

Chapter 505

Oral Health Services

APPENDIX 505C

COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS 21 YEARS OF AGE AND OLDER

These services have a \$2,000 per two fiscal year maximum benefit.

*Fiscal benefit limits run July 1 through June 30 of each year. Other service limits are based on calendar year.

CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D0120	Periodic oral evaluation	2 per year		
D0150	Comprehensive oral evaluation- new or established patient	1 per year		
D0180	Comprehensive periodontal evaluation	1 per year		
D0210	intraoral- comprehensive series of radiographic images	1 per 2 years		Not billable with D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274
D0270	Bitewing- single radiographic image	4 per year		Not billable with D0210, D0272, D0273, D0274
D0272	Bitewings- two radiographic images	1 per year		Not billable with D0210, D0273, D0274
D0273	Bitewings - three radiographic images	1 per year		Not billable with D0210, D0272, D0274
D0274	Bitewings - four radiographic images	1 per year		Not billable with D0210, D0272, D0274
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	1 per year		
D0373	intraoral tomosynthesis - bitewing radiographic image	1 per year		
D0374	intraoral tomosynthesis - periapical radiographic image	1 per year		
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	1 per year		
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	1 per year		
D0389	intraoral tomosynthesis - periapical radiographic image - image capture only	1 per year		
D0801	3D intraoral surface scan – direct	1 per year		
D0802	3D dental surface scan - indirect	1 per year		
D0803	3D facial surface scan - direct	1 per year		

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D0804	3D facial surface scan - indirect	1 per year		
D1110	Prophylaxis - adult	1 per 6 months		
D1301	Immunization Counseling		2 per calendar year	
D1354	Application of caries arresting medicament – per tooth	2 per tooth per year	Tooth Number: Primary or Permanent	
D1781	Vaccine Administration-human papillomavirus - Dose 1			Greater than or equal to 9 years old up to 27 years of age
D1782	Vaccine Administration-human papillomavirus - Dose 2			Greater than or equal to 9 years old up to 27 years of age
D1783	Vaccine Administration-human papillomavirus - Dose 3			Greater than or equal to 9 years old up to 27 years of age
D2140	Amalgam - one surface, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	
D2160	Amalgam - three surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D2330	Resin-based composite- one surface, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	
D2331	Resin-based composite- two surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	
D2332	Resin-based composite- three surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	
D2335	Resin-based composite- four or more surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	
D2390	Resin-based composite crown, anterior	1 tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	
D2391	Resin-based composite- one surface, posterior	5 surfaces per tooth per 3 years	Tooth Number: Primary or Permanent Posterior	
D2392	Resin-based composite- two surfaces, posterior	5 surfaces per tooth per 3 years	Tooth Number: Primary or Permanent Posterior	
D2393	Resin-based composite- three surfaces, posterior	5 surfaces per tooth per 3 years	Tooth Number: Primary or Permanent Posterior	
D2394	Resin-based composite- four or more surfaces, posterior	5 surfaces per tooth per 3 years	Tooth Number: Primary or Permanent Posterior	

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D2740	Crown- porcelain/ceramic	1 per tooth per 5 years	Tooth Number: Primary or Permanent	
D2750	Crown- porcelain fused to high noble metal	1 per tooth per 5 years	Tooth Number: Primary or Permanent	
D2751	Crown- porcelain fused to predominately base metal	1 per tooth per 5 years	Tooth Number: Primary or Permanent	
D2752	Crown- porcelain fused to noble metal	1 per tooth per 5 years	Tooth Number: Primary or Permanent	
D2791	Crown- full cast predominately base metal	1 per tooth per 5 years	Tooth Number: Primary or Permanent	
D2920	Re-cement or re-bond crown	1 per tooth per year	Tooth Number: Primary or Permanent	
D2931	Prefabricated stainless steel crown-permanent tooth	1 per tooth per year	Tooth Number: Permanent	
D2932	Prefabricated resin crown	1 per tooth per year	Tooth Number: Primary or Permanent	
D2940	Placement of interim direct restoration	2 per tooth per year	Tooth Number: Primary or Permanent	
D2950	Core buildup, including any pins	1 per tooth per year	Tooth Number: Permanent	
D2952	Post and core in addition to crown- indirectly fabricated	1 per tooth per 3 years	Tooth Number: Primary or Permanent	
D2954	Prefabricated post and core in addition to crown	1 per tooth per 3 years	Tooth Number: Primary or Permanent	
D2976	Band Stabilization- per tooth	1 per tooth per lifetime	Tooth Number: Permanent	
D2991	Application of hydroxyapatite regeneration medicament-per tooth	1 per tooth per lifetime	Tooth Number: Permanent	

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 per tooth per lifetime	Tooth Number: Permanent Anterior	
D3320	Endodontic therapy, premolar tooth, excluding final restorations	1 per tooth per lifetime	Tooth Number: Primary or Permanent Premolars	
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 per tooth per lifetime	Tooth Number: Primary or Permanent Molars	
D3346	Retreatment of previous root canal therapy anterior	1 per tooth per lifetime	Tooth Number: Permanent Anterior	
D3347	Retreatment of previous root canal therapy premolar	1 per tooth per lifetime	Tooth Number: Permanent Premolars	
D3348	Retreatment of previous root canal therapy - molar	1 per tooth per lifetime	Tooth Number: Permanent Molar	
D3410	Apicoectomy - anterior	1 per tooth per lifetime	Tooth Number: Permanent Anterior	
D3421	Apicoectomy - premolar	1 per tooth per lifetime	Tooth Number: Permanent Premolar	
D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per year	Quadrant	
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per year	Quadrant	
D4341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 quadrant per year	Quadrant	
D4342	Periodontal scaling and root planing, per quadrant – one to three teeth	1 quadrant per year	Quadrant	
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	1 per 2 years		

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per 6 months		
D4910	Periodontal Maintenance	1 per year		
D5110	Complete denture, maxillary	1 per 5 years		
D5120	Complete denture, mandibular	1 per 5 years		
D5130	Immediate denture, maxillary	1 per 5 years		
D5140	Immediate denture, mandibular	1 per 5 years		
D5211	Upper partial denture resin base	1 per 5 years		
D5212	Lower partial denture resin base	1 per 5 years		
D5213	Maxillary partial denture- cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 years		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 years		
D5225	Upper Partial Case- Flexible Base	1 per 5 years		
D5226	Lower Partial Case- Flexible Base	1 per 5 years		
D5410	Adjust complete denture, maxillary	3 per year		
D5411	Adjust complete denture, mandibular	3 per year		
D5421	Adjust partial denture, maxillary	3 per year		
D5422	Adjust partial denture, mandibular	3 per year		
D5511	Repair broken complete denture base, mandibular	2 per year per arch	Arch	

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D5512	Repair broken complete denture base, maxillary	2 per year per arch	Arch	
D5520	Replace missing or broken teeth, complete denture (each tooth), per tooth	2 teeth per year	Tooth Number: Permanent	
D5611	Repair resin partial denture base, mandibular	2 per year per arch	Arch	
D5612	Repair resin partial denture base, maxillary	2 per year per arch	Arch	
D5621	Repair cast partial framework, mandibular	2 per year per arch	Arch	
D5622	Repair cast partial framework, maxillary	2 per year per arch	Tooth Number: Permanent	
D5630	Repair or replace broken retentive/clasping materials – per tooth	2 per year	Tooth Number: Permanent	
D5640	Replace missing or broken teeth – partial denture- per tooth	2 per year	Tooth Number: Permanent	
D5650	Add tooth to existing partial denture – per tooth	2 per year	Tooth Number: Permanent	
D5660	Add clasp to existing partial denture – per tooth		Tooth Number: Permanent	
D5710	Rebase complete maxillary denture	1 per 5 years		
D5711	Rebase complete mandibular denture	1 per 5 years		
D5720	Rebase maxillary partial denture	1 per 5 years		
D5721	Rebase mandibular partial denture	1 per 5 years		
D5730	Reline complete maxillary denture (chairside)	1 per 2 years		
D5731	Reline complete mandibular denture (chairside)	1 per 2 years		

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D5740	Reline maxillary partial denture (chairside)	1 per 2 years		
D5741	Reline mandibular partial denture (chairside)	1 per 2 years		
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years		
D5751	Reline complete mandibular denture (laboratory)	1 per 2 years		
D5760	Reline maxillary partial denture (laboratory)	1 per 2 years		
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years		
D5810	Interim (temporary) complete upper denture	1 per 5 years		
D5811	Interim (temporary) complete lower denture	1 per 5 years		
D5820	Interim (temporary) Partial upper denture with clasps	1 per lifetime		
D5821	Interim (temporary) Partial lower denture with clasps	1 per lifetime		
D5850	Tissue conditioning-maxillary tissue			
D5851	Tissue conditioning-mandibular			
D6930	Recement fixed partial denture	1 per year		
D7250	Surgical removal unexposed root	1 per tooth per lifetime		
D7284	Excisional biopsy of minor salivary glands			
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant per lifetime	Quadrant	
D7471	Removal of lateral exostosis (maxilla or mandible)		01 or 02	
D7472	Removal of torus palatinus			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7473	Removal of torus mandibularis			
D7485	Surgical reduction of osseous tuberosity			
D7490	Radical resection of maxilla or mandible			Prior Authorization Required.
D7509	Marsupialization of odontogenic cyst	1 per calendar year		
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per calendar year		
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per calendar year		
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician			
D9610	Therapeutic parenteral drug			
D9630	Other drugs and/or medicaments, by report			
D9910	Application of desensitizing medicament			
D9944	Occlusal Guard-hard appliance, full arch	1 per 5 years		
D9945	Occlusal Guard-soft appliance, full arch	1 per 5 years		
D9999	Unspecified adjunctive procedure, by report			