



CHAPTER 505 ORAL HEALTH SERVICES

Chapter 505 Oral Health Services

APPENDIX 505A COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
DIAGNOSTIC			
CLINICAL ORAL EVALUATION			
D0120	Periodic oral evaluation	2 per calendar year	Not billable with D0140, D0145, D0150 or D9310
D0140	Limited oral evaluation - problem focused	EMERGENT	Not billable with D0120, D0145, D0150 or 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 or D9310
D0150	Comprehensive oral evaluation - new or established patient	1 per calendar year	Not billable with D0120, D0140, D0145, D9310
DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)			
D0210	intraoral - comprehensive series of radiographic images	1 per 2 calendar 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 calendar year	Not billable with D0210, D0220, and D0230
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	4 per 3 calendar years	
D0270	Bitewing - single radiographic image	4 per calendar year	Not billable with D0210, D0272, D0273, D0274
D0272	Bitewings – two radiographic images	1 per calendar year	Not billable with D0210, D0273, D0274
D0273	Bitewings – three radiographic images	1 per calendar year	Not billable with D0210, D0272, D0274
D0274	Bitewings - four radiographic images	1 per calendar year	
D0310	Sialography		
D0320	Temporomandibular joint arthrogram, including		Requires prior authorization with documentation to

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
	injection		identify type of radiograph requested
D0321	Other temporomandibular joint radiographic images, by report		Requires prior authorization with documentation to identify type of radiograph requested
D0322	Tomographic survey		
D0330	Panoramic radiographic image	1 per 3 calendar years	
D0340	2D cephalometric radiographic image - acquisition, measurement, and analysis	1 per calendar year	
D0350	Oral/facial photographic images		This code excludes conventional radiographs. For orthodontics only.
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	1 per calendar year	Requires prior authorization for services over service limit.
D0373	intraoral tomosynthesis - bitewing radiographic image	1 per calendar year	Requires prior authorization for services over service limit.
D0374	intraoral tomosynthesis - periapical radiographic image	1 per calendar year	Requires prior authorization for services over service limit.
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	1 per calendar year	Requires prior authorization for services over service limit.
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	1 per calendar year	Requires prior authorization for services over service limit.
D0389	intraoral tomosynthesis-periapical radiographic image - image capture only	1 per calendar year	Requires prior authorization for services over service limit.
TESTS AND EXAMINATIONS			
D0470	Diagnostic casts	2 per calendar year	

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report.		
ORAL PATHOLOGY LABORATORY - GENERALLY PERFORMED IN A PATHOLOGY LABORATORY AND DOES NOT INCLUDE THE REMOVAL OF THE TISSUE SAMPLE FROM THE PATIENT.			
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report.		Analysis and written report of findings, of cytological sample of disaggregated transepithelial cells.
3D Scanning			
D0801	3D dental surface scan - direct	1 per calendar year	Requires prior authorization for services over service limit.
D0802	3D dental surface scan - indirect	1 per calendar year	Requires prior authorization for services over service limit.
D0803	3D facial surface scan - direct	1 per calendar year	Requires prior authorization for services over service limit.
D0804	3D facial surface scan - indirect	1 per calendar year	Requires prior authorization for services over service limit.
PREVENTIVE			
DENTAL PROPHYLAXIS			
D1110	Prophylaxis-adult	1 per 6 months	13 to 21 years of age. Not reimbursable with D1120
D1120	Prophylaxis-child	1 per 6 months	Up to 13 years of age. Not reimbursable with D1110
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)			

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D1206	Topical application of fluoride varnish	2 per calendar year	6 months through 20 years of age. Not reimbursable with D1208
D1208	Topical application of fluoride	2 per calendar year	6 months through 20 years of age. Not reimbursable with D1206
OTHER PREVENTIVE SERVICES			
D1301	Immunization Counseling		
D1320	Tobacco counseling for the control and prevention of oral disease	2 per calendar year	12 through 20 years of age.
D1351	Sealant – per tooth	1 sealant per tooth per 3 years	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Requires dental areas configuration. Requires prior authorization with documentation
D1353	Sealant repair per tooth	1 sealant repair per tooth per 2 years	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D1354	Application of caries 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.
D1510	Space maintainer-fixed, unilateral - per quadrant (Excludes a distal shoe space maintainer)	4 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1516	Space Maintainer-fixed-bilateral, maxillary	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.
D1517	Space Maintainer-fixed-bilateral, mandibular	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.
D1520	Space maintainer-removable, unilateral - per quadrant	4 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D1526	Space Maintainer-removable-bilateral, maxillary	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.
D1527	Space Maintainer-removable-bilateral, mandibular	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.
D1551	Re-cementation of space maintainer - maxillary	1 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1552	Re-cementation of space maintainer - mandibular	1 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1553	Re-cementation of space maintainer- per quadrant	1 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
D1575	Distal shoe space maintainer-fixed, unilateral - per quadrant (fabrication and delivery of fixed appliance extending subgingival and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted)	4 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.
VACCINE ADMINISTRATION			
D1781	Vaccine Administration-human papillomavirus - Dose 1		
D1782	Vaccine Administration-human papillomavirus - Dose 2		
D1783	Vaccine Administration-human papillomavirus - Dose 3		
RESTORATIVE			
AMALGAM RESTORATIONS (INCLUDING POLISHING)			
D2140	Amalgam - one surface, primary or permanent	5 surfaces per tooth	Tooth numbers 1-32, A-T must be included on the

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
		number per 3 calendar years	claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included, the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 calendar years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included, the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2160	Amalgam - three surfaces, primary or permanent	5 surfaces per tooth number per 3 calendar years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included, the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 calendar years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included in the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			
D2330	Resin-based composite - one surface, anterior	5 surfaces per tooth number per 3 calendar years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2331	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 calendar years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2332	Resin-based composite - three surfaces, anterior	5 surfaces per tooth number per 3 calendar years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2335	Resin-based composite - four or more surfaces (anterior)	5 surfaces per tooth number per 3 calendar years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light- cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D2390	Resin-based composite crown, anterior	1 tooth number per 3 calendar years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2391	Resin-based composite - one surface, posterior	5 surfaces per tooth per 3 calendar years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2392	Resin-based composite - two surfaces, posterior	5 surfaces per tooth per 3 calendar years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.
D2393	Resin-based composite three surfaces, posterior	5 surfaces per tooth per 3 calendar years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service
D2394	Resin-based composite - four or more surfaces, posterior	5 surfaces per tooth per 3 calendar years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service
CROWNS – SINGLE RESTORATIONS ONLY			
D2740	Crown- porcelain/ceramic	1 tooth number per 5 calendar years	Requires prior authorization with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.
D2751	Crown- porcelain fused to predominately base metal	1 tooth number per 5 calendar years	Requires prior authorization with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.
D2791	Crown - full cast predominately base metal	1 tooth number per 5 calendar years	Requires prior authorization with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.
OTHER RESTORATIVE SERVICES			
D2920	Recement crown	1 per tooth number per 1 calendar year	Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			medical record for date of service.
D2929	Pediatric Zirconia Crowns for Anterior teeth.	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2930	Prefabricated stainless steel crown - primary tooth	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.
D2931	Prefabricated stainless steel crown - permanent tooth	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.
D2932	Prefabricated resin crown	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth numbers 1-32 must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.
D2933	Prefabricated stainless steel crown with resin window		Requires prior authorization with radiographs. Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.
D2934	Pediatric Esthetically Coated Stainless Steel Crowns for Anterior Teeth	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth numbers 1-32, A-T must be documented on claim

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.
D2940	Protective restoration	2 per calendar year per tooth number	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.
D2950	Core buildup, including any pins	1 per calendar year per tooth number	Tooth numbers 1-32 must be documented on claim form for payment consideration.
D2951	Pin retention- per tooth, in addition to restoration	1 per 3 calendar years per tooth number	Tooth numbers 1-32 must be documented on claim form for payment consideration.
D2952	Post and core in addition to crown -indirectly fabricated	1 per 3 calendar years per tooth number	Tooth numbers 1-32 or A-T must be documented on claim form for payment consideration.
D2954	Prefabricated post and core in addition to crown	1 per 3 calendar years per tooth number	Tooth numbers 1-32 or A-T must be documented on claim form for payment consideration.
D2976	Band Stabilization - per tooth	1 per lifetime	
D2991	Application of hydroxyapatite regeneration medicament - per tooth	1 per lifetime	
ENDODONTICS – INCLUDES LOCAL ANESTHESIA			
PULPOTOMY			
D3120	Pulp cap -Indirect (excluding final restoration)	1 per 3 calendar years per tooth number	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. To be

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			performed on primary or permanent teeth. This is not to be construed as the first stage of root canal therapy. Not to be used for aerogenesis.
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentin cemental junction and application of medicament	1 per 3 calendar years per tooth number	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. To be performed on primary or permanent teeth. This is not to be construed as the first stage of root canal therapy. Not to be used for aerogenesis.
ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW UP CARE)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 tooth number per lifetime	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3320, or D3330
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	1 tooth number per lifetime	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3330. To be performed on primary or permanent teeth.
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 tooth number per lifetime	Tooth numbers 1-3, 14-19, 30-32 and primary teeth # A, B, I, J, K, L, S, and T, if no permanent successor present, must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3320.
ENDODONTIC RETREATMENT			
D3346	Retreatment of previous root canal therapy - anterior	1 tooth number per lifetime	Tooth numbers 6-11 and 22-27, must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately.
D3347	Retreatment of previous root canal therapy – premolar	1 tooth number per lifetime	Tooth numbers 4,5,12,13,20,21,28, and 29 must be documented on the claim form for payment

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			consideration includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately.
D3348	Retreatment of previous root canal therapy - molar	1 tooth number per lifetime	Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately.
APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES			
D3351	Apexification/recalcification/pulpal Regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	3 treatments per tooth number per lifetime	Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	1 tooth number per lifetime	Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.
APICTOMY/PERIRADICULAR SERVICES			
D3410	Apicoectomy - anterior	1 tooth number per lifetime	Requires prior authorization with documentation, tooth number(s), and radiographs as appropriate. Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration.
D3421	Apicoectomy – premolar (first root)	1 tooth number per	Requires Prior Authorization with documentation,

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
		lifetime	tooth number(s), and radiographs as appropriate. Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration.
D3999	Unspecified endodontic procedure, by report		This code should be used only if a more specific CDT code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.
PERIODONTICS			
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)			
D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4211.
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4210. Must be billed with the number codes.
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4210.
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4210.
NON-SURGICAL PERIODONTAL SERVICE			
D4341	Periodontal scaling and root planing, per	1 quadrant per	Requires prior authorization. Quadrants are defined

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
	quadrant - four or more teeth	calendar year	as UR, UL, LL, and LR. Not reimbursed with D4342.
D4342	Periodontal scaling and root planing, per quadrant – one to three teeth	1 quadrant per calendar year	Requires prior authorization. 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 calendar years	Requires prior authorization. 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	Requires prior authorization. Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).
OTHER PERIODONTAL SERVICE			
D4999	Unspecified periodontal procedure, by report		This code should be used only if a more specific CDT code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.
PROSTHODONTICS (REMOVABLE)			
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			
D5110	Complete denture - maxillary	1 per 5 calendar years	Requires prior authorization
D5120	Complete denture – mandibular	1 per 5 calendar years	Requires prior authorization
D5130	Immediate denture – maxillary	1 per 5 calendar years	Requires prior authorization
D5140	Immediate denture – mandibular	1 per 5 calendar years	Requires prior authorization
PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 per 5 calendar years	Requires prior authorization. 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 calendar years	Requires prior authorization. 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 and teeth), maxillary	1 per 5 calendar years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
D5283	Removable unilateral partial denture-one-piece case metal (including clasps and teeth), mandibular	1 per 5 calendar years	Requires prior authorization. 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 calendar years	Requires prior authorization. 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 calendar years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.
ADJUSTMENTS TO DENTURES			
D5410	Adjust complete denture – maxillary	3 per calendar year	Not covered within 3 months of placement
D5411	Adjust complete denture – mandibular	3 per calendar year	Not covered within 3 months of placement
D5421	Adjust partial denture – maxillary	3 per calendar year	Not covered within 3 months of placement
D5422	Adjust partial denture – mandibular	3 per calendar year	Not covered within 3 months of placement
REPAIRS TO COMPLETE DENTURES			
D5511	Repair broken complete denture base, mandibular	2 per calendar year per arch	Upper arch, Low arch must be documented on the claim form for payment consideration.

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D5512	Repair broken complete denture base, maxillary	2 per calendar year per arch	Upper arch, Low arch must be documented on the claim form for payment consideration.
D5520	Replace missing or broken teeth - complete denture (each tooth)	2 per calendar year per tooth number	Tooth numbers 1-32 must be documented on the claim form for payment consideration.
REPAIRS TO PARTIAL DENTURES			
D5611	Repair resin partial denture base, mandibular	2 per calendar year per arch	Upper arch, Lower arch must be documented on the claim form for payment consideration. Must be billed with the tooth number codes.
D5612	Repair resin partial denture base, maxillary	2 per calendar year per arch	Upper arch, Lower arch must be documented on the claim form for payment consideration. Must be billed with the tooth number codes.
D5621	Repair cast partial framework, mandibular	2 per calendar year per arch	Upper arch, Lower arch must be documented on the claim form for payment consideration. Must be billed with the tooth number codes.
D5622	Repair cast partial framework, maxillary	2 per calendar year per arch	Tooth number 1-32 must be documented on the claim form for payment consideration.
D5630	Repair or replace broken retentive/clasping materials – per tooth	2 per calendar year	
D5640	Replace broken teeth – per tooth	2 per calendar year	Tooth number 1-32 must be documented on the claim form for payment consideration.
D5650	Add tooth to existing partial denture	2 per calendar year	Tooth number 1-32 must be documented on the claim form for payment consideration.
D5660	Add clasp to existing partial denture – per tooth		
DENTURE REBASED PROCEDURES			
D5710	Rebase complete maxillary denture	1 per 5 calendar years	

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D5711	Rebase complete mandibular denture	1 per 5 calendar years	
D5720	Rebase maxillary partial denture	1 per 5 calendar years	
D5721	Rebase mandibular partial denture	1 per 5 calendar years	
DENTURE RELINE PROCEDURES			
D5730	Reline complete maxillary denture (chairside)	1 per 2 calendar years	Not covered within first 6 months of placement unless it is for an immediate denture.
D5731	Reline complete mandibular denture (chairside)	1 per 2 calendar years	Not covered within first 6 months of placement unless it is for an immediate denture.
D5740	Reline maxillary partial denture (chairside)	1 per 2 calendar years	Not covered within first 6 months of placement.
D5741	Reline mandibular partial denture (chairside)	1 per 2 calendar years	Not covered within first 6 months of placement.
D5750	Reline complete maxillary denture (laboratory)	1 per 2 calendar years	Not covered within first 6 months of placement.
D5751	Reline complete mandibular denture (laboratory)	1 per 2 calendar years	Not covered within first 6 months of placement.
D5760	Reline maxillary partial denture (laboratory)	1 per 2 calendar years	Not covered within first 6 months of placement.
D5761	Reline mandibular partial denture (laboratory)	1 per 2 calendar years	Not covered within first 6 months of placement.
D5899	Unspecified removable prosthodontics procedure, by report		This code should be used only if a more specific CDT code is not available. Requires prior authorization with documentation and radiographs as

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			appropriate. Procedure must be documented on the claim form.
MAXILLOFACIAL PROSTHETICS			
D5911	Facial moulage (sectional)		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5912	Facial moulage (complete)		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5913	Nasal prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5914	Auricular prosthesis	1 in 5 calendar years	Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5915	Orbital prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5916	Ocular prosthesis - Prosthetic eye, plastic, custom Prosthetic eye, other type		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist required.
D5919	Facial prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist required.
D5924	Cranial prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D5925	Facial augmentation implant prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5931	Obturator prosthesis, surgical		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5932	Obturator prosthesis, definitive		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5933	Obturator prosthesis, modification		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5934	Mandibular resection prosthesis with guide flange		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5935	Mandibular resection prosthesis without guide flange		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5937	Trismus appliance (not for TMD treatment)		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5951	Feeding aid		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5952	Speech aid prosthesis, pediatric		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D5954	Palatal augmentation prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5955	Palatal lift prosthesis, definitive		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5982	Surgical stent		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5983	Radiation carrier		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5984	Radiation shield		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5985	Radiation cone locator		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5986	Fluoride gel carrier		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5987	Commissure splint		This code should be used only if a more specific code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed. Oral and maxillofacial or prosthodontist certification required.
D5999	Unspecified maxillofacial prosthesis, by report		This code should be used only if a more specific code is not available. Requires prior authorization with radiographs, documentation, and description of

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			procedure to be performed. Oral and maxillofacial or prosthodontist certification required.
PROSTHODONTIC FIXED			
FIXED PARTIAL DENTURE PONTICS – EACH ABUTMENT AND EACH PONTIC CONSTITUTE A UNIT IN A BRIDGE			
D6211	Pontic - cast predominantly base metal	1 per 5 calendar years	Requires prior authorization. Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D6241	Pontic - porcelain fused to predominantly base metal	1 per 5 calendar years	Requires prior authorization. Tooth numbers 1-32 must be documented on the claim form for payment consideration.
D6545	Retainer - cast metal for resin bonded fixed prosthesis	1 per 5 calendar years	Requires prior authorization. Tooth numbers 1-32 must be documented on the claim form for payment consideration.
OTHER FIXED DENTURE SERVICES			
D6930	Recement fixed partial denture	1 per calendar year	
D6999	Unspecified, fixed prosthodontic procedures, by report		This code should be used only if a more specific code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.
ORAL AND MAXILLOFACIAL SURGERY			
EXTRACTION - INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE. ANY NECESSARY SUTURE INCLUDED IN FEE FOR EXTRACTION.			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
	including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D7230	Removal of impacted tooth - partially bony	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
D7240	Removal of impacted tooth - completely bony	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.
OTHER SURGICAL PROCEDURES			
D7260	Oroantral fistula closure		
D7270	Tooth reimplantation &/or stabilization of accidentally evulsed or displaced tooth (includes splinting and/or stabilization)		Tooth numbers 1-32 and primary teeth # A, B, I, J, K, L, S, and T must also be documented on the claim form for payment consideration.
D7280	Surgical access of an unerupted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration.
D7283	Placement of device to facilitate eruption of impacted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration.
D7284	Excisional biopsy of minor salivary glands		
D7285	Biopsy of oral tissue – hard (bone, tooth)		
D7286	Biopsy of oral tissue - soft		
ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE			
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LL, LR per lifetime.	Quadrant UR, UL, LL, LR must also be documented on the claim form for payment consideration. Alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
			other treatments such as radiation therapy and transplant surgery.
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LL, LR per lifetime.	Quadrant UR, UL, LL, LR must also be documented on the claim form for payment consideration.
VESTIBULOPLASTY			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)		Requires prior authorization with documentation and radiographs as appropriate.
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment & management of hypertrophied & hyperplastic tissue)		Requires prior authorization with documentation and radiographs as appropriate.
D7410	Excision of benign lesion up to 1.25 cm		
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		
EXCISION OF BONE TISSUE			

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D7471	Removal of lateral exostosis (maxilla or mandible)		UA, LA must be documented on the claim form for payment consideration. Must be billed with the number codes.
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 with documentation and radiographs as appropriate.
SURGICAL INCISION			
D7509	Marsupialization of odontogenic cyst	1 per calendar year	
D7510	Incision and drainage of abscess - intraoral soft tissue		
D7520	Incision and drainage of abscess - extraoral soft tissue		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue		
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone		Requires prior authorization with documentation.
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		
TREATMENT OF FRACTURES - SIMPLE			
D7610	Maxilla - open reduction (teeth immobilized, if present)		
D7620	Maxilla - closed reduction (teeth immobilized, if present)		

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
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 with documentation and radiographs as appropriate.
TREATMENT OF FRACTURES - COMPOUND			
D7710	Maxilla - open reduction		
D7720	Maxilla - closed reduction		
D7730	Mandible - open reduction		
D7740	Mandible - closed reduction		
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
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS			
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

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
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.
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

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
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 calendar year	
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per calendar 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. UALA must be documented on the claim form for payment consideration. Must be billed with the number codes.
D7979	Non-Surgical Sialolithotomy		Requires prior authorization
D7980	Surgical Sialolithotomy		Requires prior authorization

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
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		This code should be used only if a more specific code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.
ORTHODONTICS			
D8010	Limited orthodontic treatment of the primary dentition	2 per calendar year	Requires prior authorization with documentation, radiographs, and dental molds.
D8020	Limited Orthodontic	2 per calendar year	Requires prior authorization with documentation, radiographs, and dental molds.
D8030	Limited orthodontic treatment of the adolescent dentition	2 per calendar year	Requires prior authorization with documentation, radiographs, and dental molds.
D8040	Limited orthodontic treatment of the adult dentition	2 per calendar year	Requires prior authorization with documentation, radiographs, and dental molds.
D8070	Comprehensive orthodontic treatment of the transitional dentition	1 per lifetime	Requires prior authorization with documentation, radiographs, and dental molds.
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1 per lifetime	Requires prior authorization with documentation, radiographs, and dental molds.
D8090	Comprehensive orthodontic treatment of the adult dentition	1 per lifetime	Requires Prior Authorization with documentation, radiographs, and dental molds.
D8210	Removable appliance therapy	2 per lifetime	
D8220	Fixed appliance therapy	2 per calendar year	
D8680	Orthodontic retention (removal of appliances, construction, and placement of retainer(s))		Requires Prior Authorization with documentation, radiographs, and dental molds.

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D8695	Removal of fixed orthodontic appliance(s) – other than at conclusion of treatment		This code should be used only if a more specific code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.
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	1 per lifetime	Requires prior authorization
D8999	Unspecified orthodontic procedure, by report		This code should be used only if a more specific code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.
ANESTHESIA			
D9222	Deep sedation/general anesthesia – first 15 minutes	Maximum 1 unit/day	Class 4 anesthesia permit required

**APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	Maximum 3 unit/day	Class 4 anesthesia permit required
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Maximum 1 unit/day	Not reimbursable with D9222, D9223, D9239, D9243.
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15-minutes	Maximum 1 unit/day	Class 3 or 4 anesthesia permit required
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	Maximum 3 unit/day	Class 3 or 4 anesthesia permit required
D9248	non-intravenous conscious sedation.	Maximum 1 unit/day	Class 3 or 4 anesthesia permit required
OTHER SERVICES			
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
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		This code should be used only if a more specific code is not available. Requires prior authorization

APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED

CDT Code	Description	Service Limits	Special Instructions
			with radiographs, documentation, and description of procedure to be performed is required.