



CHAPTER 505 ORAL HEALTH SERVICES

Chapter 505

Oral Health Services

APPENDIX 505C

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

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

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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		
D0150	Comprehensive oral evaluation- new or established patient	1 per year		
D0180	Comprehensive periodontal evaluation	1 per year		
D0210	intraoral- comprehensive series of radiographic images	1 per 2 years		Not billable with D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274
D0270	Bitewing- single radiographic image	4 per year		Not billable with D0210, D0272, D0273, D0274
D0272	Bitewings- two radiographic images	1 per year		Not billable with D0210, D0273, D0274
D0273	Bitewings - three radiographic images	1 per year		Not billable with D0210, D0272, D0274
D0274	Bitewings - four radiographic images	1 per year		
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		
D0470	Diagnostic casts	2 per year		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation,			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
	and transmission of written report.			
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	

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D1516	Space Maintainer-fixed-bilateral, maxillary	1 per year		
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

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
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
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.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
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, 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.
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	Requires Prior Authorization.
D2751	Crown- porcelain fused to predominately base metal	1 per tooth per 5 years	Tooth Number: Primary or Permanent	Requires Prior Authorization.
D2791	Crown- full cast predominately base metal	1 per tooth per 5 years	Tooth Number: Primary or Permanent	Requires Prior Authorization.
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	Requires Prior Authorization.
D2930	Prefabricated stainless steel crown- primary tooth	1 per tooth per year	Tooth Number: Primary	Requires Prior Authorization.
D2931	Prefabricated stainless steel crown- permanent tooth	1 per tooth per year	Tooth Number: Permanent	Requires Prior Authorization.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
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	Requires Prior Authorization. Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date as restoration services.
D2934	Pediatric Esthetically Coated Stainless-Steel Crowns for Primary Tooth	1 per tooth per year	Tooth Number: Primary	Requires Prior Authorization. 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

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 per tooth per lifetime	Tooth Number: Permanent Anterior	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 Molars	Not reimbursed with D3220, D3310, D3320
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	Requires prior authorization.
D3421	Apicoectomy - premolar	1 per tooth per lifetime	Tooth Number: Permanent Premolar	Requires Prior Authorization.
D3999	Unspecified endodontic procedure			Requires Prior Authorization.
D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per year	Quadrant	Requires prior authorization. Not reimbursed with D4211.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per year	Quadrant	Requires prior authorization. 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	Quadrant	Requires prior authorization. Not reimbursed with D4210.
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or tooth bound spaces per quadrant	1 quadrant per year	Quadrant	Requires prior authorization. Not reimbursed with D4210.
D4341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 quadrant per year	Quadrant	Requires prior authorization. Not reimbursed with D4342.
D4342	Periodontal scaling and root planing, per quadrant – one to three teeth	1 quadrant per year	Quadrant	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 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).
D4999	Unspecified periodontal procedure, by report			Requires prior authorization.
D5110	Complete denture, maxillary	1 per 5 years		Requires prior authorization.
D5120	Complete denture, mandibular	1 per 5 years		Requires prior authorization.
D5130	Immediate denture, maxillary	1 per 5 years		Requires prior authorization.
D5140	Immediate denture, mandibular	1 per 5 years		Requires prior 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. Partial 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
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. Partial 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 years		Requires prior authorization. Partial 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 years		Requires prior authorization. Partial 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		Requires prior authorization. Partial 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		Requires prior authorization. Partial 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	

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

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
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.
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years		Not covered within 6 months of placement.
D5899	Unspecified removable prosthodontics procedure, by report			Requires Prior Authorization.
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 per 5 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 certification required.
D5919	Facial prosthesis			Requires Prior Authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D5924	Cranial prosthesis			Requires Prior Authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
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.

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CDT Code	Description	Service Limits	Billing Requirement	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			Requires Prior Authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D5999	Unspecified maxillofacial prosthesis, by report			Requires Prior Authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.
D6211	Pontic- cast predominantly base metal	1 per 5 years	Tooth Number: Permanent	Requires Prior Authorization.
D6241	Pontic- porcelain fused to predominantly base metal	1 per 5 years	Tooth Number: Permanent	Requires Prior Authorization.

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D6545	Retainer- cast metal for resin bonded fixed prosthesis	1 per 5 years	Tooth Number: Permanent	Requires Prior Authorization.
D6930	Recement fixed partial denture	1 per year		
D6999	Unspecified, fixed prosthodontic procedures			Requires Prior Authorization.
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per tooth per lifetime	Tooth Number: Permanent	
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	Tooth Number: Permanent	
D7220	Removal of impacted tooth- soft tissue	1 per tooth per lifetime	Tooth Number: Permanent	
D7230	Removal of impacted tooth- partially bony	1 per tooth per lifetime	Tooth Number: Permanent	
D7240	Removal of impacted tooth- completely bony	1 per tooth per lifetime	Tooth Number: Permanent	
D7260	Oroantral fistula closure			
D7270	Tooth reimplantation- stabilization of accidentally evulsed or displaced tooth		Tooth Number: Primary, Anterior or Permanent	
D7280	Exposure of an unerupted tooth		Tooth Number: Permanent	
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			
D7286	Incisional biopsy of oral tissue- soft			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant per lifetime	Quadrant	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant per lifetime	Quadrant	
D7340	Vestibuloplasty- ridge extension			Requires Prior Authorization.
D7350	Vestibuloplasty- ridge extension			Requires Prior Authorization.
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			
D7471	Removal of lateral exostosis (maxilla or mandible)		01 or 02	
D7472	Removal of torus palatinus			
D7473	Removal of torus mandibularis			
D7485	Surgical reduction of osseous tuberosity			

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CDT Code	Description	Service Limits	Billing Requirement	Special Instructions
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			
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			

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
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.
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.