Chapter 505

Oral Health Services

APPENDIX 505A

COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21

Service limits run January 1st through December 31st. Prior Authorization is required for any treatment over the service limit.

CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D0120	Periodic oral evaluation	2 per year		Not billable with D0140, D0145, D0150, D9310
D0140	Limited oral evaluation - problem focused			Not billable with D0120, D0145, D0150, D9310
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	1 per 6 months		Age restriction up to 36 months. Not billable with D0120, D0140, D0150, D9310
D0150	Comprehensive oral evaluation-new or established patient	1 per year		Not billable with D0120, D0140, D0145, D9310
D0210	Intraoral - comprehensive series of radiographic images	1 per 2 years		Not billable with D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274
D0220	Intraoral-periapical, first radiographic image	1 per day		Not billable with D0210 and D0240
D0230	Intraoral-periapical, each additional radiographic image	8 per 3 months		Not billable with D0210 and D0240. Must be billed with D0220
D0240	Intraoral - occlusal radiographic image	2 per year		Not billable with D0210, D0220, D0230
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source and detector	4 per 3 years		
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		
D0310	Sialography			
D0320	Temporomandibular joint arthrogram			
D0321	Other temporomandibular joint radiographic images, by report			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D0322	Tomographic survey			
D0330	Panoramic radiographic image	1 per 3 years		
D0340	2D cephalometric radiographic image - acquisition, measurement, and analysis	1 per year		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally			
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		
D0426	Collection, preparation, and analysis of saliva sample point-of-care	1 per year		
D0470	Diagnostic casts	2 per year		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report.			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report.			
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		
D0804	3D facial surface scan - indirect	1 per year		
D1110	Prophylaxis - adult	1 per 6 months		Age: 13 to 21 years. Not reimbursable with D1120
D1120	Prophylaxis - child	1 per 6 months		Age: Up to 13 years. Not reimbursable with D1110
D1206	Topical application of fluoride varnish	2 per year		Age: 6 months to 21 years. Not reimbursable with D1208
D1208	Topical application of fluoride	2 per year		Age: 6 months to 21 years. Not reimbursable with D1206
D1301	Immunization counseling			
D1320	Tobacco counseling for the control and prevention of oral disease	2 per year		Age: 12 to 21 years.
D1351	Sealant- per tooth	1 per tooth per 3 years	Tooth Number: Primary or Permanent	
D1353	Sealant repair per tooth	1 per tooth per 2 years	Tooth Number: Primary or Permanent	
D1354	Application of caries arresting medicament – per tooth	2 per tooth per year	Tooth Number: Primary or Permanent	
D1510	Space maintainer-fixed, unilateral - per quadrant	4 per year	Quadrant	
D1516	Space Maintainer - fixed-bilateral, maxillary	1 per year		

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D1517	Space Maintainer - fixed-bilateral, mandibular	1 per year		
D1520	Space maintainer - removable, unilateral - per quadrant	4 per year	Quadrant	
D1526	Space Maintainer-removable-bilateral, maxillary	1 per year		
D1527	Space Maintainer - removable-bilateral, mandibular	1 per year		
D1551	Re-cementation or re-bond of space maintainer - maxillary	1 per year		
D1552	Re-cementation or re-bond of space maintainer - mandibular	1 per year		
D1553	Re-cementation or re-bond of space maintainer - per quadrant	1 per year	Quadrant	
D1575	Distal shoe space maintainer- fixed, unilateral - per quadrant	4 per year	Quadrant	
D1781	Vaccine Administration-human papillomavirus - Dose 1			
D1782	Vaccine Administration-human papillomavirus - Dose 2			
D1783	Vaccine Administration-human papillomavirus - Dose 3			
D2140	Amalgam - one surface, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	Tooth preparation, all adhesives, liners, bases, and local anesthesia are included in the fee. Radiographs with documentation must be in the medical record.
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	Tooth preparation, all adhesives, liners, bases, and local anesthesia are included in the fee. Radiographs with documentation must be in the medical record.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D2160	Amalgam - three surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	Tooth preparation, all adhesives, liners, bases, and local anesthesia are included in the fee. Radiographs with documentation must be in the medical record.
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent	Tooth preparation, all adhesives, liners, bases, and local anesthesia are included in the fee. Radiographs with documentation must be in the medical record.
D2330	Resin-based composite- one surface, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2331	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2332	Resin-based composite - three surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2335	Resin-based composite - four or more surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2390	Resin-based composite crown, anterior	1 tooth number per 3 years	Tooth Number: Primary or Permanent Anterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2391	Resin-based composite - one surface, posterior	5 surfaces per tooth per 3 years	Tooth Number: Primary or Permanent Posterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2392	Resin-based composite - two surfaces,	5 surfaces per	Tooth Number:	Fee includes bonded composite, light-cured composite, etc.,

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
	posterior	tooth per 3 years	Primary or Permanent Posterior	tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2393	Resin-based composite - three surfaces, posterior	5 surfaces per tooth per 3 years	Tooth Number: Primary or Permanent Posterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2394	Resin-based composite - four or more surfaces, posterior	5 surfaces per tooth per 3 years	Tooth Number: Primary or Permanent Posterior	Fee includes bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives, liners, bases, curing, glass ionomers, and local anesthesia. Radiographs with documentation must be in the medical record.
D2740	Crown - porcelain/ceramic	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	
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	Radiographs with documentation must be in the medical record.
D2929	Prefabricated porcelain/ceramic crown-primary tooth	1 per tooth per year	Tooth Number: Primary	
D2930	Prefabricated stainless steel crown-primary tooth	1 per tooth per year	Tooth Number: Primary	
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	
D2933	Prefabricated stainless steel crown with resin window	1 per tooth per year	Tooth Number: Primary or Permanent	Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date as restoration services.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D2934	Pediatric Esthetically Coated Stainless-Steel Crowns for Primary Tooth	1 per tooth per year	Tooth Number: Primary	Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date as restoration services.
D2940	Placement of interim direct restoration	2 per tooth per year	Tooth Number: Primary or Permanent	Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date as restoration services.
D2950	Core buildup, including any pins	1 per tooth per year	Tooth Number: Permanent	
D2951	Pin retention - per tooth, in addition to restoration	1 per tooth per 3 years	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	
D3120	Pulp cap- Indirect, excludes final restoration	1 per tooth per 3 years	Tooth Number: Primary or Permanent	Not reimbursable with D3310, D3320, D3330
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	1 per tooth per 3 years	Tooth Number: Primary or Permanent	Not reimbursable with D3310, D3320, D3330
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 per tooth per lifetime	Tooth Number: Permanent Anterior	Not reimbursed with D3220, D3320, D3330
D3320	Endodontic therapy, premolar tooth, excluding final restorations	1 per tooth per lifetime	Tooth Number: Primary or Permanent Premolars	Not reimbursed with D3220, D3310, D3330
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 per tooth per lifetime	Tooth Number: Primary or Permanent	Not reimbursed with D3220, D3310, D3320

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
			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	
D3351	Apexification/recalcification - initial visit		Tooth Number: Permanent	Fee includes all diagnostic tests, evaluations, radiographs, post-operative treatment.
D3352	Apexification/recalcification - interim medication replacement	3 per tooth per lifetime	Tooth Number: Permanent	Fee includes all diagnostic tests, evaluations, radiographs, post-operative treatment.
D3353	Apexification/recalcification - final visit	1 per tooth per lifetime	Tooth Number: Permanent	Fee includes all diagnostic tests, evaluations, radiographs, post-operative treatment.
D3410	Apicoectomy - anterior	1 per tooth per lifetime	Tooth Number: Permanent Anterior	
D3421	Apicoectomy - premolar	1 per tooth per lifetime	Tooth Number: Permanent Premolar	
D3999	Unspecified endodontic procedure			
D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per year		Not reimbursed with D4211.
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per year		Not reimbursed with D4210.
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per year		Requires prior authorization. Not reimbursed with D4210.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or tooth bound spaces per quadrant	1 quadrant per year		Requires prior authorization. Not reimbursed with D4210.
D4341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 quadrant per year	Quadrant	Not reimbursed with D4342.
D4342	Periodontal scaling and root planing, per quadrant – one to three teeth	1 quadrant per year	Quadrant	Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants). Not reimbursed with D4341
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	1 per 2 years		Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per 6 months		Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
D4999	Unspecified periodontal procedure, by report			Requires prior authorization.
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		
D5213	Maxillary partial denture- cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 years		Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 years		Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5282	Removable unilateral partial denture one- piece case metal (including clasps	1 per 5 years		Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
	and teeth), maxillary			
D5283	Removable unilateral partial denture-one-piece case metal (including clasps and teeth), mandibular	1 per 5 years		Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5284	Removable unilateral partial denture – one-piece flexible base (including clasps and teeth) – per quadrant	1 per 5 years		Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5286	Removable unilateral partial denture – one-piece resin (including clasps and teeth) – per quadrant		1 per 5 years	Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5410	Adjust complete denture, maxillary	3 per year		Not covered within 3 months of placement.
D5411	Adjust complete denture, mandibular	3 per year		Not covered within 3 months of placement.
D5421	Adjust partial denture, maxillary	3 per year		Not covered within 3 months of placement.
D5422	Adjust partial denture, mandibular	3 per year		Not covered within 3 months of placement.
D5511	Repair broken complete denture base, mandibular	2 per year per arch	Arch	
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	

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
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		Not covered within 6 months of placement excluding immediate denture.
D5731	Reline complete mandibular denture (chairside)	1 per 2 years		Not covered within 6 months of placement excluding immediate denture.
D5740	Reline maxillary partial denture (chairside)	1 per 2 years		Not covered within 6 months of placement.
D5741	Reline mandibular partial denture (chairside)	1 per 2 years		Not covered within 6 months of placement.
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years		Not covered within 6 months of placement.
D5751	Reline complete mandibular denture (laboratory)	1 per 2 years		Not covered within 6 months of placement.
D5760	Reline maxillary partial denture (laboratory)	1 per 2 years		Not covered within 6 months of placement.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years		Not covered within 6 months of placement.
D5899	Unspecified removable prosthodontics procedure, by report			
D5911	Facial moulage (sectional)			Oral and maxillofacial or prosthodontist certification required.
D5912	Facial moulage (complete)			Oral and maxillofacial or prosthodontist certification required.
D5913	Nasal prosthesis			Oral and maxillofacial or prosthodontist certification required.
D5914	Auricular prosthesis	1 per 5 years		Oral and maxillofacial or prosthodontist certification required.
D5915	Orbital prosthesis			Oral and maxillofacial or prosthodontist certification required.
D5916	Ocular prosthesis - Prosthetic eye, plastic, custom Prosthetic eye, other type			Oral and maxillofacial or prosthodontist certification required.
D5919	Facial prosthesis			Oral and maxillofacial or prosthodontist certification required.
D5924	Cranial prosthesis			Oral and maxillofacial or prosthodontist certification required.
D5925	Facial augmentation implant prosthesis			Oral and maxillofacial or prosthodontist certification required.
D5931	Obturator prosthesis, surgical			Oral and maxillofacial or prosthodontist certification required.
D5932	Obturator prosthesis, definitive			Oral and maxillofacial or prosthodontist certification required
D5933	Obturator prosthesis, modification			Oral and maxillofacial or prosthodontist certification required
D5934	Mandibular prosthesis with guide flange			Oral and maxillofacial or prosthodontist certification required
D5935	Mandibular guidance prosthesis without guide flange			Oral and maxillofacial or prosthodontist certification required
D5937	Trismus appliance (not for TMD treatment)			
D5951	Feeding aid			
D5952	Speech aid prosthesis, pediatric			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D5954	Palatal augmentation prosthesis			
D5955	Palatal lift prosthesis, definitive			
D5982	Surgical stent			
D5983	Radiation carrier			
D5984	Radiation shield			
D5985	Radiation cone locator			
D5986	Fluoride gel carrier			
D5987	Commissure splint			
D5999	Unspecified maxillofacial prosthesis, by report			
D6211	Pontic- cast predominantly base metal	1 per 5 years	Tooth Number: Permanent	
D6241	Pontic- porcelain fused to predominantly base metal	1 per 5 years	Tooth Number: Permanent	
D6545	Retainer- cast metal for resin bonded fixed prosthesis	1 per 5 years	Tooth Number: Permanent	
D6930	Recement fixed partial denture	1 per year		
D6999	Unspecified~~,~~ fixed prosthodontic procedure~~s~~			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per tooth per lifetime		
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1 per tooth per lifetime		

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7220	Removal of impacted tooth- soft tissue	1 per tooth per lifetime		
D7230	Removal of impacted tooth- partially bony	1 per tooth per lifetime		
D7240	Removal of impacted tooth- completely bony	1 per tooth per lifetime		
D7260	Oroantral fistula closure			
D7270	Tooth reimplantation- stabilization of accidentally evulsed or displaced tooth			
D7280	Exposure of an unerupted tooth			
D7283	Placement of device to facilitate eruption of impacted tooth		Tooth Number: Permanent	
D7284	Excisional biopsy of minor salivary glands			
D7285	Incisional biopsy of oral tissue- hard (bone, tooth)			
D7286	Incisional biopsy of oral tissue- soft			
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant per lifetime		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant per lifetime		
D7340	Vestibuloplasty- ridge extension			Requires prior authorization.
D7350	Vestibuloplasty- ridge extension			Requires prior authorization.
D7410	Excision of benign lesion up to 1.25 cm			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7411	Excision of benign lesion greater than 1.25 cm			
D7440	Excision of malignant tumor- lesion diameter up to 1.25 cm			
D7441	Excision of malignant tumor- lesion diameter greater than 1.25 cm			
D7450	Removal of benign odontogenic cyst or tumor- lesion diameter up to 1.25 cm			
D7451	Removal of benign odontogenic cyst or tumor- lesion diameter greater than 1.25 cm			
D7460	Removal of benign nonodontogenic cyst or tumor- lesion diameter up to 1.25 cm			
D7461	Removal of benign nonodontogenic cyst or tumor- lesion diameter greater than 1.25 cm			
D7471	Removal of lateral exostosis (maxilla or mandible)			
D7472	Removal of torus palatinus			
D7473	Removal of torus mandibularis			
D7485	Surgical reduction of osseous tuberosity			
D7490	Radical resection of maxilla or mandible			Requires prior authorization.
D7509	Marsupialization of odontogenic cyst	1 per calendar year		
D7510	Incision and drainage of abscess-intraoral soft tissue			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7520	Incision and drainage of abscess-extraoral soft tissue			
D7530	Removal of foreign body from subcutaneous alveolar tissue, mucosa or skin			
D7550	Ostectomy/sequestrectomy, partial, for removal of non-vital bone			Requires prior authorization.
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			
D7610	Maxilla- open reduction (teeth immobilized, if present)			
D7620	Maxilla- closed reduction (teeth immobilized, if present)			
D7630	Mandible- open reduction (teeth immobilized, if present)			
D7640	Mandible- closed reduction (teeth immobilized, if present)			
D7671	Alveolus- open reduction, may include stabilization of teeth			
D7680	Facial bones– complicated reduction with fixation and multiple surgical approaches			Requires prior authorization.
D7710	Maxilla- open reduction			
D7720	Maxilla- closed reduction			
D7730	Mandible- open reduction			
D7740	Mandible- closed reduction			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7750	Malar and/or zygomatic arch- open reduction			
D7770	Alveolus- open reduction stabilization of teeth			
D7780	Facial bones- complicated reduction with fixation and multiple surgical approaches			Requires prior authorization.
D7810	Open reduction of dislocation			Requires prior authorization.
D7820	Closed reduction of dislocation			Requires prior authorization.
D7830	Manipulation under anesthesia			Requires prior authorization.
D7850	Surgical discectomy with/without implant			Requires prior authorization. Not reimbursable with D7852
D7852	Disc repair			Requires prior authorization. Not reimbursable with D7850
D7858	Joint reconstruction			Requires prior authorization.
D7865	Arthroplasty			Requires prior authorization.
D7870	Arthrocentesis			Requires prior authorization.
D7872	Arthroscopy– diagnosis, with or without biopsy			Requires prior authorization.
D7873	Arthroscopy– surgical lavage & lysis of adhesions			Requires prior authorization.
D7874	Arthroscopy- surgical disc repositioning and stabilization			Requires prior authorization.
D7876	Arthroscopy– surgical discectomy			Requires prior authorization.
D7877	Arthroscopy– surgical debridement			Requires prior authorization.
D7880	Occlusal orthotic device, by report			Requires prior authorization. Covered only for temporomandibular pain dysfunction or associated musculature.

Service limits run January 1st through December 31st. Prior Authorization is required for any treatment over the service limit.

CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7910	Suture of recent small wounds up to 5 cm			Excludes closure of surgical incisions
D7911	Complicated suture - up to 5 cm	1 unit		Excludes closure of surgical incisions. Not reimbursable with D7912.
D7912	Complicated suture – greater than 5 cm	1 unit		Requires prior authorization. Not reimbursable with D7911.
D7920	Skin graft (identify defect covered, location & type of graft)			Requires prior authorization.
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site			
D7941	Osteotomy – mandibular rami			Requires prior authorization.
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft			Requires prior authorization.
D7944	Osteotomy - segmented or subapical			Requires prior authorization.
D7946	LeFort I (maxilla - total)			Requires prior authorization.
D7947	LeFort I (maxilla - segmented)			Requires prior authorization.
D7948	LeFort II or LeFort III (osteoplasty of facial bones for mid-face hypoplasia or retrusion) - without bone graft			Requires prior authorization.
D7949	LeFort II or LeFort III – with bone graft			Requires prior authorization.
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones – autogenous or nonautogenous, by report			Requires prior authorization.
D7955	Repair of maxillofacial soft and/or hard tissue defect			Requires prior authorization.
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per year		

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per year		
D7961	Buccal / labial frenectomy (frenulectomy)	2 per site per lifetime		Requires prior authorization.
D7962	Lingual frenectomy (frenulectomy)	2 per site per lifetime		Requires prior authorization.
D7970	Excision of hyperplastic tissue - per arch			Requires prior authorization.
D7979	Non-Surgical Sialolithotomy			Requires prior authorization.
D7980	Surgical Sialolithotomy			Requires prior authorization.
D7981	Excision of salivary gland, by report			Requires prior authorization.
D7982	Sialodochoplasty			Requires prior authorization.
D7991	Coronoidectomy			Requires prior authorization.
D7999	Unspecified oral surgery procedure, by report			Requires prior authorization.
D8010	Limited orthodontic treatment of the primary dentition	2 per year		Requires Prior Authorization, radiographs, and dental molds.
D8020	Limited Orthodontic	2 per year		Requires Prior Authorization, radiographs, and dental molds.
D8030	Limited orthodontic treatment of the adolescent dentition	2 per year		Requires Prior Authorization, radiographs, and dental molds.
D8040	Limited orthodontic treatment of the adult dentition	2 per year		Requires Prior Authorization, radiographs, and dental molds.
D8070	Comprehensive orthodontic treatment of the transitional dentition	1 per lifetime		Requires Prior Authorization, radiographs, and dental molds.
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1 per lifetime		Requires Prior Authorization, radiographs, and dental molds.
D8090	Comprehensive orthodontic treatment of	1 per lifetime		Requires Prior Authorization, radiographs, and dental molds.

Service limits run January 1st through December 31st. Prior Authorization is required for any treatment over the service limit.

CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
	the adult dentition			
D8210	Removable appliance therapy	2 per lifetime		
D8220	Fixed appliance therapy	2 per year		
D8680	Orthodontic retention (removal of appliances, construction, and placement of retainer(s))			Requires Prior Authorization, radiographs, and dental molds.
D8695	Removal of fixed orthodontic appliance(s) – other than at conclusion of treatment			Requires Prior Authorization, radiographs, and dental molds.
D8696	Repair of orthodontic appliance – maxillary	1 per lifetime		Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.
D8697	Repair of orthodontic appliance – mandibular	1 per lifetime		Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.
D8698	Re-cement or re-bond fixed retainer-maxillary	1 per lifetime		Requires Prior Authorization
D8699	Re-cement or re-bond fixed retainer-mandibular	1 per lifetime		Requires Prior Authorization
D8701	Repair of fixed retainer, includes reattachment – maxillary	1 per lifetime		
D8702	Repair of fixed retainer, includes reattachment – mandibular	1 per lifetime		
D8703	Replacement of lost or broken retainer-Maxillary	1 per lifetime		Requires Prior Authorization
D8704	Replacement of lost or broken retainer-Mandibular	1 per lifetime		Requires Prior Authorization

Service limits run January 1st through December 31st. Prior Authorization is required for any treatment over the service limit.

CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D8999	Unspecified orthodontic procedure, by report			Requires Prior Authorization
D9222	Administration of deep sedation/general anesthesia – first 15-minute increment or any portion thereof	Maximum 1 unit/day		Class 4 anesthesia permit required
D9223	Administration of deep sedation/general anesthesia – each subsequent 15-minute increment, or any portion thereof	Maximum 3 unit/day		Class 4 anesthesia permit required
D9230	Administration of nitrous oxide	Maximum 1 unit/day		Not reimbursable with D9222, D9223, D9239, D9243
D9239	Administration of moderate sedation – intravenous- first 15-minutes.	Maximum 1 unit/day		Class 3 or 4 anesthesia permit required
D9243	Administration of moderate sedation – intravenous- each subsequent 15-minute increment, or any portion thereof	Maximum 3 unit/day		Class 3 or 4 anesthesia permit required
D9244	In-office administration of minimal sedation – single drug – enteral	Maximum 1 unit/day		Class 2 anesthesia permit required
D9245	Administration of moderate sedation – enteral	Maximum 1 unit/day		Class 3 anesthesia permit required
D9310	Consultation- diagnostic service provided by dentist or physician other than requesting dentist or physician			Not reimbursable on same day as D1020, D1040, D1045, D0150
D9420	Hospital or ambulatory surgical center call			
D9944	Occlusal Guard-hard appliance, full arch			Requires Prior Authorization
D9945	Occlusal Guard-soft appliance, full arch			Requires Prior Authorization
D9946	Occlusal Guard-hard appliance, partial arch			Requires Prior Authorization

Service limits run January 1st through December 31st. Prior Authorization is required for any treatment over the service limit.

CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D9951	Occlusal adjustment - limited			Requires Prior Authorization
D9952	Occlusal adjustment - complete			Requires Prior Authorization
D9986	Missed Appointment			No reimbursement - for tracking purposes only
D9987	Cancelled Appointment			No reimbursement - for tracking purposes only
D9999	Unspecified adjunctive procedure, by report			Requires Prior Authorization