



Chapter 505

Oral Health Services

APPENDIX 505C

COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS OVER AGE 21

These services have a \$1,000 per calendar year maximum benefit.

**APPENDIX 505C - COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS OVER AGE 21
REGARDLESS OF PA REQUIREMENT THESE SERVICES HAVE A \$1,000 A CALENDAR YEAR LIMIT**

CDT Code	Description	Service Limits	Special Instructions
CLINICAL ORAL EVALUATION			
D0120	Periodic exam	2 per calendar years	
D0150	Initial comprehensive exam	1 per calendar year	
D0180	Comprehensive periodontal evaluation	1 per calendar years	
DIAGNOSTIC IMAGING			
D0210	intraoral - comprehensive series of radiographic images	1 per 2 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	
D0801	3D dental surface scan - direct	1 per calendar year	

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CDT Code	Description	Service Limits	Special Instructions
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	
VACCINE ADMINISTRATION			
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
DENTAL PROPHYLAXIS			
D1110	Prophylaxis-adult	1 per 6 months	
OTHER PREVENTIVE SERVICES			
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.
AMALGAM RESTORATIONS (INCLUDING POLISHING)			
D2140	Amalgam - one surface, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization
D2160	Amalgam - three surfaces, primary or	5 surfaces per tooth	Requires prior authorization

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CDT Code	Description	Service Limits	Special Instructions
	permanent	number per 3 years	
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization
RESIN-BASED COMPOSITE RESTORATIONS – DIRECT			
D2330	Resin-based composite - one surface, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization
D2331	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization
D2332	Resin-based composite - three surfaces, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	5 surfaces per tooth number per 3 years	Requires prior authorization
D2390	Resin-based composite crown, anterior	1 tooth number per 3 years	Requires prior authorization
D2391	Resin-based composite - one surface, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
D2392	Resin-based composite - two surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
D2393	Resin-based composite three surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
D2394	Resin-based composite - four or more surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization
CROWNS – SINGLE RESTORATIONS ONLY			
D2740	Crown- porcelain/ceramic	1 tooth number per 5 years	Requires prior authorization

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CDT Code	Description	Service Limits	Special Instructions
D2750	Crown - porcelain fused to high noble metal	1 tooth number per 5 years	Requires prior authorization
D2751	Crown- porcelain fused to predominately base metal	1 tooth number per 5 years	Requires prior authorization
D2752	Crown - porcelain fused to noble metal		Requires prior authorization
D2791	Crown - full cast predominately base metal	1 tooth number per 5 years	Requires prior authorization
OTHER RESTORATIVE SERVICES			
D2920	Recement crown	1 per tooth number per 1 calendar year	Requires prior authorization
D2931	Prefabricated stainless steel crown - permanent tooth	1 per tooth number per 1 calendar year	Requires prior authorization
D2932	Prefabricated resin crown	1 per tooth number per 1 calendar year	Requires prior authorization
D2940	Protective restoration	2 per calendar year per tooth number	Requires prior authorization
D2950	Core buildup, including any pins	1 per calendar year per tooth number	Requires prior authorization
D2952	Post and core in addition to crown -indirectly fabricated	1 per 3 years per tooth number	Requires prior authorization
D2954	Prefabricated post and core in addition to crown	1 per 3 years per tooth number	Requires prior authorization
ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW UP CARE)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 tooth number per lifetime	Requires prior authorization

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CDT Code	Description	Service Limits	Special Instructions
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	1 tooth number per lifetime	Requires prior authorization
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 tooth number per lifetime	Requires prior authorization
ENDODONTIC RETREATMENT			
D3346	Retreatment of previous root canal therapy - anterior	1 tooth number per lifetime	Requires prior authorization
D3347	Retreatment of previous root canal therapy – premolar	1 tooth number per lifetime	Requires prior authorization
D3348	Retreatment of previous root canal therapy - molar	1 tooth number per lifetime	Requires prior authorization
APICOECTOMY/PERIRADICULAR SERVICES			
D3410	Apicoectomy/periradicular surgery - anterior	1 tooth number per lifetime	Requires prior authorization
D3421	Apicoectomy – premolar (first root)	1 tooth number per lifetime	Requires prior authorization
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.
D4211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization.
NON-SURGICAL PERIODONTAL SERVICE			
D4341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 quadrant per calendar year	Requires prior authorization.

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CDT Code	Description	Service Limits	Special Instructions
D4342	Periodontal scaling and root planing, per quadrant – one to three teeth	1 quadrant per calendar year	Requires prior authorization.
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	1 per 2 years	Requires prior authorization.
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per 6 months	Requires prior authorization.
OTHER PERIODONTAL SERVICE			
D4910	Periodontal Maintenance	1 per calendar year	Requires prior authorization
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			
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
PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			
D5211	Upper partial denture resin base	1 per 5 years	Requires prior authorization
D5212	Lower partial denture resin base	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
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

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CDT Code	Description	Service Limits	Special Instructions
D5225	Upper Partial Case - Flexible Base	1 per 5 years	Requires prior authorization
D5226	Lower Partial Case - Flexible Base	1 per 5 years	Requires prior authorization.
ADJUSTMENTS TO DENTURES			
D5410	Adjust complete denture – maxillary	3 per calendar year	Requires prior authorization
D5411	Adjust complete denture – mandibular	3 per calendar year	Requires prior authorization
D5421	Adjust partial denture – maxillary	3 per calendar year	Requires prior authorization
D5422	Adjust partial denture – mandibular	3 per calendar year	Requires prior authorization
REPAIRS TO COMPLETE DENTURES			
D5511	Repair broken complete denture base, mandibular	2 per calendar year per arch	Requires prior authorization
D5512	Repair broken complete denture base, maxillary	2 per calendar year per arch	Requires prior authorization
D5520	Replace missing or broken teeth - complete denture (each tooth)	2 per calendar year per tooth number	Requires prior authorization
REPAIRS TO PARTIAL DENTURES			
D5611	Repair resin partial denture base, mandibular	2 per calendar year per arch	Requires prior authorization
D5612	Repair resin partial denture base, maxillary	2 per calendar year per arch	Requires prior authorization
D5621	Repair cast partial framework, mandibular	2 per calendar year per arch	Requires prior authorization
D5622	Repair cast partial framework, maxillary	2 per calendar year per arch	Requires prior authorization

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D5630	Repair or replace broken retentive/clasping materials – per tooth	2 per calendar year	Requires prior authorization
D5640	Replace broken teeth – per tooth	2 per calendar year	Requires prior authorization
D5650	Add tooth to existing partial denture	2 per calendar year	Requires prior authorization
D5660	Add clasp to existing partial denture – per tooth	2 per calendar year	Requires prior authorization
DENTURE REBASED PROCEDURES			
D5710	Rebase complete maxillary denture	1 per 5 years	Requires prior authorization
D5711	Rebase complete mandibular denture	1 per 5 years	Requires prior authorization
D5720	Rebase maxillary partial denture	1 per 5 years	Requires prior authorization
D5721	Rebase mandibular partial denture	1 per 5 years	Requires prior authorization
DENTURE RELINE PROCEDURES			
D5730	Reline complete maxillary denture (chairside)	1 per 2 years	Requires prior authorization
D5731	Reline complete mandibular denture (chairside)	1 per 2 years	Requires prior authorization
D5740	Reline maxillary partial denture (chairside)	1 per 2 years	Requires prior authorization
D5741	Reline mandibular partial denture (chairside)	1 per 2 years	Requires prior authorization
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years	Requires prior authorization
D5751	Reline complete mandibular denture (laboratory)	1 per 2 years	Requires prior authorization
D5760	Reline maxillary partial denture (laboratory)	1 per 2 years	Requires prior authorization

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CDT Code	Description	Service Limits	Special Instructions
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years	Requires prior authorization
D5810	Interim (temporary) complete upper denture	1 per 5 years	Requires prior authorization
D5811	Interim (temporary) complete lower denture	1 per 5 years	Requires prior authorization
D5820	Interim (temporary) Partial upper denture with clasps	1 per lifetime	Requires prior authorization
D5821	Interim (temporary) Partial lower denture with clasps	1 per lifetime	Requires prior authorization
D5850	Tissue conditioning-maxillary tissue		Requires prior authorization
D5851	Tissue conditioning-mandibular		Requires prior authorization
OTHER FIXED DENTURE SERVICES			
D6930	Recement fixed partial denture	1 per calendar year	Requires prior authorization
OTHER SURGICAL PROCEDURES			
D7250	Surgical removal unexposed root	1 per tooth per lifetime	Requires prior authorization
ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE			
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LL, LR per lifetime.	Requires prior authorization
EXCISION OF BONE TISSUE			
D7471	Removal of lateral exostosis (maxilla or mandible)		Requires prior authorization
D7472	Removal of torus palatinus		Requires prior authorization
D7473	Removal of torus mandibularis		Requires prior authorization

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