



## CHAPTER 505 ORAL HEALTH SERVICES

# Chapter 505 Oral Health Services

## APPENDIX 505C COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS OVER AGE 21

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

**APPENDIX 505C - COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS OVER AGE 21  
REGARDLESS OF PA REQUIREMENT, THESE SERVICES HAVE A \$2,000 PER TWO CALENDAR YEAR LIMIT**

<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
<b>CLINICAL ORAL EVALUATION</b>			
D0120	Periodic exam	1 per 6 months	
D0150	Initial comprehensive exam	1 per calendar year	
D0180	Comprehensive periodontal evaluation	1 per calendar year	
<b>DIAGNOSTIC IMAGING</b>			
D0210	intraoral - comprehensive series of radiographic images	1 per 2 calendar years	
D0270	Bitewing - single radiographic image	4 per calendar year	
D0272	Bitewings – two radiographic images	1 per calendar year	
D0273	Bitewings – three radiographic images	1 per calendar year	
D0274	Bitewings - four radiographic images	1 per calendar year	
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	1 per calendar year	
D0373	intraoral tomosynthesis - bitewing radiographic image	1 per calendar year	
D0374	intraoral tomosynthesis - periapical radiographic image	1 per calendar year	
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	1 per calendar year	
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	1 per calendar year	
D0389	intraoral tomosynthesis-periapical radiographic image - image capture only	1 per calendar year	

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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D0801	3D dental surface scan - direct	1 per calendar year	
D0802	3D dental surface scan - indirect	1 per calendar year	
D0803	3D facial surface scan - direct	1 per calendar year	
D0804	3D facial surface scan - indirect	1 per calendar year	
<b>VACCINE ADMINISTRATION</b>			
D1301	Immunization Counseling	1 per 6 months	
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
<b>DENTAL PROPHYLAXIS</b>			
D1110	Prophylaxis-adult	1 per 6 months	
<b>OTHER PREVENTIVE SERVICES</b>			
D1354	Application of aries arresting medicament – per tooth (Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.)	2 per tooth per year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
<b>AMALGAM RESTORATIONS (INCLUDING POLISHING)</b>			
D2140	Amalgam - one surface, primary or permanent	5 surfaces per tooth number per 3 years	Fiscal Authorization required

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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Fiscal Authorization required
D2160	Amalgam - three surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Fiscal Authorization required
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Fiscal Authorization required
<b>RESIN-BASED COMPOSITE RESTORATIONS – DIRECT</b>			
D2330	Resin-based composite - one surface, anterior	5 surfaces per tooth number per 3 years	Fiscal Authorization required
D2331	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 years	Fiscal Authorization required
D2332	Resin-based composite - three surfaces, anterior	5 surfaces per tooth number per 3 years	Fiscal Authorization required
D2335	resin-based composite - four or more surfaces (anterior)	5 surfaces per tooth number per 3 years	Fiscal Authorization required
D2390	Resin-based composite crown, anterior	1 per tooth number per 3 years	Fiscal Authorization required
D2391	Resin-based composite - one surface, posterior	5 surfaces per tooth per 3 years	Fiscal Authorization required
D2392	Resin-based composite - two surfaces, posterior	5 surfaces per tooth per 3 years	Fiscal Authorization required
D2393	Resin-based composite three surfaces, posterior	5 surfaces per tooth per 3 years	Fiscal Authorization required
D2394	Resin-based composite - four or more surfaces, posterior	5 surfaces per tooth per 3 years	Fiscal Authorization required
<b>CROWNS – SINGLE RESTORATIONS ONLY</b>			

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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D2740	Crown- porcelain/ceramic	1 per tooth number per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D2750	Crown - porcelain fused to high noble metal	1 per tooth number per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D2751	Crown- porcelain fused to predominately base metal	1 per tooth number per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D2752	Crown - porcelain fused to noble metal		Requires prior authorization for medical necessity & Fiscal authorization.
D2791	Crown - full cast predominately base metal	1 per tooth number per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
<b>OTHER RESTORATIVE SERVICES</b>			
D2920	Recement crown	1 per tooth number per calendar year	Fiscal Authorization required
D2931	Prefabricated stainless steel crown - permanent tooth	1 per tooth number per calendar year	Requires prior authorization for medical necessity & Fiscal authorization.
D2932	Prefabricated resin crown	1 per tooth number per calendar year	Requires prior authorization for medical necessity & Fiscal authorization.
D2940	Protective restoration	2 per tooth number per calendar year	Fiscal Authorization required
D2950	Core buildup, including any pins	1 per tooth number per calendar year	Fiscal Authorization required
D2952	Post and core in addition to crown -indirectly fabricated	1 per tooth number per 3 years	Fiscal Authorization required
D2954	Prefabricated post and core in addition to crown	1 per tooth number per 3 years	Fiscal Authorization required
D2976	Band Stabilization - per tooth	1 per tooth number per lifetime	Fiscal Authorization required

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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D2991	Application of hydroxyapatite regeneration medicament - per tooth	1 per tooth number per lifetime	Fiscal Authorization required
<b>ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW UP CARE)</b>			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 per tooth number per lifetime	Fiscal Authorization required
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	1 per tooth number per lifetime	Fiscal Authorization required
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 per tooth number per lifetime	Fiscal Authorization required
<b>ENDODONTIC RETREATMENT</b>			
D3346	Retreatment of previous root canal therapy - anterior	1 per tooth number per lifetime	Fiscal Authorization required
D3347	Retreatment of previous root canal therapy – premolar	1 per tooth number per lifetime	Fiscal Authorization required
D3348	Retreatment of previous root canal therapy - molar	1 per tooth number per lifetime	Fiscal Authorization required
<b>APICOECTOMY/PERIRADICULAR SERVICES</b>			
D3410	Apicoectomy/periradicular surgery - anterior	1 per tooth number per lifetime	Requires prior authorization for medical necessity & Fiscal authorization.
D3421	Apicoectomy – premolar (first root)	1 per tooth number per lifetime	Requires prior authorization for medical necessity & Fiscal authorization.
<b>SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)</b>			
D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant per calendar year	Requires prior authorization for medical necessity & Fiscal authorization.

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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant per calendar year	Requires prior authorization for medical necessity & Fiscal authorization.
<b>NON-SURGICAL PERIODONTAL SERVICE</b>			
D4341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 per quadrant per calendar year	Requires prior authorization for medical necessity & Fiscal authorization.
D4342	Periodontal scaling and root planing, per quadrant – one to three teeth	1 per quadrant per calendar year	Requires prior authorization for medical necessity & Fiscal authorization.
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	1 per 2 calendar years	Requires prior authorization for medical necessity & Fiscal authorization.
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per 6 months	Requires prior authorization for medical necessity & Fiscal authorization.
<b>OTHER PERIODONTAL SERVICE</b>			
D4910	Periodontal Maintenance	1 per calendar year	Fiscal Authorization required
<b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>			
D5110	Complete denture - maxillary	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5120	Complete denture – mandibular	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5130	Immediate denture – maxillary	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5140	Immediate denture – mandibular	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
<b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>			

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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D5211	Upper partial denture resin base	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5212	Lower partial denture resin base	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5225	Upper Partial Case - Flexible Base	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
D5226	Lower Partial Case - Flexible Base	1 per 5 years	Requires prior authorization for medical necessity & Fiscal authorization.
<b>ADJUSTMENTS TO DENTURES</b>			
D5410	Adjust complete denture – maxillary	3 per calendar year	Fiscal Authorization required
D5411	Adjust complete denture – mandibular	3 per calendar year	Fiscal Authorization required
D5421	Adjust partial denture – maxillary	3 per calendar year	Fiscal Authorization required
D5422	Adjust partial denture – mandibular	3 per calendar year	Fiscal Authorization required
<b>REPAIRS TO COMPLETE DENTURES</b>			
D5511	Repair broken complete denture base, mandibular	2 per calendar year per arch	Fiscal Authorization required
D5512	Repair broken complete denture base, maxillary	2 per calendar year per arch	Fiscal Authorization required



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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D5520	Replace missing or broken teeth - complete denture (each tooth)	2 per tooth number per calendar year	Fiscal Authorization required
<b>REPAIRS TO PARTIAL DENTURES</b>			
D5611	Repair resin partial denture base, mandibular	2 per arch per calendar year	Fiscal Authorization required
D5612	Repair resin partial denture base, maxillary	2 per arch per calendar year	Fiscal Authorization required
D5621	Repair cast partial framework, mandibular	2 per arch per calendar year	Fiscal Authorization required
D5622	Repair cast partial framework, maxillary	2 per arch per calendar year	Fiscal Authorization required
D5630	Repair or replace broken retentive/clasping materials – per tooth	2 per calendar year	Fiscal Authorization required
D5640	Replace broken teeth – per tooth	2 per calendar year	Fiscal Authorization required
D5650	Add tooth to existing partial denture	2 per calendar year	Fiscal Authorization required
D5660	Add clasp to existing partial denture – per tooth	2 per calendar year	Fiscal Authorization required
<b>DENTURE REBASED PROCEDURES</b>			
D5710	Rebase complete maxillary denture	1 per 5 years	Fiscal Authorization required
D5711	Rebase complete mandibular denture	1 per 5 years	Fiscal Authorization required
D5720	Rebase maxillary partial denture	1 per 5 years	Fiscal Authorization required
D5721	Rebase mandibular partial denture	1 per 5 years	Fiscal Authorization required
<b>DENTURE RELINE PROCEDURES</b>			
D5730	Reline complete maxillary denture (chairside)	1 per 2 calendar years	Fiscal Authorization required
D5731	Reline complete mandibular denture (chairside)	1 per 2 calendar years	Fiscal Authorization required
D5740	Reline maxillary partial denture (chairside)	1 per 2 calendar years	Fiscal Authorization required

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D5741	Reline mandibular partial denture (chairside)	1 per 2 calendar years	Fiscal Authorization required
D5750	Reline complete maxillary denture (laboratory)	1 per 2 calendar years	Fiscal Authorization required
D5751	Reline complete mandibular denture (laboratory)	1 per 2 calendar years	Fiscal Authorization required
D5760	Reline maxillary partial denture (laboratory)	1 per 2 calendar years	Fiscal Authorization required
D5761	Reline mandibular partial denture (laboratory)	1 per 2 calendar years	Fiscal Authorization required
D5810	Interim (temporary) complete upper denture	1 per 5 calendar years	Fiscal Authorization required
D5811	Interim (temporary) complete lower denture	1 per 5 calendar years	Fiscal Authorization required
D5820	Interim (temporary) Partial upper denture with clasps	1 per lifetime	Fiscal Authorization required
D5821	Interim (temporary) Partial lower denture with clasps	1 per lifetime	Fiscal Authorization required
D5850	Tissue conditioning-maxillary tissue		Fiscal Authorization required
D5851	Tissue conditioning-mandibular		Fiscal Authorization required
<b>OTHER FIXED DENTURE SERVICES</b>			
D6930	Recement fixed partial denture	1 per calendar year	Fiscal Authorization required
<b>OTHER SURGICAL PROCEDURES</b>			
D7250	Surgical removal unexposed root	1 per tooth per lifetime	Fiscal Authorization required
D7284	Excisional biopsy of minor salivary glands		Fiscal Authorization required
<b>ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE</b>			

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<b>CDT Code</b>	<b>Description</b>	<b>Service Limits</b>	<b>Special Instructions</b>
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 each quadrant (UR, UL, LL, LR) per lifetime.	Fiscal Authorization required
<b>EXCISION OF BONE TISSUE</b>			
D7471	Removal of lateral exostosis (maxilla or mandible)		Fiscal Authorization required
D7472	Removal of torus palatinus		Fiscal Authorization required
D7473	Removal of torus mandibularis		Fiscal Authorization required
D7485	Surgical reduction of osseous tuberosity		Fiscal Authorization required
D7490	Radical resection of maxilla or mandible		Requires prior authorization for medical necessity & Fiscal authorization
<b>OTHER SERVICES</b>			
D7509	marsupialization of odontogenic cyst	1 per calendar year	Fiscal Authorization required
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per calendar year	Fiscal Authorization required
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per calendar year	Fiscal Authorization required
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		Fiscal Authorization required
D9610	Therapeutic parenteral drug		Fiscal Authorization required
D9630	Other drugs and/or medicaments, by report		Fiscal Authorization required
D9910	Application of desensitizing medicament		Fiscal Authorization required
D9944	Occlusal Guard-hard appliance, full arch	1 per 5 calendar years	Requires prior authorization for medical necessity & Fiscal authorization

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D9945	Occlusal Guard-soft appliance, full arch	1 per 5 calendar years	Requires prior authorization for medical necessity & Fiscal authorization
D9999	Unspecified adjunctive procedure, by report		Requires prior authorization for medical necessity & Fiscal authorization