Marrative and Krays Regulared and Calan Spannisson   1 of (2764), 07464), 07764, 07776), 19 of decidence and Krays Regulared and Calan Spannisson   1 of (2764), 07464, 07776), 07776) in a lifemore   1 of (2764), 07464, 07776), 07776) in a lifemore   1 of (2764), 07464, 07776), 07776 in a lifemore   1 of (2764), 07464, 07776) in a lifemore   1 of (2764), 07464, 07476) in a lifemore   1 of (2764), 07464, 07464, 07476) in a lifemore   1 of (2764), 07464, 07464) in a lifemore   1 of (2764), 07464, 07	D7710	Maxilla, open reduction			Narrative and X-rays Required with Claim Submission
Apreliance description   Company and processing a	D7720	Maxilla, closed reduction			Narrative and X-rays Required with Claim Submission
Mate amplies, apportant act, no, own reduction   1 of (17750, 0760, 0775), 07760) in a flective   Neutrative and X rays Required with Claim Submission   1 of (17750, 0760, 0775), 07760) in a flective   Neutrative and X rays Required with Claim Submission   1 of (17750, 0760, 0775), 07760) in a flective   Neutrative and X rays Required with Claim Submission   Neutrative and X rays Required wi	D7730	Mandible, open reduction			Narrative and X-rays Required with Claim Submission
April or September 1	D7740	Mandible, closed reduction			Narrative and X-rays Required with Claim Submission
1997   1997	D7750	Malar and/or zygomatic arch, open reduction	1 of (D7650 D7660 D7750 D7760) in a lifetime		Narrative and V rays Required with Claim Submission
	D7760	Malar and/or zygomatic arch, closed reduction	1 01 (D7030, D7000, D7730, D7700) III a IIIetiille		Natiative and X-rays Required with Claim Submission
3 aral bene, complicated relation with fination and multiple approaches   V   V	D7770	Alveolus, open reduction stabilization of teeth			Narrative and X-rays Required with Claim Submission
	D7771	Alveolus, closed reduction stabilization of teeth			Narrative and X-rays Required with Claim Submission
Description of disclosation   Part	D7780	Facial bones, complicated reduction with fixation and multiple approaches			Narrative and X-rays Required with Claim Submission
Considerations   Cons	D7810	Open reduction of dislocation		Υ	
Sargeal discretions, with/without implant	D7820	Closed reduction of dislocation			Narrative Required with Claim Submission
District	D7840	Condylectomy			Narrative and X-rays Required with Claim Submission
Poss   Provention   Province	D7850	Surgical discectomy, with/without implant			Narrative and X-rays Required with Claim Submission
Design   D	D7852	Disc repair Disc repair			Narrative and X-rays Required with Claim Submission
1988   Information   1988   Antropisary   1988	D7854	Synovectomy			Narrative and X-rays Required with Claim Submission
Attractors   Att	D7858	Joint reconstruction		Υ	
Arthrocentesis  Arthrocentesis	D7860	Arthrotomy			Narrative and X-rays Required with Claim Submission
Arthroscopy, diagnosis, with or without biopsy   Narrative and X-rays, Required with Claim Submission   Narrative Requ	D7865	Arthroplasty			Narrative and X-rays Required with Claim Submission
Arthroscopy, lawage and lysis of adhesions Arthroscopy, disc repositioning and stabilization  Arthroscopy, disc repositioning and stabilization  Arthroscopy, disc repositioning and stabilization  Arthroscopy, discreptioning and stabilization  Arthroscopy, disc	D7870	Arthrocentesis			Narrative and X-rays Required with Claim Submission
Arthoscopy discretomy Arthoscopy debretoment  D7977 Arthoscopy debretoment  D7980 Collaboration of recent small wounds up to 5 cm  D7910 D7911 Complicated soutrue, prepare than 5 cm  D7912 Complicated soutrue, prepare than 5 cm  D7912 Complicated soutrue, prepare than 5 cm  D7913 Complicated soutrue, prepare than 5 cm  D7914 Complicated soutrue, prepare than 5 cm  D7915 D7910 D	D7872	Arthroscopy, diagnosis, with or without biopsy			Narrative and X-rays Required with Claim Submission
Arthoscopy: synewctomy   Section	D7873	Arthroscopy: lavage and lysis of adhesions			Narrative and X-rays Required with Claim Submission
Arthrescopy: discretamy	D7874	Arthroscopy: disc repositioning and stabilization			Narrative and X-rays Required with Claim Submission
Arthoscopy: descretomy   Narrative and X-rays Required with Claim Submission	D7875				Narrative and X-rays Required with Claim Submission
Source of creent small wounds up to 5 cm   Suture of recent small wounds up to 5 cm   Suture of Required with Claim Submission   Suture of Suture Required with Claim Submission   Suture Suture Required with Claim Submission   Suture Suture Required with Claim Submission   Suture S	D7876				Narrative and X-rays Required with Claim Submission
D7810   Suture of recent small wounds up to 5 cm   Suture of recent small wounds up to 5 cm   Suture of recent small wounds up to 5 cm   Suture of recent small wounds up to 5 cm   Suture of recent small wounds up to 5 cm   Suture of recent small wounds up to 5 cm   Suture of recent small wounds up to 5 cm   Suture Required with Calim Submission	D7877	Arthroscopy: debridement			Narrative and X-rays Required with Claim Submission
Complicated suture, up to 5 cm   Narrative Required with Claim Submission	D7880	Occlusal orthotic device, by report			Narrative Required with Claim Submission
Complicated suture, greater than 5 cm   D7940   Osteoplasty, for orthograthic deformities   T (D7940) in a lifetime   Y   D7941   Osteotomy, mandibular rami with bone graft; includes obtaining the graft   Of (D7941-D7945) in a lifetime   Y   D7941   Osteotomy, mandibular rami with bone graft; includes obtaining the graft   Of (D7941-D7945) in a lifetime   Y   D7941   Osteotomy, segmented or subapiral   Of (D7941-D7945) in a lifetime   Y   D7941   Osteotomy, segmented or subapiral   Osteotomy, body of mandible   Y   Osteotomy, body of mandible	D7910	Suture of recent small wounds up to 5 cm			Narrative Required with Claim Submission
D7940   Osteoplasty, for orthognathic deformities   1 (D7940) in a lifetime   Y	D7911	Complicated suture, up to 5 cm			Narrative Required with Claim Submission
Osteotomy, mandibular rami   Osteotomy, mandibular rami with bone graft; includes obtaining the graft   1 of (D7941-D7945) in a lifetime	D7912	Complicated suture, greater than 5 cm			Narrative Required with Claim Submission
D7943   Steetormy, mandibular rami with bone graft; includes obtaining the graft   1 of (D7941-D7945) in a lifetime   Y	D7940	Osteoplasty, for orthognathic deformities	1 (D7940) in a lifetime	Y	
D7944   Osteotomy, segmented or subapical   D7945   Osteotomy, body of mandible   Y   P	D7941	Osteotomy, mandibular rami		Υ	
D7945   Ostotomy, segmented or subapical   Y   Fort (maxilla, total)   Y	D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	1 of (D7041 D7045) in a lifetime	Υ	
D7945   LeFort I (maxilla, total)   Y   Y	D7944	Osteotomy, segmented or subapical	1 of (D7941-D7945) in a metime	Υ	
D7946   Lefort I (maxilla, total)   Fort I (maxilla, segmented)	D7945			Υ	
D7948   LeFort II or LeFort III, without bone graft   Proceed of the Common of the C	D7946			Υ	
D7948   LeFort II or LeFort III, without bone graft   Proceed of the Common of the C	D7947		1 of (D7046 D7040) in a lifetime	Υ	
D7949   LeFort III or LeFort III, with bone graft   Y	D7948		1 OI (D7340-07343) III a IIIelime	Y	
D7953 Bone replacement graft for ridge preservation, per site D7955 Repair of maxillofacial soft and/or hard tissue defect D7956 Frenulectomy (frenectomy or frenotomy), separate procedure D7960 Frenulectomy (frenectomy or frenotomy), separate procedure D7961 Frenulectomy (frenectomy or frenotomy), separate procedure D7962 Frenulectomy (frenectomy or frenotomy), separate procedure D7963 Frenulectomy (frenectomy or frenotomy), separate procedure D7964 Frenulectomy (frenectomy or frenotomy), separate procedure D7965 Frenulectomy (frenectomy or frenotomy), separate procedure D7966 Frenulectomy (frenectomy or frenotomy), separate procedure D7976 Narrative Required with Claim Submission D7977 Excision of hyperplastic tissue, per arch D7976 Narrative Required with Claim Submission D7977 Excision of pericoronal gingiva D7981 Excision of pericoronal gingiva D7982 Sialodochoplasty D7983 Sialodochoplasty D7984 Frenulectomy (frenectomy or frenotomy), separate procedure D7985 Sialodochoplasty D7986 Sialodochoplasty D7987 Closure of salivary fistula D7988 Sialodochoplasty D7989 Sialodochoplast	D7949	LeFort II or LeFort III, with bone graft		Y	
D7953 Bone replacement graft for ridge preservation, per site D7955 Repair of maxillofacial soft and/or hard tissue defect D7956 Frenulectomy (frenectomy or frenotomy), separate procedure D7960 Frenulectomy (frenectomy or frenotomy), separate procedure D7961 Frenulectomy (frenectomy or frenotomy), separate procedure D7962 Frenulectomy (frenectomy or frenotomy), separate procedure D7963 Frenulectomy (frenectomy or frenotomy), separate procedure D7964 Frenulectomy (frenectomy or frenotomy), separate procedure D7965 Frenulectomy (frenectomy or frenotomy), separate procedure D7966 Frenulectomy (frenectomy or frenotomy), separate procedure D7976 Narrative Required with Claim Submission D7977 Excision of hyperplastic tissue, per arch D7976 Narrative Required with Claim Submission D7977 Excision of pericoronal gingiva D7981 Excision of pericoronal gingiva D7982 Sialodochoplasty D7983 Sialodochoplasty D7984 Frenulectomy (frenectomy or frenotomy), separate procedure D7985 Sialodochoplasty D7986 Sialodochoplasty D7987 Closure of salivary fistula D7988 Sialodochoplasty D7989 Sialodochoplast	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach			Narrative and X-rays Required with Claim Submission
D7960Frenulectomy (frenectomy of frenotomy), separate procedure3 (D7960) in a lifetimeNarrative Required with Claim SubmissionD7973Excision of hyperplastic tissue, per archNarrative Required with Claim SubmissionD7971Excision of pericoronal gingivaNarrative Required with Claim SubmissionD7980Surgical SialolithotomyNarrative Required with Claim SubmissionD7981Excision of salivary gland, by reportNarrative Required with Claim SubmissionD7982SialodochoplastyNarrative Required with Claim SubmissionD7983Closure of salivary fistulaNarrative Required with Claim SubmissionD7984Closure of salivary fistulaNarrative Required with Claim SubmissionD7995Emergency tracheotomyNarrative Required with Claim SubmissionD7996Emergency tracheotomyNarrative Required with Claim SubmissionD7997CoronoidectomyNarrative Required with Claim Submission	D7953				Narrative and X-rays Required with Claim Submission
D7960Frenulectomy (frenectomy (frenectomy or frenotomy), separate procedure3 (D7960) in a lifetimeNarrative Required with Claim SubmissionD7970Excision of hyperplastic tissue, per archNarrative Required with Claim SubmissionD7971Excision of pericoronal gingivaNarrative Required with Claim SubmissionD7980Surgical SialolithotomyNarrative Required with Claim SubmissionD7981Excision of salivary gland, by reportNarrative Required with Claim SubmissionD7982SialodochoplastyNarrative Required with Claim SubmissionD7983Closure of salivary fistulaNarrative Required with Claim SubmissionD7984Closure of salivary fistulaNarrative Required with Claim SubmissionD7995Emergency tracheotomyNarrative Required with Claim SubmissionD7996Emergency tracheotomyNarrative Required with Claim SubmissionD7997CoronoidectomyNarrative Required with Claim Submission	D7955	Repair of maxillofacial soft and/or hard tissue defect	1 (D7955) every 24 months	Y	Narrative Required with Claim Submission
D7963FrenuloplastyNarrative Required with Claim SubmissionD7970Excision of hyperplastic tissue, per archNarrative Required with Claim SubmissionD7971Excision of pericoronal gingivaNarrative Required with Claim SubmissionD7980Surgical SialolithotomyNarrative Required with Claim SubmissionD7981Excision of salivary gland, by reportNarrative Required with Claim SubmissionD7982SialodochoplastyNarrative Required with Claim SubmissionD7983Closure of salivary fistulaNarrative Required with Claim SubmissionD7994Emergency tracheotomyNarrative Required with Claim SubmissionD7995Emergency tracheotomyNarrative Required with Claim SubmissionD7991CoronoidectomyNarrative Required with Claim Submission	D7960		3 (D7960) in a lifetime		Narrative Required with Claim Submission
D7971Excision of pericoronal gingivaNarrative Required with Claim SubmissionD7980Surgical SialolithotomyNarrative Required with Claim SubmissionD7981Excision of salivary gland, by reportNarrative Required with Claim SubmissionD7982SialodochoplastyNarrative Required with Claim SubmissionD7983Closure of salivary fistulaNarrative Required with Claim SubmissionD7990Emergency tracheotomyNarrative Required with Claim SubmissionD7991CoronoidectomyNarrative Required with Claim SubmissionD7991CoronoidectomyNarrative Required with Claim Submission	D7963				Narrative Required with Claim Submission
D7971 Excision of pericoronal gingiva  D7980 Surgical Sialolithotomy  D7981 Excision of salivary gland, by report  D7982 Sialodochoplasty  D7983 Closure of salivary fistula  D7984 Closure of salivary fistula  D7985 Emergency tracheotomy  D7996 Toronoidectomy  D7997 Coronoidectomy  D7998 Narrative Required with Claim Submission  D7988 Narrative Required with Claim Submission  D7989 Narrative Required with Claim Submission  D7980 Narrative Required with Claim Submission  D7980 Narrative Required with Claim Submission  D7990 Narrative Required with Claim Submission  D7990 Narrative Required with Claim Submission	D7970	Excision of hyperplastic tissue, per arch			Narrative Required with Claim Submission
D7981       Excision of salivary gland, by report       Narrative Required with Claim Submission         D7982       Sialodochoplasty       Narrative Required with Claim Submission         D7983       Closure of salivary fistula       Narrative Required with Claim Submission         D7990       Emergency tracheotomy       Narrative Required with Claim Submission         D7991       Coronoidectomy       Narrative Required with Claim Submission         D7991       Narrative Required with Claim Submission	D7971				Narrative Required with Claim Submission
D7982SialodochoplastyNarrative Required with Claim SubmissionD7983Closure of salivary fistulaNarrative Required with Claim SubmissionD7990Emergency tracheotomyNarrative Required with Claim SubmissionD7991CoronoidectomyNarrative Required with Claim SubmissionD7991Narrative Required with Claim Submission	D7980	Surgical Sialolithotomy			Narrative Required with Claim Submission
D7982SialodochoplastyNarrative Required with Claim SubmissionD7983Closure of salivary fistulaNarrative Required with Claim SubmissionD7990Emergency tracheotomyNarrative Required with Claim SubmissionD7991CoronoidectomyNarrative Required with Claim SubmissionD7991Narrative Required with Claim Submission	D7981	,			·
D7983 Closure of salivary fistula Narrative Required with Claim Submission D7990 Emergency tracheotomy Narrative Required with Claim Submission D7991 Coronoidectomy 1 (D7991) in a lifetime Narrative Required with Claim Submission	D7982				
D7990 Emergency tracheotomy Narrative Required with Claim Submission D7991 Coronoidectomy 1 (D7991) in a lifetime Narrative Required with Claim Submission	D7983	Closure of salivary fistula			Narrative Required with Claim Submission
D7991 Coronoidectomy 1 (D7991) in a lifetime Narrative Required with Claim Submission	D7990	,			·
	D7991		1 (D7991) in a lifetime		Narrative Required with Claim Submission
	D7998	, , , , , , , , , , , , , , , , , , ,			Narrative Required with Claim Submission



Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
	Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure	1 (D9110) per day same provider, 2 every 6 months		
D9120	Fixed partial denture sectioning	1 (D9120) every 60 months	Y	
D9210	Local anesthesia not in conjunction, operative or surgical procedures			Narrative Required with Claim Submission
D9212	Trigeminal division block anesthesia			Narrative Required with Claim Submission
D9215	Local anesthesia in conjunction with operative or surgical procedures			Narrative Required with Claim Submission
D9222	Deep sedation/general anesthesia, first 15 minute increment	5 of (D9222, D9223) per day, not to be completed on same date of service with D9239, D9243. Anesthesia must show actual beginning and ending times.  Anesthesia time begins when the provider start to physically prepare the recipient		Narrative and X-rays Required with Claim Submission
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance ( i.e., when the recipient can be safe placed under postoperative supervision)		Natifative and A-rays nequired with Claim Submission
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis			Narrative Required with Claim Submission
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	5 of (D9239, D9243) per day, not to be completed on same date of service with D9222, D9223. Anesthesia must show actual beginning and ending times. Anesthesia time begins when the provider start to physically prepare the recipient		Narrative and X-rays Required with Claim Submission
	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance ( i.e., when the recipient can be safe placed under postoperative supervision)		
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation			Narrative and X-rays Required with Claim Submission
D9310	Consultation, other than requesting dentist			
D9311	Consultation with a medical health care professional	1 (D9311) every 6 months		Narrative Required with Claim Submission
D9410	House/extended care facility call			
D9420	Hospital or ambulatory surgical center call			
D9440	Office visit, after regularly scheduled hours	1 (D9440) every 12 months		Narrative Required with Claim Submission
D9610	Therapeutic parenteral drug, single administration	1 (D9610) every 12 months		Narrative Required with Claim Submission
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 (D9612) every 12 months		Narrative Required with Claim Submission
D9630	Drugs or medicaments dispensed in the office for home use			Narrative Required with Claim Submission
D9930	Treatment of complications, post surgical, unusual, by report	1 (D9930) every 12 months		Narrative Required with Claim Submission
D9940	Occlusal guard, by report	1 (D9940) every 36 months	Y	
D9942	Repair and/or reline of occlusal guard	1 (D9942) in a lifetime		Narrative Required with Claim Submission
D9950	Occlusion analysis, mounted case	1 (D9950) in a lifetime		Narrative Required with Claim Submission
D9951	Occlusal adjustment, limited	1 (D9951) in a lifetime		
D9952	Occlusal adjustment, complete	1 (D9952) in a lifetime		
D9991	Dental case management, addressing appointment compliance barriers			
D9992	Dental case management, care coordination	1 of (D9991-D9994) every 6 months		
D9993	Dental case management, motivational interviewing	ביבככט־בכככטן וווי או פיפוץ ט וווטוונווט איני ביבככטן איני		
D9994	Dental case management, patient education to improve oral health literacy			