



Chapter 505

Oral Health Services

APPENDIX 505B

COVERED EMERGENT ORAL HEALTH SERVICES FOR ADULTS AGE 21 AND OLDER

**APPENDIX 505B - COVERED ORAL HEALTH SERVICES FOR ADULTS 21 YEARS OF AGE AND OLDER
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions
DIAGNOSTIC			
CLINICAL ORAL EVALUATION			
D0140	Limited oral evaluation - problem focused	EMERGENT	
DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)			
D0220	Intraoral - periapical, first radiographic image	1 per day	
D0230	Intraoral - periapical, each additional radiographic image	8 per 3 months	Must be billed with D0220
D0330	Panoramic radiographic image	1 per 3 years	
TESTS AND EXAMINATIONS			
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	None	
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	None	To be used in pathology laboratory reporting transepithelial, disaggregated cell samples by brush biopsy technique. Analysis and written report of findings, of cytological sample of disaggregated transepithelial cells.
ORAL AND MAXILLOFACIAL SURGERY (INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE)			
SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.

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CDT Code	Description	Service Limits	Special Instructions
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 lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.
D7220	Removal of impacted tooth - soft tissue	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.
D7230	Removal of impacted tooth - partially bony	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.
D7240	Removal of impacted tooth - completely bony	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.
OTHER SURGICAL PROCEDURES			
D7260	Oroantral fistula closure		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.
D7285	Biopsy of oral tissue - hard (bone, tooth)		
D7286	Biopsy of oral tissue - soft		
SURGICAL EXCISION OF SOFT TISSUE LESIONS			
D7410	Excision of benign lesion up to 1.25 cm		
D7411	Excision of benign lesion greater than 1.25 cm		
SURGICAL EXTRACTIONS OF INTRA-OSSEOUS LESIONS			
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm		

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CDT Code	Description	Service Limits	Special Instructions
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		
SURGICAL INCISION			
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		This code should only be used if a more specific code is not available. Requires prior authorization with documentation.
TREATMENT OF FRACTURES - SIMPLE			
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)		

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CDT Code	Description	Service Limits	Special Instructions
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 with documentation and radiographs as appropriate.
REPAIR OF TRAUMATIC WOUNDS (EXCLUDES CLOSURE OF SURGICAL INCISIONS)			
D7910	Suture of recent small wounds up to 5 cm		Excludes closure of surgical incisions
D7911	Complicated suture - up to 5 cm	1 unit	
D7912	Complicated suture – greater than 5 cm	1 unit	
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.
ANESTHESIA			

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CDT Code	Description	Service Limits	Special Instructions
D9222	Deep sedation/general anesthesia – first 15 minutes	Maximum 1 unit/day	Class 4 anesthesia permit required
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			
D9986	Missed Appointment		No reimbursement - for tracking purposes only
D9987	Cancelled Appointment		No reimbursement - for tracking purposes only