ENVOLVE DENTAL - ILLINOIS DENTAL GRID: 01/01/2022

Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
Meridian Medicare-Medicaid Plan – Adults Ages 21+										
D0120	Periodic Oral Evaluation - Established Patient	No	No		21	999	1	6	Month	Not allowed within 6 months of D0150.
D0140	Limited Oral Evaluation - Problem Focused	No	No		21	999	1	1	Day	Only one of (D0140 or D9110) per day per provider group. For emergency exam only. Not payable if performed in conjunction with either D0120, D0150, or D0180.
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	No		21	999	1	1	Lifetime	Only one D0150 per lifetime per provider group.
D0210	Intraoral - Complete Series of Radiographic Images	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member.
D0220	Intraoral - Periapical First Radiographic Image	No	No		21	999	1	1	Day	Only one D0220 per day per per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete Series (D0210).
D0230	Intraoral - Periapical Each Additional Image	No	No		21	999				Maximum reimbursement is up to the fee of D0210.
D0270	Bitewing - Single Radiographic Image	No	No		21	999	1	12	Month	One D0270 per 12 months per provider group. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0272	Bitewings - Two Radiographic Images	No	No		21	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0274	Bitewings - Four Radiographic Images	No	No		21	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0330	Panoramic Radiographic Image	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0999	Unspecified Diagnostic Procedures, By Report						1	1	Day	For FQHC Encounter billing. D0999 must be on first line of claim with additional service listed.
D1110	Prophylaxis - Adult	No	No		21	999	1	6	Month	
D1354	Interim Caries Arresting Medicament Application - Per Tooth	No	No		21	999	6	1	Lifetime	2 applications per tooth per year. Lifetime maximum of six applications per tooth. Providers may treat a maximum of 4 teeth per day, providing participant has no history of any prior or same day billing of CDT category D2000 (Restorative codes) or CDT category D3000 (Endodontic codes) on the same tooth.

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D2140	Amalgam - One Surface, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2160	Amalgam - Three Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-32, A-T
D2330	Resin-Based Composite - One Surface, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2331	Resin-Based Composite - Two Surfaces, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 6-11, 22-27, C-H, M-R
D2391	Resin-Based Composite - One Surface, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. May not be used for PRR. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2392	Resin-Based Composite - Two Surfaces, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2393	Resin-Based Composite - Three Surfaces, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2542	Onlay - Metallic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32

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D2543	Onlay - Metallic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2544	Onlay - Metallic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2740	Crown - Porcelain/Ceramic	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2750	Crown - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2751	Crown - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2752	Crown - Porcelain Fused To Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2790	Crown - Full Cast High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2791	Crown - Full Cast Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32

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D2792	Crown - Full Cast Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2910	Recement Inlay, Onlay, Or Partial Coverage Restoration	No	No		21	999	1	6	Month	One per tooth per 6 months. Teeth Covered: 1-32
D2915	Recement Cast Or Prefabricated Post And Core	No	No		21	999	1	6	Month	Not allowed within 6 months of D2954 by the same provider or provider group. One per tooth per 6 months. Teeth Covered: 1-32
D2920	Recement Crown	No	No		21	999	1	6	Month	Re-cement within 6 months of initial placement by same provider or provider group will be considered a duplicate service and will not be paid. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	No	Yes	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Authorization required for three or more crowns. Teeth Covered: 1-32
D2932	Prefabricated Resin Crown	No	Yes	Pre-operative periapical x-rays and optional photos	21	999	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Authorization required for three or more crowns. Teeth Covered: 6-11, 22-27, C-H, M-R
D2940	Protective Restoration	No	No		21	999	1	6	Month	Not allowed with pulpotomy, pulpectomy, or root canal therapy. Not allowed on the same date of service as a restoration. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2950	Core Buildup, Including Any Pins When Required	No	No		21	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D2951	Pin Retention - Per Tooth, In Addition To Restoration	No	No		21	999	4	1	Day	Not allowed with (D2950, D2954) on same DOS. Teeth Covered: 1-32
D2954	Prefabricated Post And Core In Addition To Crown	No	Yes	Final RCT fill periapical x-ray	21	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No	No		21	999	1	1	Lifetime	One per lifetime per tooth. Teeth Covered: 6-11, 22-27
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant. For removing hyperplastic tissue to reduce pocket depth
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.

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D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4249	Clinical Crown Lengthening - Hard Tissue	No	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity	21	999	1	1	Lifetime	One per lifetime per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period.
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4263	Bone Replacement Graft - First Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	3	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4270	Pedicle Soft Tissue Graft Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per tooth per lifetime Teeth Covered: 1-32
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4274	Distal Or Proximal Wedge Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months.Tooth number required on claim form. Teeth Covered: 1-32
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Additional Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4320	Provisional Splinting - Intracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4321	Provisional Splinting - Extracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	21	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	21	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.

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D4355	Full Mouth Debridement	No	No		21	999	1	12	Month	Only one of (D1110 or D4355) per 6 months. Not billable with D4341 or D4342. Not eligible for payment if performed on the same date or within 12 months of a D0120 or D0150. Not allowed for twelve months following D1120 or any D4000 series code.
D4910	Periodontal Maintenance	No	No		21	999	1	6	Month	Requires history of D4210, D4211, D4240, D4241, D4260, D4261, D4341, D4342, or valid 4910. One (D1110 or D4910) per 6 months.
D5110	Complete Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5110, D5130, or D5221) per 60 months
D5120	Complete Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5120, D5140, or D5222) per 60 months.
D5130	Immediate Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	1	Lifetime	
D5140	Immediate Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	1	Lifetime	
D5221	Immediate Maxillary Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5110, D5130, or D5221) per 60 months
D5222	Immediate Mandibular Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5120, D5140, or D5222) per 60 months.
D5511	Repair Broken Complete Denture Base, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5512	Repair Broken Complete Denture Base, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5611	Repair Resin Partial Denture Base, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5612	Repair Resin Partial Denture Base, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5621	Repair Cast Partial Framework, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5622	Repair Cast Partial Framework, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5630	Repair Or Replace Broken Retentive/Clasping Materials - per tooth	No	No		21	999	1	21	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5640	Replace Broken Teeth - Per Tooth	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5650	Add Tooth To Existing Partial Denture	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5730	Reline Complete Maxillary Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5731	Reline Complete Mandibular Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5740	Reline Maxillary Partial Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5741	Reline Mandibular Partial Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.

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D5750	Reline Complete Maxillary Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5751	Reline Complete Mandibular Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5760	Reline Maxillary Partial Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5761	Reline Mandibular Partial Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5999	Unspecified Maxillofacial Prosthesis, By Report	Yes	Yes	Description of procedure and narrative of medical necessity	21	999	1	1	Day	One per day.
D6930	Recement Fixed Partial Denture	No	No		21	999	1	6	Month	Same provider cannot bill within 6 months of placement. One per abutment per 6 months. Teeth Covered: 1-32
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. Preoperative periapical x-rays. Photos optional.	21	999	1	1	Day	Teeth Covered: 1-32
D7140	Extraction, Erupted Tooth Or Exposed Root	No	No		21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7210	Surgical Removal Of Erupted Tooth	No	No		21	999	1	1	Lifetime	Requires elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7220	Removal Of Impacted Tooth - Soft Tissue	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7230	Removal Of Impacted Tooth - Partially Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7240	Removal Of Impacted Tooth - Completely Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	No	Yes	Pre-operative x-rays (excluding bitewings)	21	999	1	1	Lifetime	Not payable to provider group who previously billed extraction. Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity. Photos optional	21	999	1	1	Lifetime	Once per lifetime per tooth. Teeth Covered: 1-32
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays (excluding bitewings).	21	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. Minimum of four teeth extracted in quadrant.
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays (excluding bitewings).	21	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. One to three teeth extracted in quadrant.
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	21	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. Minimum of four tooth spaces in quadrant.
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	21	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. One to three tooth spaces in quadrant.
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999	1	1	Lifetime	Once per lifetime per tooth.
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999	1	1	Lifetime	Once per lifetime per tooth.
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999				
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999				
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	21	999	1	1	Day	Only one of (D7510 or D7511) per day per tooth. Not payable same DOS as D7140-D7250. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	21	999	1	1	Day	Only one of (D7510 or D7511) per day.
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7710	Maxilla - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7720	Maxilla - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7730	Mandible - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7740	Mandible - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7810	Open Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7820	Closed Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7999	Unspecified Oral Surgery Procedure, By Report	Yes	No	Description of procedure, x-rays and narrative of medical necessity.	21	999	1	1	Day	
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	No	No		21	999	4	12	Month	Only one of (D0140 or D9110) per day per provider group. For emergency care only.
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	Yes	No	Clinical documentation supporting necessity	21	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9230, D9239, D9243, or D9248.
D9223	Deep Sedation/General Anesthesia - each subsequent 15 minute increment	No	No		21	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed on the same date of service with D9230, D9243, or D9248. Valid D9222 must be on file.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	No	Supporting documentation must be kept in patient record.	21	999	1	1	Day	Not allowed same DOS as D9222, D9223, D9239, D9243, or D9248
D9239	Intravenous Moderate (conscious) Sedation/Analgesia – First 15 Minutes	Yes	Yes	Clinical documentation supporting necessity	21	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248.
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Subs 15 Min	No	No		21	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248. Valid D9239 must be on file.
D9248	Non-Intravenous Moderate (Conscious) Sedation	No	Yes	Clinical documentation supporting necessity	21	999	1	1	Day	Limited to patients with a mental or physical handicap, extremely apprehensive, or extensive treatment is performed in one appointment. D9248 is not allowed on same date of service as D9222, D9223, D9230, D9239, or D9243. Permit A or B is required.
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	No	Supporting documentation must be kept in patient record.	21	999	1	1	Day	One per day per provider group.
D9610	Therapeutic Parenteral Drug, Single Administration	No	Yes	Description of drugs and parenteral administration	21	999	1	1	Day	Name of drug and amount administered. One per day.
D9630	Other Drugs And/Or Medicaments, By Report	No	Yes	Description of drugs	21	999	1	1	Day	Name of drug and amount administered. One per day.
D9999	Unspecified Adjunctive Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. For Outpatient facility usage, include completed health plan Outpatient Facility Authorization form, clinical documentation of necessity.	21	999	1	1	Day	

Meridian Medicaid Plan – Adults Age 21 and Older

D0120	Periodic Oral Evaluation - Established Patient	No	No		21	999	1	6	Month	Not allowed within 6 months of D0150.
D0140	Limited Oral Evaluation - Problem Focused	No	No		21	999	1	1	Day	Only one of (D0140 or D9110) per day per provider group. For emergency exam only. Not payable if performed in conjunction with either D0120, D0150, or D0180.
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	No		21	999	1	1	Lifetime	Only one D0150 per lifetime per provider group.

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D0210	Intraoral - Complete Series of Radiographic Images	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member.
D0220	Intraoral - Periapical First Radiographic Image	No	No		21	999	1	1	Day	Only one D0220 per day per per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete Series (D0210).
D0230	Intraoral - Periapical Each Additional Image	No	No		21	999				Maximum reimbursement is up to the fee of D0210.
D0270	Bitewing - Single Radiographic Image	No	No		21	999	1	12	Month	One D0270 per 12 months per provider group. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0272	Bitewings - Two Radiographic Images	No	No		21	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0274	Bitewings - Four Radiographic Images	No	No		21	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0330	Panoramic Radiographic Image	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0999	Unspecified Diagnostic Procedures, By Report						1	1	Day	For FQHC Encounter billing. D0999 must be on first line of claim with additional service listed.
D1110	Prophylaxis - Adult	No	No		21	999	1	6	Month	
D1354	Interim Caries Arresting Medicament Application - Per Tooth	No	No		21	999	6	1	Lifetime	2 applications per tooth per year. Lifetime maximum of six applications per tooth. Providers may treat a maximum of 4 teeth per day, providing participant has no history of any prior or same day billing of CDT category D2000 (Restorative codes) or CDT category D3000 (Endodontic codes) on the same tooth.
D2140	Amalgam - One Surface, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2160	Amalgam - Three Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-32, A-T
D2330	Resin-Based Composite - One Surface, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2331	Resin-Based Composite - Two Surfaces, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 6-11, 22-27, C-H, M-R
D2391	Resin-Based Composite - One Surface, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. May not be used for PRR. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2392	Resin-Based Composite - Two Surfaces, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2393	Resin-Based Composite - Three Surfaces, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2542	Onlay - Metallic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2543	Onlay - Metallic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2544	Onlay - Metallic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2740	Crown - Porcelain/Ceramic	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2750	Crown - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2751	Crown - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2752	Crown - Porcelain Fused To Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2790	Crown - Full Cast High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2791	Crown - Full Cast Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2792	Crown - Full Cast Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2910	Recement Inlay, Onlay, Or Partial Coverage Restoration	No	No		21	999	1	6	Month	One per tooth per 6 months. Teeth Covered: 1-32
D2915	Recement Cast Or Prefabricated Post And Core	No	No		21	999	1	6	Month	Not allowed within 6 months of D2954 by the same provider or provider group. One per tooth per 6 months. Teeth Covered: 1-32
D2920	Recement Crown	No	No		21	999	1	6	Month	Re-cement within 6 months of initial placement by same provider or provider group will be considered a duplicate service and will not be paid. One per tooth per 6 months. Teeth Covered: 1-32, A-T

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	No	Yes	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Authorization required for three or more crowns. Teeth Covered: 1-32
D2932	Prefabricated Resin Crown	No	Yes	Pre-operative periapical x-rays and optional photos	21	999	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Authorization required for three or more crowns. Teeth Covered: 6-11, 22-27, C-H, M-R
D2940	Protective Restoration	No	No		21	999	1	6	Month	Not allowed with pulpotomy, pulpectomy, or root canal therapy. Not allowed on the same date of service as a restoration. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2950	Core Buildup, Including Any Pins When Required	No	No		21	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D2951	Pin Retention - Per Tooth, In Addition To Restoration	No	No		21	999	4	1	Day	Not allowed with (D2950, D2954) on same DOS. Teeth Covered: 1-32
D2954	Prefabricated Post And Core In Addition To Crown	No	Yes	Final RCT fill periapical x-ray	21	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No	No		21	999	1	1	Lifetime	One per lifetime per tooth. Teeth Covered: 6-11, 22-27
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4249	Clinical Crown Lengthening - Hard Tissue	No	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity	21	999	1	1	Lifetime	One per lifetime per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period.
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D4263	Bone Replacement Graft - First Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	3	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4270	Pedicle Soft Tissue Graft Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per tooth per lifetime Teeth Covered: 1-32
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4274	Distal Or Proximal Wedge Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months.Tooth number required on claim form. Teeth Covered: 1-32
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Additional Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4320	Provisional Splinting - Intracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4321	Provisional Splinting - Extracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	21	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	21	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4355	Full Mouth Debridement	No	No		21	999	1	12	Month	Only one of (D1110 or D4355) per 6 months. Not billable with D4341 or D4342. Not eligible for payment if performed on the same date or within 12 months of a D0120 or D0150. Not allowed for twelve months following D1120 or any D4000 series code.
D4910	Periodontal Maintenance	No	No		21	999	1	6	Month	Requires history of D4210, D4211, D4240, D4241, D4260, D4261, D4341, D4342, or valid 4910. One (D1110 or D4910) per 6 months.
D5110	Complete Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5110, D5130, or D5221) per 60 months
D5120	Complete Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5120, D5140, or D5222) per 60 months.
D5130	Immediate Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	1	Lifetime	
D5140	Immediate Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	1	Lifetime	

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D5221	Immediate Maxillary Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5110, D5130, or D5221) per 60 months
D5222	Immediate Mandibular Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5120, D5140, or D5222) per 60 months.
D5511	Repair Broken Complete Denture Base, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5512	Repair Broken Complete Denture Base, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5611	Repair Resin Partial Denture Base, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5612	Repair Resin Partial Denture Base, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5621	Repair Cast Partial Framework, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5622	Repair Cast Partial Framework, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5630	Repair Or Replace Broken Retentive/Clasping Materials - per tooth	No	No		21	999	1	21	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5640	Replace Broken Teeth - Per Tooth	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5650	Add Tooth To Existing Partial Denture	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5730	Reline Complete Maxillary Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5731	Reline Complete Mandibular Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5740	Reline Maxillary Partial Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5741	Reline Mandibular Partial Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5750	Reline Complete Maxillary Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5751	Reline Complete Mandibular Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5760	Reline Maxillary Partial Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5761	Reline Mandibular Partial Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5999	Unspecified Maxillofacial Prosthesis, By Report	Yes	Yes	Description of procedure and narrative of medical necessity	21	999	1	1	Day	One per day.
D6930	Recement Fixed Partial Denture	No	No		21	999	1	6	Month	Same provider cannot bill within 6 months of placement. One per abutment per 6 months. Teeth Covered: 1-32
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. Preoperative periapical x-rays. Photos optional.	21	999	1	1	Day	Teeth Covered: 1-32

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7140	Extraction, Erupted Tooth Or Exposed Root	No	No		21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7210	Surgical Removal Of Erupted Tooth	No	No		21	999	1	1	Lifetime	Requires elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7220	Removal Of Impacted Tooth - Soft Tissue	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7230	Removal Of Impacted Tooth - Partially Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7240	Removal Of Impacted Tooth - Completely Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	No	Yes	Pre-operative x-rays (excluding bitewings)	21	999	1	1	Lifetime	Not payable to provider group who previously billed extraction. Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity. Photos optional	21	999	1	1	Lifetime	Once per lifetime per tooth. Teeth Covered: 1-32
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays (excluding bitewings).	21	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. Minimum of four teeth extracted in quadrant.
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays (excluding bitewings).	21	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. One to three teeth extracted in quadrant.
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	21	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. Minimum of four tooth spaces in quadrant.
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	21	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. One to three tooth spaces in quadrant.
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999	1	1	Lifetime	Once per lifetime per tooth.

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999	1	1	Lifetime	Once per lifetime per tooth.
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999				
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999				
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	21	999	1	1	Day	Only one of (D7510 or D7511) per day per tooth. Not payable same DOS as D7140-D7250. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	21	999	1	1	Day	Only one of (D7510 or D7511) per day.
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7710	Maxilla - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7720	Maxilla - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7730	Mandible - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7740	Mandible - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7810	Open Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7820	Closed Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7999	Unspecified Oral Surgery Procedure, By Report	Yes	No	Description of procedure, x-rays and narrative of medical necessity.	21	999	1	1	Day	
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	No	No		21	999	4	12	Month	Only one of (D0140 or D9110) per day per provider group. For emergency care only.
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	Yes	No	Clinical documentation supporting necessity	21	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9230, D9239, D9243, or D9248.
D9223	Deep Sedation/General Anesthesia - each subsequent 15 minute increment	No	No		21	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed on the same date of service with D9230, D9243, or D9248. Valid D9222 must be on file.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	No	Supporting documentation must be kept in patient record.	21	999	1	1	Day	Not allowed same DOS as D9222, D9223, D9239, D9243, or D9248

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D9239	Intravenous Moderate (conscious) Sedation/Analgesia – First 15 Minutes	Yes	Yes	Clinical documentation supporting necessity	21	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248.
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Subs 15 Min	No	No		21	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248. Valid D9239 must be on file.
D9248	Non-Intravenous Moderate (Conscious) Sedation	No	Yes	Clinical documentation supporting necessity	21	999	1	1	Day	Limited to patients with a mental or physical handicap, extremely apprehensive, or extensive treatment is performed in one appointment. D9248 is not allowed on same date of service as D9222, D9223, D9230, D9239, or D9243. Permit A or B is required.
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	No	Supporting documentation must be kept in patient record.	21	999	1	1	Day	One per day per provider group.
D9610	Therapeutic Parenteral Drug, Single Administration	No	Yes	Description of drugs and parenteral administration	21	999	1	1	Day	Name of drug and amount administered. One per day.
D9630	Other Drugs And/Or Medicaments, By Report	No	Yes	Description of drugs	21	999	1	1	Day	Name of drug and amount administered. One per day.
D9999	Unspecified Adjunctive Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. For Outpatient facility usage, include completed health plan Outpatient Facility Authorization form, clinical documentation of necessity.	21	999	1	1	Day	

Meridian Medicaid Plan – Children Under Age 21

D0120	Periodic Oral Evaluation - Established Patient	No	No		0	20	1	6	Month	One per 6 months per location. Not allowed within 6 months of D0150.
D0140	Limited Oral Evaluation - Problem Focused	No	No		0	20	1	1	Day	Only one of (D0140 or D9110) per day per provider group. For emergency exam only. Not payable if performed in conjunction with either D0120, D0150, or D0180.
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	No		0	20	1	1	Lifetime	One D0150 per provider or location per lifetime.
D0210	Intraoral - Complete Series of Radiographic Images	No	No		6	20	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member.
D0220	Intraoral - Periapical First Radiographic Image	No	No		0	20	1	1	Day	Only one D0220 per day per per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete Series (D0210).
D0230	Intraoral - Periapical Each Additional Image	No	No		0	20				Maximum reimbursement is up to the fee of D0210.
D0270	Bitewing - Single Radiographic Image	No	No		0	20	1	12	Month	One D0270 per 12 months per provider group. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0272	Bitewings - Two Radiographic Images	No	No		2	20	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D0274	Bitewings - Four Radiographic Images	No	No		10	20	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	No	No		6	20	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0330	Panoramic Radiographic Image	No	No		6	20	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0601	Caries Risk Assessment And Documentation, With A Finding of Low Risk	No	No		0	20	1	12	Month	Only when performed on same date of service as D0120, D0140, or D0150.
D0602	Caries Risk Assessment And Documentation, With A Finding of Moderate Risk	No	No		0	20	1	12	Month	Only when performed on same date of service as D0120, D0140, or D0150.
D0603	Caries Risk Assessment And Documentation, With A Finding of High Risk	No	No		0	20	1	12	Month	Only when performed on same date of service as D0120, D0140, or D0150.
D0999	Unspecified Diagnostic Procedures, By Report						1	1	Day	For FQHC Encounter billing. D0999 must be on first line of claim with additional service listed.
D1120	Prophylaxis - Child	No	No		0	20	1	6	Month	Only one of (D1120 or D4355) per 6 months.
D1206	Topical Application Of Fluoride Varnish	No	No		0	20	1 or 3 (See Notes)	6 or 12 (See Notes)	Month	Age 0-2: 3 of (D1206 or D1208) per 12 Months in an office setting. Age 3-20: 1 of (D1206 or D1208) per 6 months.
D1208	Topical Application of Fluoride	No	No		0	20	1 or 3 (See Notes)	6 or 12 (See Notes)	Month	Age 0-2: 3 of (D1206 or D1208) per 12 Months in an office setting. Age 3-20: 1 of (D1206 or D1208) per 6 months.
D1351	Sealant - Per Tooth	No	No		5	17	1	24	Month	One per 2 years per tooth regardless of place of service. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations. Teeth Covered: 2, 3, 14, 15, 18, 19, 30, 31
D1354	Interim Caries Arresting Medicament Application - Per Tooth	No	No		0	20	6	1	Lifetime	2 applications per tooth per year. Lifetime maximum of six applications per tooth. Providers may treat a maximum of 4 teeth per day, providing participant has no history of any prior or same day billing of CDT category D2000 (Restorative codes) or CDT category D3000 (Endodontic codes) on the same tooth.
D1510	Space Maintainer - Fixed - Unilateral	No	No		0	20	1	1	Lifetime	Only one of (D1510 or D1520) per quadrant per lifetime per provider group. (LL, LR, UL, UR)
D1516	Space Maintainer Fixed Bilateral Maxillary	No	No		0	20	1	1	Lifetime	Only one of (D1516 or D1526) per lifetime per provider group.
D1517	Space Maintainer Fixed Bilateral Mandibular	No	No		0	20	1	1	Lifetime	Only one of (D1517 or D1527) per lifetime per provider group.
D1520	Space Maintainer - Removable - Unilateral	No	No		0	20	1	1	Lifetime	Only one of (D1510 or D1520) per quadrant per lifetime per provider group. (LL, LR, UL, UR)

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D1526	Space Maintainer Removable Bilateral Maxillary	No	No		0	20	1	1	Lifetime	Only one of (D1516 or D1526) per lifetime per provider group.
D1527	Space Maintainer Removable Bilateral Mandibular	No	No		0	20	1	1	Lifetime	Only one of (D1517 or D1527) per lifetime per provider group.
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	No	No		0	20	1	6	Month	Not allowed within 6 months of placement.
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	No	No		0	20	1	6	Month	Not allowed within 6 months of placement.
D1553	Re-Cement or Re-Bond Unilateral Space Maintainer - Per Quadrant	No	No		0	20	1	6	Month	Not allowed within 6 months of placement.
D2140	Amalgam - One Surface, Primary Or Permanent	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2160	Amalgam - Three Surfaces, Primary Or Permanent	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	No		0	20	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-32, A-T
D2330	Resin-Based Composite - One Surface, Anterior	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2331	Resin-Based Composite - Two Surfaces, Anterior	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	No		0	20	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 6-11, 22-27, C-H, M-R
D2391	Resin-Based Composite - One Surface, Posterior	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. May not be used for PRR. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2392	Resin-Based Composite - Two Surfaces, Posterior	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T

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D2393	Resin-Based Composite - Three Surfaces, Posterior	No	No		0	20	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	No		0	20	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2542	Onlay - Metallic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2543	Onlay - Metallic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2544	Onlay - Metallic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2740	Crown - Porcelain/Ceramic	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2750	Crown - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2751	Crown - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2752	Crown - Porcelain Fused To Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32

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D2790	Crown - Full Cast High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2791	Crown - Full Cast Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2792	Crown - Full Cast Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2910	Recement Inlay, Onlay, Or Partial Coverage Restoration	No	No		0	20	1	6	Month	One per tooth per 6 months. Teeth Covered: 1-32
D2915	Recement Cast Or Prefabricated Post And Core	No	No		0	20	1	6	Month	Not allowed within 6 months of D2954 by the same provider or provider group. One per tooth per 6 months. Teeth Covered: 1-32
D2920	Recement Crown	No	No		0	20	1	6	Month	Re-cement within 6 months of initial placement by same provider or provider group will be considered a duplicate service and will not be paid. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2930	Prefabricated stainless steel crown - primary tooth	No	No		0	20	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Teeth Covered: A-T
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Authorization required for three or more crowns. Teeth Covered: 1-32
D2932	Prefabricated Resin Crown	No	Yes	Pre-operative periapical x-rays and optional photos	0	20	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Authorization required for three or more crowns. Teeth Covered: 6-11, 22-27, C-H, M-R
D2933	Prefabricated Stainless Steel Crown With Resin Window	No	No		0	20	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Teeth Covered: C-H, M-R
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	No	No		0	20	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Teeth Covered: A-T
D2940	Protective Restoration	No	No		0	20	1	6	Month	Not allowed with pulpotomy, pulpectomy, or root canal therapy. Not allowed on the same date of service as a restoration. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2950	Core Buildup, Including Any Pins When Required	No	No		0	20	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D2951	Pin Retention - Per Tooth, In Addition To Restoration	No	No		0	20	4	1	Day	Not allowed with (D2950, D2954) on same DOS. Teeth Covered: 1-32
D2954	Prefabricated Post And Core In Addition To Crown	No	Yes	Final RCT fill periapical x-ray	0	20	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D3220	Therapeutic Pulpotomy	No	No		0	20	1	1	Lifetime	Only one of (D3220 or D3230) per tooth per lifetime. Not reimbursable with root canal therapy. Teeth Covered: A-T

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D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	No	Yes	Pre-operative periapical x-ray, narrative of medical necessity	0	20	1	1	Lifetime	Only one of (D3222, D3351, D3352, D3353) per lifetime per tooth. D3222 covered for trauma cases only. Teeth Covered: 6-11, 22-27
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	No	No		0	20	1	1	Lifetime	Only one of (D3220 or D3230) per tooth per lifetime. Teeth Covered: C-H, M-R
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No	No		0	20	1	1	Lifetime	One per lifetime per tooth. Teeth Covered: 6-11, 22-27
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	No	No		0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 4, 5, 12, 13, 20, 21, 28, 29
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	No	No		0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-3, 14-19, 30-32
D3351	Apexification / Recalcification - Initial Visit	No	Yes	Pre-operative periapical x-ray, narrative of medical necessity	0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-32
D3352	Apexification / Recalcification - Interim	No	Yes	Pre-operative periapical x-ray, date of initial visit	0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-32
D3353	Apexification / Recalcification - Final Visit	No	Yes	Pre-operative periapical x-ray, date of initial visit, post-operative x-ray	0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-32
D3410	Apicoectomy - Anterior	No	Yes	Pre-operative periapical x-ray	0	20	1	1	Lifetime	One per lifetime per tooth. Not payable concurrent with root canal treatment. Teeth Covered: 6-11, 22-27
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4249	Clinical Crown Lengthening - Hard Tissue	Yes	No	Pre-operative x-ray(s), perio charting, narrative of medical necessity	0	20	1	1	Lifetime	One per lifetime per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period.
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.

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D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth	No	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity. Photos optional.	0	20	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4263	Bone Replacement Graft - First Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	3	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4270	Pedicle Soft Tissue Graft Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	1	Lifetime	One per tooth per lifetime Teeth Covered: 1-32
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4274	Distal Or Proximal Wedge Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	One per quadrant per 24 months.Tooth number required on claim form. Teeth Covered: 1-32
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Additional Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	3	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4320	Provisional Splinting - Intracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4321	Provisional Splinting - Extracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	20	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	0	20	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	0	20	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4355	Full Mouth Debridement	No	No		0	20	1	6	Month	Only one of (D1110 or D4355) per 6 months. Not billable with D4341 or D4342. Not eligible for payment if performed on the same date or within 12 months of a D0120 or D0150. Not allowed for twelve months following D1120 or any D4000 series code.
D4910	Periodontal Maintenance	No	No		0	20	1	6	Month	Requires history of D4210, D4211, D4240, D4241, D4260, D4261, D4341, D4342, or valid 4910. One (D1110 or D4910) per 6 months.
D5110	Complete Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5120	Complete Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.

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D5130	Immediate Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	1	Lifetime	
D5140	Immediate Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	1	Lifetime	
D5211	Maxillary Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5212	Mandibular Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5221	Immediate Maxillary Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5222	Immediate Mandibular Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5223	immediate maxillary partial denture - cast metal framework with resin denture ba	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5224	Immediate mandibular partial denture	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5511	Repair Broken Complete Denture Base, Mandibular	No	No		0	20	2	12	Month	Not covered within 6 months of insertion.
D5512	Repair Broken Complete Denture Base, Maxillary	No	No		0	20	2	12	Month	Not covered within 6 months of insertion.
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	No		0	20	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5611	Repair Resin Partial Denture Base, Mandibular	No	No		0	20	2	12	Month	Not covered within 6 months of insertion.
D5612	Repair Resin Partial Denture Base, Maxillary	No	No		0	20	2	12	Month	Not covered within 6 months of insertion.
D5621	Repair Cast Partial Framework, Mandibular	No	No		0	20	2	12	Month	Not covered within 6 months of insertion.
D5622	Repair Cast Partial Framework, Maxillary	No	No		0	20	2	12	Month	Not covered within 6 months of insertion.
D5630	Repair Or Replace Broken Retentive/Clasping Materials - per tooth	No	No		0	20	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5640	Replace Broken Teeth - Per Tooth	No	No		0	20	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5650	Add Tooth To Existing Partial Denture	No	No		0	20	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5730	Reline Complete Maxillary Denture (direct)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5731	Reline Complete Mandibular Denture (direct)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5740	Reline Maxillary Partial Denture (direct)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.

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D5741	Reline Mandibular Partial Denture (direct)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5750	Reline Complete Maxillary Denture (indirect)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5751	Reline Complete Mandibular Denture (indirect)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5760	Reline Maxillary Partial Denture (indirect)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5761	Reline Mandibular Partial Denture (indirect)	No	Yes	Date of denture placement	0	20	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5999	Unspecified Maxillofacial Prosthesis, By Report	Yes	No	Narrative of medical necessity	0	20	1	1	Day	One per day.
D6210	Pontic - Cast High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6211	Pontic - Cast Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6212	Pontic - Cast Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6240	Pontic - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6242	Pontic - Porcelain Fused To Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6251	Pontic - Resin With Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6721	Retainer Crown - Resin With Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6752	Retainer Crown - Porcelain Fused To Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6790	Retainer Crown - Full Cast High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28

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D6791	Retainer Crown - Full Cast Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6792	Retainer Crown - Full Cast Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6930	Recement Fixed Partial Denture	No	No		0	20	1	6	Month	Same provider cannot bill within 6 months of placement. One per abutment per 6 months. Teeth Covered: 1-32
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. Preoperative periapical x-rays. Photos optional.	0	20	1	1	Day	Teeth Covered: 1-32
D7140	Extraction, Erupted Tooth Or Exposed Root	No	No		0	20	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7210	Surgical Removal Of Erupted Tooth	No	No		0	20	1	1	Lifetime	Requires elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7220	Removal Of Impacted Tooth - Soft Tissue	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	0	20	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7230	Removal Of Impacted Tooth - Partially Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	0	20	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7240	Removal Of Impacted Tooth - Completely Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	0	20	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	No	Yes	Pre-operative x-rays (excluding bitewings)	0	20	1	1	Lifetime	Not payable to provider group who previously billed extraction. Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity. Photos optional	0	20	1	1	Lifetime	Once per lifetime per tooth. Teeth Covered: 1-32

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7280	Surgical Access Of An Unerupted Tooth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	20	1	1	Lifetime	Only payable if Medicaid orthodontic treatment is approved. Once per lifetime per tooth. Teeth Covered: 1-32
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	20	1	1	Lifetime	Only payable if Medicaid orthodontic treatment is approved. Once per lifetime per tooth. Teeth Covered: 1-32
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-ray(s) (excluding bitewings).	0	20	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. Minimum of four teeth extracted in quadrant.
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-ray(s) (excluding bitewings).	0	20	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. One to three teeth extracted in quadrant.
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	20	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. Minimum of four tooth spaces in quadrant.
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	20	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. One to three tooth spaces in quadrant.
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	20	1	1	Lifetime	Once per lifetime per tooth.
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	20	1	1	Lifetime	Once per lifetime per tooth.
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	20				
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	20				
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	0	20	1	1	Day	Only one of (D7510 or D7511) per day per tooth. Not payable same DOS as D7140-D7250. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	0	20	1	1	Day	Only one of (D7510 or D7511) per day.
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7710	Maxilla - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7720	Maxilla - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7730	Mandible - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7740	Mandible - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	

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D7810	Open Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7820	Closed Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	20	1	1	Day	
D7961	Buccal/Labial Frenectomy (Frenulectomy)	No	Yes	Narrative of medical necessity and photos	0	20	6	1	Lifetime	
D7962	Lingual Frenectomy (Frenulectomy)	No	Yes	Narrative of medical necessity and photos	0	20	1	1	Lifetime	
D7963	Frenuloplasty	No	Yes	Narrative of medical necessity. Photos optional.	0	20	1	1	Lifetime	Only 1 D7963 per arch per lifetime. Indicate arch on claim form.
D7999	Unspecified Oral Surgery Procedure, By Report	Yes	No	Description of procedure, x-rays and narrative of medical necessity.	0	20	1	1	Day	
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	Yes	No	Cephalometric X-rays with interpretation, Panoramic radiograph, intra-oral and facial photographs, completed Handicapping Labio-Lingual Deviation Index (HLD), Treatment Plan	0	20	1	1	Lifetime	
D8660	Pre-Orthodontic Treatment Visit	Yes	No		0	20	1	1	Lifetime	Billed only for approved orthodontic cases. For cases when D8080 is not approved, bill D8999 for the pre-orthodontic treatment visit.
D8670	Periodic Orthodontic Treatment Visit (As Part Of Contract)	No	No		0	20	11	1	Lifetime	Only one D8670 per 45 days. Approved Medicaid orthodontic case must be on file.
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	No	Yes	Photos of finished orthodontic case	0	20	1	1	Lifetime	
D8999	Unspecified Orthodontic Procedure, By Report	No	Yes	Narrative of necessity, documentation of case denial	0	20	1	1	Lifetime	Only one D8999 per lifetime per member. Covered only when D8080 is denied.
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	No	No		0	20	4	12	Month	Only one of (D0140 or D9110) per day per provider group. For emergency care only.
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	Yes	No	Clinical documentation supporting necessity	0	20	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9230, D9239, D9243, or D9248.
D9223	Deep Sedation/General Anesthesia - each subsequent 15 minute increment	No	No		0	20	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed on the same date of service with D9230, D9243, or D9248. Valid D9222 must be on file.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	No	Supporting documentation must be kept in patient record.	0	20	1	1	Day	Not allowed same DOS as D9222, D9223, D9239, D9243, or D9248
D9239	Intravenous Moderate (conscious) Sedation/Analgesia – First 15 Minutes	Yes	No	Clinical documentation supporting necessity	0	20	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248.
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Subs 15 Min	No	No		0	20	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248. Valid D9239 must be on file.

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D9248	Non-Intravenous Moderate (Conscious) Sedation	No	Yes	Clinical documentation supporting necessity	0	20	1	1	Day	Limited to patients with a mental or physical handicap, extremely apprehensive, or extensive treatment is performed in one appointment. D9248 is not allowed on same date of service as D9222, D9223, D9230, D9239, or D9243. Permit A or B is required.
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	No	Supporting documentation must be kept in patient record.	0	20	1	1	Day	One per day per provider group.
D9610	Therapeutic Parenteral Drug, Single Administration	No	Yes	Description of drug and parenteral administration	0	20	1	1	Day	Name of drug and amount administered. One per day.
D9630	Other Drugs And/Or Medicaments, By Report	No	Yes	Description of drugs	0	20	1	1	Day	Name of drug and amount administered. One per day.
D9999	Unspecified Adjunctive Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. For Outpatient facility usage, include completed health plan Outpatient Facility Authorization form, clinical documentation of necessity.	0	20	1	1	Day	

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D0120	Periodic Oral Evaluation - Established Patient	No	No		21	999	1	6	Month	Not allowed within 6 months of D0150.
D0140	Limited Oral Evaluation - Problem Focused	No	No		21	999	1	1	Day	Only one of (D0140 or D9110) per day per provider group. For emergency exam only. Not payable if performed in conjunction with either D0120, D0150, or D0180.
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	No		21	999	1	1	Lifetime	Only one D0150 per lifetime per provider group.
D0210	Intraoral - Complete Series of Radiographic Images	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member.
D0220	Intraoral - Periapical First Radiographic Image	No	No		21	999	1	1	Day	Only one D0220 per day per per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete Series (D0210).
D0230	Intraoral - Periapical Each Additional Image	No	No		21	999				Maximum reimbursement is up to the fee of D0210.
D0270	Bitewing - Single Radiographic Image	No	No		21	999	1	12	Month	One D0270 per 12 months per provider group. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0272	Bitewings - Two Radiographic Images	No	No		21	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0274	Bitewings - Four Radiographic Images	No	No		21	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0330	Panoramic Radiographic Image	No	No		21	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0999	Unspecified Diagnostic Procedures, By Report						1	1	Day	For FQHC Encounter billing. D0999 must be on first line of claim with additional service listed.
D1110	Prophylaxis - Adult	No	No		21	999	1	6	Month	
D1354	Interim Caries Arresting Medicament Application - Per Tooth	No	No		21	999	6	1	Lifetime	2 applications per tooth per year. Lifetime maximum of six applications per tooth. Providers may treat a maximum of 4 teeth per day, providing participant has no history of any prior or same day billing of CDT category D2000 (Restorative codes) or CDT category D3000 (Endodontic codes) on the same tooth.
D2140	Amalgam - One Surface, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2160	Amalgam - Three Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-32, A-T
D2330	Resin-Based Composite - One Surface, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2331	Resin-Based Composite - Two Surfaces, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 6-11, 22-27, C-H, M-R

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D2391	Resin-Based Composite - One Surface, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. May not be used for PRR. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2392	Resin-Based Composite - Two Surfaces, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2393	Resin-Based Composite - Three Surfaces, Posterior	No	No		21	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	No		21	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2542	Onlay - Metallic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2543	Onlay - Metallic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2544	Onlay - Metallic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2740	Crown - Porcelain/Ceramic	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2750	Crown - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32

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D2751	Crown - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2752	Crown - Porcelain Fused To Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2790	Crown - Full Cast High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2791	Crown - Full Cast Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2792	Crown - Full Cast Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos.	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2910	Recement Inlay, Onlay, Or Partial Coverage Restoration	No	No		21	999	1	6	Month	One per tooth per 6 months. Teeth Covered: 1-32
D2915	Recement Cast Or Prefabricated Post And Core	No	No		21	999	1	6	Month	Not allowed within 6 months of D2954 by the same provider or provider group. One per tooth per 6 months. Teeth Covered: 1-32
D2920	Recement Crown	No	No		21	999	1	6	Month	Re-cement within 6 months of initial placement by same provider or provider group will be considered a duplicate service and will not be paid. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	No	Yes	Pre-operative periapical x-rays and optional photos	21	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Authorization required for three or more crowns. Teeth Covered: 1-32
D2932	Prefabricated Resin Crown	No	Yes	Pre-operative periapical x-rays and optional photos	21	999	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Authorization required for three or more crowns. Teeth Covered: 6-11, 22-27, C-H, M-R
D2940	Protective Restoration	No	No		21	999	1	6	Month	Not allowed with pulpotomy, pulpectomy, or root canal therapy. Not allowed on the same date of service as a restoration. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2950	Core Buildup, Including Any Pins When Required	No	No		21	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D2951	Pin Retention - Per Tooth, In Addition To Restoration	No	No		21	999	4	1	Day	Not allowed with (D2950, D2954) on same DOS. Teeth Covered: 1-32

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D2954	Prefabricated Post And Core In Addition To Crown	No	Yes	Final RCT fill periapical x-ray	21	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No	No		21	999	1	1	Lifetime	One per lifetime per tooth. Teeth Covered: 6-11, 22-27
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4249	Clinical Crown Lengthening - Hard Tissue	No	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity	21	999	1	1	Lifetime	One per lifetime per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period.
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4263	Bone Replacement Graft - First Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	3	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4270	Pedicle Soft Tissue Graft Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per tooth per lifetime Teeth Covered: 1-32
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4274	Distal Or Proximal Wedge Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months.Tooth number required on claim form. Teeth Covered: 1-32
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82

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D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Additional Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4320	Provisional Splinting - Intracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4321	Provisional Splinting - Extracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	21	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	21	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	21	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4355	Full Mouth Debridement	No	No		21	999	1	12	Month	Only one of (D1110 or D4355) per 6 months. Not billable with D4341 or D4342. Not eligible for payment if performed on the same date or within 12 months of a D0120 or D0150. Not allowed for twelve months following D1120 or any D4000 series code.
D4910	Periodontal Maintenance	No	No		21	999	1	6	Month	Requires history of D4210, D4211, D4240, D4241, D4260, D4261, D4341, D4342, or valid 4910. One (D1110 or D4910) per 6 months.
D5110	Complete Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5110, D5130, or D5221) per 60 months
D5120	Complete Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5120, D5140, or D5222) per 60 months.
D5130	Immediate Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	1	Lifetime	
D5140	Immediate Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	1	Lifetime	
D5221	Immediate Maxillary Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5110, D5130, or D5221) per 60 months
D5222	Immediate Mandibular Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	21	999	1	60	Month	Only one of (D5120, D5140, or D5222) per 60 months.
D5511	Repair Broken Complete Denture Base, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5512	Repair Broken Complete Denture Base, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5611	Repair Resin Partial Denture Base, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5612	Repair Resin Partial Denture Base, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5621	Repair Cast Partial Framework, Mandibular	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.
D5622	Repair Cast Partial Framework, Maxillary	No	No		21	999	2	12	Month	Not covered within 6 months of insertion.

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D5630	Repair Or Replace Broken Retentive/Clasping Materials - per tooth	No	No		21	999	1	21	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5640	Replace Broken Teeth - Per Tooth	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5650	Add Tooth To Existing Partial Denture	No	No		21	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5730	Reline Complete Maxillary Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5731	Reline Complete Mandibular Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5740	Reline Maxillary Partial Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5741	Reline Mandibular Partial Denture (direct)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5750	Reline Complete Maxillary Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5751	Reline Complete Mandibular Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5760	Reline Maxillary Partial Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5761	Reline Mandibular Partial Denture (indirect)	No	Yes	Date of denture placement	21	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5999	Unspecified Maxillofacial Prosthesis, By Report	Yes	Yes	Description of procedure and narrative of medical necessity	21	999	1	1	Day	One per day.
D6930	Recement Fixed Partial Denture	No	No		21	999	1	6	Month	Same provider cannot bill within 6 months of placement. One per abutment per 6 months. Teeth Covered: 1-32
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. Preoperative periapical x-rays. Photos optional.	21	999	1	1	Day	Teeth Covered: 1-32
D7140	Extraction, Erupted Tooth Or Exposed Root	No	No		21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7210	Surgical Removal Of Erupted Tooth	No	No		21	999	1	1	Lifetime	Requires elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7220	Removal Of Impacted Tooth - Soft Tissue	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7230	Removal Of Impacted Tooth - Partially Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7240	Removal Of Impacted Tooth - Completely Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	21	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	No	Yes	Pre-operative x-rays (excluding bitewings)	21	999	1	1	Lifetime	Not payable to provider group who previously billed extraction. Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity. Photos optional	21	999	1	1	Lifetime	Once per lifetime per tooth. Teeth Covered: 1-32
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays (excluding bitewings).	21	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. Minimum of four teeth extracted in quadrant.
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays (excluding bitewings).	21	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. One to three teeth extracted in quadrant.
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	21	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. Minimum of four tooth spaces in quadrant.
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	21	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. One to three tooth spaces in quadrant.
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999	1	1	Lifetime	Once per lifetime per tooth.
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999	1	1	Lifetime	Once per lifetime per tooth.
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999				
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	21	999				
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	21	999	1	1	Day	Only one of (D7510 or D7511) per day per tooth. Not payable same DOS as D7140-D7250. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	21	999	1	1	Day	Only one of (D7510 or D7511) per day.
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	

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D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7710	Maxilla - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7720	Maxilla - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7730	Mandible - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7740	Mandible - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7810	Open Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7820	Closed Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	21	999	1	1	Day	
D7999	Unspecified Oral Surgery Procedure, By Report	Yes	No	Description of procedure, x-rays and narrative of medical necessity.	21	999	1	1	Day	
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	No	No		21	999	4	12	Month	Only one of (D0140 or D9110) per day per provider group. For emergency care only.
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	Yes	No	Clinical documentation supporting necessity	21	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9230, D9239, D9243, or D9248.
D9223	Deep Sedation/General Anesthesia - each subsequent 15 minute increment	No	No		21	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed on the same date of service with D9230, D9243, or D9248. Valid D9222 must be on file.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	No	Supporting documentation must be kept in patient record.	21	999	1	1	Day	Not allowed same DOS as D9222, D9223, D9239, D9243, or D9248
D9239	Intravenous Moderate (conscious) Sedation/Analgesia – First 15 Minutes	Yes	Yes	Clinical documentation supporting necessity	21	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248.
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Subs 15 Min	No	No		21	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248. Valid D9239 must be on file.
D9248	Non-Intravenous Moderate (Conscious) Sedation	No	Yes	Clinical documentation supporting necessity	21	999	1	1	Day	Limited to patients with a mental or physical handicap, extremely apprehensive, or extensive treatment is performed in one appointment. D9248 is not allowed on same date of service as D9222, D9223, D9230, D9239, or D9243. Permit A or B is required.
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	No	Supporting documentation must be kept in patient record.	21	999	1	1	Day	One per day per provider group.
D9610	Therapeutic Parenteral Drug, Single Administration	No	Yes	Description of drugs and parenteral administration	21	999	1	1	Day	Name of drug and amount administered. One per day.
D9630	Other Drugs And/Or Medicaments, By Report	No	Yes	Description of drugs	21	999	1	1	Day	Name of drug and amount administered. One per day.

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D9999	Unspecified Adjunctive Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. For Outpatient facility usage, include completed health plan Outpatient Facility Authorization form, clinical documentation of necessity.	21	999	1	1	Day	
	YouthCare & Meridian (Foster Care and Special Needs Children)									
D0120	Periodic Oral Evaluation - Established Patient	No	No		0	999	1	6	Month	One per 6 months per location. Not allowed within 6 months of D0150.
D0140	Limited Oral Evaluation - Problem Focused	No	No		0	999	1	1	Day	Only one of (D0140 or D9110) per day per provider group. For emergency exam only. Not payable if performed in conjunction with either D0120, D0150, or D0180.
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No	No		0	999	1	1	Lifetime	One D0150 per provider or location per lifetime.
D0210	Intraoral - Complete Series of Radiographic Images	No	No		6	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member.
D0220	Intraoral - Periapical First Radiographic Image	No	No		0	999	1	1	Day	Only one D0220 per day per per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete Series (D0210).
D0230	Intraoral - Periapical Each Additional Image	No	No		0	999				Maximum reimbursement is up to the fee of D0210.
D0270	Bitewing - Single Radiographic Image	No	No		0	999	1	12	Month	One D0270 per 12 months per provider group. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0272	Bitewings - Two Radiographic Images	No	No		2	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0274	Bitewings - Four Radiographic Images	No	No		10	999	1	12	Month	One (D0272 or D0274) per 12 month per provider or location. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	No	No		6	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0330	Panoramic Radiographic Image	No	No		6	999	1	36	Month	Only one of (D0210, D0277, or D0330) per 36 months per member. Maximum reimbursement of a single date of service for radiographs limited to fee for complete series (D0210).
D0601	Caries Risk Assessment And Documentation, With A Finding of Low Risk	No	No		0	999	1	12	Month	Only when performed on same date of service as D0120, D0140, or D0150.
D0602	Caries Risk Assessment And Documentation, With A Finding of Moderate Risk	No	No		0	999	1	12	Month	Only when performed on same date of service as D0120, D0140, or D0150.

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D0603	Caries Risk Assessment And Documentation, With A Finding of High Risk	No	No		0	999	1	12	Month	Only when performed on same date of service as D0120, D0140, or D0150.
D0999	Unspecified Diagnostic Procedures, By Report	No	No		0	999	1	1	Day	For FQHC Encounter billing. D0999 must be on first line of claim with additional service listed.
D1110	Prophylaxis - Adult	No	No		21	999	1	6	Month	Only one of (D1110, D1120, D4355) per 6 months.
D1120	Prophylaxis - Child	No	No		0	20	1	6	Month	Only one of (D1110, D1120, D4355) per 6 months.
D1206	Topical Application Of Fluoride Varnish	No	No		0	20	1 or 3 (See Notes)	6 or 12 (See Notes)	Month	Age 0-2: 3 of (D1206 or D1208) per 12 Months in an office setting. Age 3-20: 1 of (D1206 or D1208) per 6 months.
D1208	Topical Application of Fluoride	No	No		0	20	1 or 3 (See Notes)	6 or 12 (See Notes)	Month	Age 0-2: 3 of (D1206 or D1208) per 12 Months in an office setting. Age 3-20: 1 of (D1206 or D1208) per 6 months.
D1351	Sealant - Per Tooth	No	No		5	17	1	24	Month	One per 2 years per tooth regardless of place of service. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations. Teeth Covered: 2, 3, 14, 15, 18, 19, 30, 31
D1354	Interim Caries Arresting Medicament Application - Per Tooth	No	No		0	999	6	1	Lifetime	2 applications per tooth per year. Lifetime maximum of six applications per tooth. Providers may treat a maximum of 4 teeth per day, providing participant has no history of any prior or same day billing of CDT category D2000 (Restorative codes) or CDT category D3000 (Endodontic codes) on the same tooth.
D1510	Space Maintainer - Fixed - Unilateral	No	No		0	20	1	1	Lifetime	Only one of (D1510 or D1520) per quadrant per lifetime per provider group. (LL, LR, UL, UR)
D1516	Space Maintainer Fixed Bilateral Maxillary	No	No		0	20	1	1	Lifetime	Only one of (D1516 or D1526) per lifetime per provider group.
D1517	Space Maintainer Fixed Bilateral Mandibular	No	No		0	20	1	1	Lifetime	Only one of (D1517 or D1527) per lifetime per provider group.
D1520	Space Maintainer - Removable - Unilateral	No	No		0	20	1	1	Lifetime	Only one of (D1510 or D1520) per quadrant per lifetime per provider group. (LL, LR, UL, UR)
D1526	Space Maintainer Removable Bilateral Maxillary	No	No		0	20	1	1	Lifetime	Only one of (D1516 or D1526) per lifetime per provider group.
D1527	Space Maintainer Removable Bilateral Mandibular	No	No		0	20	1	1	Lifetime	Only one of (D1517 or D1527) per lifetime per provider group.
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	No	No		0	20	1	6	Month	Not allowed within 6 months of placement.
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	No	No		0	20	1	6	Month	Not allowed within 6 months of placement.
D1553	Re-Cement or Re-Bond Unilateral Space Maintainer - Per Quadrant	No	No		0	20	1	6	Month	Not allowed within 6 months of placement.
D2140	Amalgam - One Surface, Primary Or Permanent	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D2150	Amalgam - Two Surfaces, Primary Or Permanent	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2160	Amalgam - Three Surfaces, Primary Or Permanent	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-32, A-T
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	No	No		0	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-32, A-T
D2330	Resin-Based Composite - One Surface, Anterior	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2331	Resin-Based Composite - Two Surfaces, Anterior	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2332	Resin-Based Composite - Three Surfaces, Anterior	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 6-11, 22-27, C-H, M-R
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	No	No		0	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 6-11, 22-27, C-H, M-R
D2391	Resin-Based Composite - One Surface, Posterior	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. May not be used for PRR. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2392	Resin-Based Composite - Two Surfaces, Posterior	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2393	Resin-Based Composite - Three Surfaces, Posterior	No	No		0	999	1	12	Month	Only one (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 months per surface. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	No	No		0	999	1	12	Month	One of (D2161, D2335, D2394) per 12 months per tooth. Teeth Covered: 1-5, 12-21, 28-32, A, B, I-L, S, T
D2542	Onlay - Metallic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2543	Onlay - Metallic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32

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D2544	Onlay - Metallic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Yes	No	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2740	Crown - Porcelain/Ceramic	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2750	Crown - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2751	Crown - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2752	Crown - Porcelain Fused To Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2790	Crown - Full Cast High Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2791	Crown - Full Cast Predominantly Base Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2792	Crown - Full Cast Noble Metal	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Teeth Covered: 1-32
D2910	Recement Inlay, Onlay, Or Partial Coverage Restoration	No	No		0	999	1	6	Month	One per tooth per 6 months. Teeth Covered: 1-32

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D2915	Recement Cast Or Prefabricated Post And Core	No	No		0	999	1	6	Month	Not allowed within 6 months of D2954 by the same provider or provider group. One per tooth per 6 months. Teeth Covered: 1-32
D2920	Recement Crown	No	No		0	999	1	6	Month	Re-cement within 6 months of initial placement by same provider or provider group will be considered a duplicate service and will not be paid. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2930	Prefabricated stainless steel crown - primary tooth	No	No		0	20	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Teeth Covered: A-T
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	60	Month	Only one of (D2542, D2543, D2544, D2642, D2643, D2644, D2740, D2750, D2751, D2752,D2753, D2790, D2791, D2792, D2931) per 60 months per tooth. Authorization required for three or more crowns. Teeth Covered: 1-32
D2932	Prefabricated Resin Crown	No	Yes	Pre-operative periapical x-rays and optional photos	0	999	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Authorization required for three or more crowns. Teeth Covered: 6-11, 22-27, C-H, M-R
D2933	Prefabricated Stainless Steel Crown With Resin Window	No	No		0	20	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Teeth Covered: C-H, M-R
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	No	No		0	20	1	1	Lifetime	Only one of (D2930, D2932, D2933, D2934) per lifetime per tooth. Teeth Covered: A-T
D2940	Protective Restoration	No	No		0	999	1	6	Month	Not allowed with pulpotomy, pulpectomy, or root canal therapy. Not allowed on the same date of service as a restoration. One per tooth per 6 months. Teeth Covered: 1-32, A-T
D2950	Core Buildup, Including Any Pins When Required	No	No		0	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D2951	Pin Retention - Per Tooth, In Addition To Restoration	No	No		0	999	4	1	Day	Not allowed with (D2950, D2954) on same DOS. Teeth Covered: 1-32
D2954	Prefabricated Post And Core In Addition To Crown	No	Yes	Final RCT fill periapical x-ray	0	999	1	60	Month	Only one of (D2950 or D2954) per tooth per 60 months. Teeth Covered: 1-32
D3220	Therapeutic Pulpotomy	No	No		0	20	1	1	Lifetime	Only one of (D3220 or D3230) per tooth per lifetime. Not reimbursable with root canal therapy. Teeth Covered: A-T
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	No	Yes	Pre-operative periapical x-ray, narrative of medical necessity	0	20	1	1	Lifetime	Only one of (D3222, D3351, D3352, D3353) per lifetime per tooth. D3222 covered for trauma cases only. Teeth Covered: 6-11, 22-27
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	No	No		0	20	1	1	Lifetime	Only one of (D3220 or D3230) per tooth per lifetime. Teeth Covered: C-H, M-R
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No	No		0	999	1	1	Lifetime	One per lifetime per tooth. Teeth Covered: 6-11, 22-27
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	No	No		0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 4, 5, 12, 13, 20, 21, 28, 29
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	No	No		0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-3, 14-19, 30-32

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D3351	Apexification / Recalcification - Initial Visit	No	Yes	Pre-operative periapical x-ray, narrative of medical necessity	0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-32
D3352	Apexification / Recalcification - Interim	No	Yes	Pre-operative periapical x-ray, date of initial visit	0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-32
D3353	Apexification / Recalcification - Final Visit	No	Yes	Pre-operative periapical x-ray, date of initial visit, post-operative x-ray	0	20	1	1	Lifetime	Only one of (D3310, D3320, D3330, D3351, D3352, D3353) per lifetime per tooth. Teeth Covered: 1-32
D3410	Apicoectomy - Anterior	No	Yes	Pre-operative periapical x-ray	0	20	1	1	Lifetime	One per lifetime per tooth. Not payable concurrent with root canal treatment. Teeth Covered: 6-11, 22-27
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant. For removing hyperplastic tissue to reduce pocket depth.
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4249	Clinical Crown Lengthening - Hard Tissue	Yes	No	Pre-operative x-ray(s), perio charting, narrative of medical necessity	0	999	1	1	Lifetime	One per lifetime per tooth. Not allowed in same quadrant as D4260 or D4261 within a 24 month period.
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. Minimum of four (4) affected teeth in the quadrant.
D4261	Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth	No	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity. Photos optional.	0	999	1	24	Month	Only one of (D4210, D4211, D4240, D4241, D4260, D4261) per 24 months per quadrant per provider group. One to three teeth affected in quadrant.
D4263	Bone Replacement Graft - First Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	3	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4270	Pedicle Soft Tissue Graft Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	1	Lifetime	One per tooth per lifetime Teeth Covered: 1-32

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D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32
D4274	Distal Or Proximal Wedge Procedure	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	One per quadrant per 24 months.Tooth number required on claim form. Teeth Covered: 1-32
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	One per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Additional Tooth	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	3	24	Month	Three per quadrant per 24 months. Tooth number required on claim form. Teeth Covered: 1-32, 51-82
D4320	Provisional Splinting - Intracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4321	Provisional Splinting - Extracoronal	No	Yes	Pre-operative x-rays, perio charting, narrative of medical necessity, photos optional	0	999	1	24	Month	Per arch (LA, UA) - one (D4320 or D4321) per arch per 24 months.
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	0	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	No	Yes	Pre-operative x-rays (bitewings and/or panoramic radiograph) and periodontal charting	0	999	1	24	Month	Only one of (D4341 or D4342) per 24 months per quadrant. One full mouth service is covered every 24 months.
D4355	Full Mouth Debridement	No	No		0	999	1	6	Month	Only one of (D1110 or D4355) per 6 months. Not billable with D4341 or D4342. Not eligible for payment if performed on the same date or within 12 months of a D0120 or D0150. Not allowed for twelve months following D1120 or any D4000 series code.
D4910	Periodontal Maintenance	No	No		0	999	1	6	Month	Requires history of D4210, D4211, D4240, D4241, D4260, D4261, D4341, D4342, or valid 4910. One (D1110 or D4910) per 6 months.
D5110	Complete Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	999	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5120	Complete Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	999	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5130	Immediate Denture - Maxillary	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	999	1	1	Lifetime	
D5140	Immediate Denture - Mandibular	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	999	1	1	Lifetime	
D5211	Maxillary Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5212	Mandibular Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.

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D5221	Immediate Maxillary Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5222	Immediate Mandibular Partial Denture - Resin Base	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5223	immediate maxillary partial denture - cast metal framework with resin denture ba	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5110, D5130, D5211, D5213, D5221, D5223) per 60 months
D5224	Immediate mandibular partial denture	Yes	No	Full mouth x-rays or panorex, prior date of placement	0	20	1	60	Month	Only one of (D5120, D5140, D5212, D5214, D5222, D5224) per 60 months.
D5511	Repair Broken Complete Denture Base, Mandibular	No	No		0	999	2	12	Month	Not covered within 6 months of insertion.
D5512	Repair Broken Complete Denture Base, Maxillary	No	No		0	999	2	12	Month	Not covered within 6 months of insertion.
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	No	No		0	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5611	Repair Resin Partial Denture Base, Mandibular	No	No		0	999	2	12	Month	Not covered within 6 months of insertion.
D5612	Repair Resin Partial Denture Base, Maxillary	No	No		0	999	2	12	Month	Not covered within 6 months of insertion.
D5621	Repair Cast Partial Framework, Mandibular	No	No		0	999	2	12	Month	Not covered within 6 months of insertion.
D5622	Repair Cast Partial Framework, Maxillary	No	No		0	999	2	12	Month	Not covered within 6 months of insertion.
D5630	Repair Or Replace Broken Retentive/Clasping Materials - per tooth	No	No		0	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5640	Replace Broken Teeth - Per Tooth	No	No		0	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5650	Add Tooth To Existing Partial Denture	No	No		0	999	1	12	Month	One per tooth per 12 months. Teeth Covered: 1-32
D5730	Reline Complete Maxillary Denture (direct)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5731	Reline Complete Mandibular Denture (direct)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5740	Reline Maxillary Partial Denture (direct)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5741	Reline Mandibular Partial Denture (direct)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5750	Reline Complete Maxillary Denture (indirect)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5730 or D5750) per 24 months. Not covered within 6 months of placement.
D5751	Reline Complete Mandibular Denture (indirect)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5731 or D5751) per 24 months. Not covered within 6 months of placement.
D5760	Reline Maxillary Partial Denture (indirect)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5740 or D5760) per 24 months. Not covered within 6 months of placement.
D5761	Reline Mandibular Partial Denture (indirect)	No	Yes	Date of denture placement	0	999	1	24	Month	Only one of (D5741 or D5761) per 24 months. Not covered within 6 months of placement.
D5999	Unspecified Maxillofacial Prosthesis, By Report	Yes	No	Narrative of medical necessity	0	999	1	1	Day	One per day.
D6210	Pontic - Cast High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27

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D6211	Pontic - Cast Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6212	Pontic - Cast Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6240	Pontic - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6242	Pontic - Porcelain Fused To Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6251	Pontic - Resin With Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6210, D6211, D6212, D6240, D6241, D6242, D6251) per 60 months per tooth. Teeth Covered: 6-11, 22-27
D6721	Retainer Crown - Resin With Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6752	Retainer Crown - Porcelain Fused To Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6790	Retainer Crown - Full Cast High Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6791	Retainer Crown - Full Cast Predominantly Base Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6792	Retainer Crown - Full Cast Noble Metal	No	Yes	Pre-operative x-rays, date of prior placement if applicable	0	20	1	60	Month	Only one of (D6721, D6750, D6751, D6752, D6753, D6790, D6791, D6792) per 60 months per tooth. Teeth Covered: 5-12, 21-28
D6930	Recement Fixed Partial Denture	No	No		0	999	1	6	Month	Same provider cannot bill within 6 months of placement. One per abutment per 6 months. Teeth Covered: 1-32
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. Preoperative periapical x-rays. Photos optional.	0	999	1	1	Day	Teeth Covered: 1-32

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D7140	Extraction, Erupted Tooth Or Exposed Root	No	No		0	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7210	Surgical Removal Of Erupted Tooth	No	No		0	999	1	1	Lifetime	Requires elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7220	Removal Of Impacted Tooth - Soft Tissue	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	0	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7230	Removal Of Impacted Tooth - Partially Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	0	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7240	Removal Of Impacted Tooth - Completely Bony	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity	0	999	1	1	Lifetime	Includes incidental removal of a cyst or lesion attached to the root(s). Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit. Teeth Covered: 1-32, 51-82
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	No	Yes	Pre-operative x-rays (excluding bitewings)	0	999	1	1	Lifetime	Not payable to provider group who previously billed extraction. Includes incidental removal of a cyst or lesion attached to the root(s). Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	No	Yes	Pre-operative x-rays (excluding bitewings), Narrative of medical necessity. Photos optional	0	999	1	1	Lifetime	Once per lifetime per tooth. Teeth Covered: 1-32
D7280	Surgical Access Of An Unerupted Tooth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	20	1	1	Lifetime	Only payable if Medicaid orthodontic treatment is approved. Once per lifetime per tooth. Teeth Covered: 1-32
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	20	1	1	Lifetime	Only payable if Medicaid orthodontic treatment is approved. Once per lifetime per tooth. Teeth Covered: 1-32
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-ray(s) (excluding bitewings).	0	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. Minimum of four teeth extracted in quadrant.
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-ray(s) (excluding bitewings).	0	999	1	1	Lifetime	Only one of (D7310 or D7311) per lifetime per quadrant. One to three teeth extracted in quadrant.
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. Minimum of four tooth spaces in quadrant.

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D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	No	Yes	Pre-operative x-rays. Narrative of medical necessity	0	999	1	1	Lifetime	Only one of (D7320 or D7321) per lifetime per quadrant. One to three tooth spaces in quadrant.
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	999	1	1	Lifetime	Once per lifetime per tooth.
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	999	1	1	Lifetime	Once per lifetime per tooth.
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	999				
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	No	Yes	Copy of pathology report and pre-operative x-ray.	0	999				
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	0	999	1	1	Day	Only one of (D7510 or D7511) per day per tooth. Not payable same DOS as D7140-D7250. Teeth Covered: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	No	Yes	Pre-operative x-rays, narrative of medical necessity, photos optional	0	999	1	1	Day	Only one of (D7510 or D7511) per day.
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7710	Maxilla - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7720	Maxilla - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7730	Mandible - Open Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7740	Mandible - Closed Reduction	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7810	Open Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7820	Closed Reduction Of Dislocation	No	Yes	Pre-operative x-rays, narrative of medical necessity	0	999	1	1	Day	
D7961	Buccal/Labial Frenectomy (Frenulectomy)	No	Yes	Narrative of medical necessity and photos	0	20	6	1	Lifetime	
D7962	Lingual Frenectomy (Frenulectomy)	No	Yes	Narrative of medical necessity and photos	0	20	1	1	Lifetime	
D7963	Frenuloplasty	No	Yes	Narrative of medical necessity. Photos optional.	0	20	1	1	Lifetime	Only 1 D7963 per arch per lifetime. Indicate arch on claim form.
D7999	Unspecified Oral Surgery Procedure, By Report	Yes	No	Description of procedure, x-rays and narrative of medical necessity.	0	999	1	1	Day	

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D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	Yes	No	Cephalometric X-rays with interpretation, Panoramic radiograph, intra-oral and facial photographs, completed Handicapping Labio-Lingual Deviation Index (HLD), Treatment Plan	0	20	1	1	Lifetime	
D8660	Pre-Orthodontic Treatment Visit	Yes	No		0	20	1	1	Lifetime	Billed only for approved orthodontic cases. For cases when D8080 is not approved, bill D8999 for the pre-orthodontic treatment visit.
D8670	Periodic Orthodontic Treatment Visit (As Part Of Contract)	No	No		0	20	11	1	Lifetime	Only one D8670 per 45 days. Approved Medicaid orthodontic case must be on file.
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	No	Yes	Photos of finished orthodontic case	0	20	1	1	Lifetime	
D8999	Unspecified Orthodontic Procedure, By Report	No	Yes	Narrative of necessity, documentation of case denial	0	20	1	1	Lifetime	Only one D8999 per lifetime per member. Covered only when D8080 is denied.
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	No	No		0	999	4	12	Month	Only one of (D0140 or D9110) per day per provider group. For emergency care only.
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	Yes	No	Clinical documentation supporting necessity	0	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9230, D9239, D9243, or D9248.
D9223	Deep Sedation/General Anesthesia - each subsequent 15 minute increment	No	No		0	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed on the same date of service with D9230, D9243, or D9248. Valid D9222 must be on file.
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	No	No	Supporting documentation must be kept in patient record.	0	999	1	1	Day	Not allowed same DOS as D9222, D9223, D9239, D9243, or D9248
D9239	Intravenous Moderate (conscious) Sedation/Analgesia – First 15 Minutes	Yes	No	Clinical documentation supporting necessity	0	999	1	1	Day	Only one of (D9222 or D9239) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248.
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Subs 15 Min	No	No		0	999	5	1	Day	Five of (D9223 or D9243) per day. Permit B required. Not allowed same DOS as D9222, D9223, D9230, or D9248. Valid D9239 must be on file.
D9248	Non-Intravenous Moderate (Conscious) Sedation	No	Yes	Clinical documentation supporting necessity	0	999	1	1	Day	Limited to patients with a mental or physical handicap, extremely apprehensive, or extensive treatment is performed in one appointment. D9248 is not allowed on same date of service as D9222, D9223, D9230, D9239, or D9243. Permit A or B is required.
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	No	No	Supporting documentation must be kept in patient record.	0	999	1	1	Day	One per day per provider group.
D9610	Therapeutic Parenteral Drug, Single Administration	No	Yes	Description of drug and parenteral administration	0	999	1	1	Day	Name of drug and amount administered. One per day.
D9630	Other Drugs And/Or Medicaments, By Report	No	Yes	Description of drugs	0	999	1	1	Day	Name of drug and amount administered. One per day.

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Code	Description	PA Required	Pre-Payment	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D9999	Unspecified Adjunctive Procedure, By Report	Yes	No	Description of procedure and narrative of medical necessity. For Outpatient facility usage, include completed health plan Outpatient Facility Authorization form, clinical documentation of necessity.	0	999	1	1	Day	