

CMDP is required by A.R.S. 8-512 to pay in accordance with the AHCCCS Fee-For-Service rate schedule. For rate information, please see the AHCCCS website						
Send x-rays for PA requests and retro reviews only						
C - Covered Service						
C - PA - Covered with Prior Authorization Approval Only						
N - PA* Not Usually A Covered Service/ Submit Prior Authorization for Review						
DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
CLINICAL ORAL EVALUATIONS						
D0120	PERIODIC ORAL EVALUATION - Established patient	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0140	LIMITED ORAL EVALUATION, problem focused	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0145	Oral evaluation for a patient under three years of age and counseling W/caregiver (0-2)	C		FEE SCHEDULE LINK	1/1/2013	0-2
D0150	COMPREHENSIVE ORAL EVALUATION - new or established patient	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0160	DETAILED & EXTENSIVE ORAL EVALUATION, problem focused	C	INCLUDE NARRATIVE	FEE SCHEDULE LINK	1/1/2013	0-999
D0170	RE-EVAL LIMITED, problem focused	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0180	COMPREHENSIVE PERIODONTAL EVALUATION- new or established pat.	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0190	SCREENING OF A PATIENT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0191	ASSESSMENT OF A PATIENT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
RADIOGRAPHS/DIAGNOSTIC IMAGING						
D0210	INTRAORAL - Complete Series of Radiographic Images	C		FEE SCHEDULE LINK	1/1/2013	6-999
D0220	INTRAORAL - Periapical First Radiographic Image	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0230	INTRAORAL - Periapical Each Radiographic Image	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0240	INTRAORAL - Occlusal Radiographic Image	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0250	EXTRAORAL - First Radiographic Image	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0260	EXTRAORAL - Each Additional Radiographic Image	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0270	BITEWING - Single Radiographic Image	C		FEE SCHEDULE LINK	1/1/2013	0-999

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D0272	BITEWINGS - Two Radiographic Images	C		FEE SCHEDULE LINK	1/1/2013	2-999
D0273	BITEWINGS - Three Radiographic Images	C		FEE SCHEDULE LINK	1/1/2013	10-999
D0274	BITEWINGS - Four Radiographic Images	C		FEE SCHEDULE LINK	1/1/2013	10-999
D0277	VERTICAL BITEWINGS - 7 to 8 Radiographic Images	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL AND BONE SURVEY, Radiographic Image	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0310	SIALOGRAPHY	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D0321	OTHER TEMPOROMANDIBULAR JOINT - Radiographic Images	C		FEE SCHEDULE LINK	1/1/2013	0-999
D0322	TOMOGRAPHIC SURVEY	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0330	PANORAMIC RADIOGRAPHIC IMAGE	C		FEE SCHEDULE LINK	1/1/2013	5-999
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	C		FEE SCHEDULE LINK	1/1/2013	0-21
D0350	ORAL/FACIAL IMAGES (includes intra and extraoral images)	C		FEE SCHEDULE LINK	1/1/2013	0-21
D0360	CONE BEAM CT- craniofacial data capture	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0362	CONE BEAM - two-dimensional image reconstruction using existing data	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0363	CONE BEAM -three dimensional images reconstruction using existing data	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0365	CONE BEAM CT - capture and interpretation with field of view of one full dental arch - mandible	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0366	CONE BEAM CT - capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0367	CONE BEAM CT - capture and interpretation with field of view of both jaws with or without cranium	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0368	CONE BEAM CT - capture and interpretation for TMJ series including two or more exposures	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0369	MAXILLOFACIAL MRI - Capture and Interpretation	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

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D0370	MAXILLOFACIAL ULTRASOUND - Capture and Interpretation	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0371	SIALOENDOSCOPY - Capture and Interpretation	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0380	CONE BEAM CT- Image capture with limited field of view, less than one whole jaw	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0381	CONE BEAM CT - Image capture with field of view of one full dental arch, MANDIBLE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0382	CONE BEAM CT - Image capture with field of view of one full dental arch, MAXILLA with or without cranium	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0383	CONE BEAM CT - Image capture with field of view of both jaws, with or without cranium	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0384	CONE BEAM - Image capture for TMJ series including two or more exposures			FEE SCHEDULE LINK	1/1/2013	0-999
D0385	MAXIOLLOFACIAL MRI - Image Capture	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0386	MAXILLOFACIAL ULTRASOUND - Image Capture	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE - by a practitioner not associated with capture of the image, including report	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
TEST AND LABORATORY EXAMINATIONS						
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SINITIVITY	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0416	VIRAL CULTURE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0425	CARIES SUSCEPTIBILITY TESTS	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0431	ADJUNCTIVE PRE-DIAG NOSTIC TEST THAT AIDS IN DETECTION	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0460	PULP VITALITY TESTS	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0470	DIAGNOSTIC CAST (0-21)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-21

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D0472	ACCESSION OF TISSUE, GROSS EXAM, PREP/TRANSMISSION OF WRITTEN REPORT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0473	ACCESSION OF TISSUE, GROSS/MICRO EXAM, PREP/TRANS OF WRITTEN REPORT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0474	ACCESS OF TISSUE, GRO/MICRO EXAM, INCL SURG MARGINS, PREP/TRANSM OF RP	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0475	DECALCIFICATION PROCEDURE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0476	SPECIAL STAINS FOR MICROORGANISIMS	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0477	SPECIAL STAINS NOT FOR MICROORGANISIMS	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0478	IMMUNOHISTOCHEMICAL STAINS	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICRO EXAM. PREP/TRANS OF WRITTEN REPORT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0481	ELECTRON MICROSCOPY - DIAGNOSTIC	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0482	DIRECT IMMUNOFLUORESCENCE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0483	INDIRECT IMMUNOFLUORESCENCE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0485	CONSULTATION, INCLUDING PREP OF SLIDES FROM BIOPSY	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0486	ACCESSION OF SAMPLE, EXAM, PREP AND TRANSMISSION OF WRITTEN REPORT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D0502	OTHER ORAL PATHOLOGY PROCEDURE	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
PREVENTIVE						
D1110	PROPHYLAXIS ADULT	C		FEE SCHEDULE LINK	1/1/2013	14-999
D1120	PROPHYLAXIS CHILD	C		FEE SCHEDULE LINK	1/1/2013	0-13
TOPICAL FLUORIDE TREATMENT						
D1203	TOPICAL APPLICATION OF FLUORIDE (prophylaxis not included)-CHILD	USE D1208	USE D1208	FEE SCHEDULE LINK		
D1204	TOPICAL APPLICATION OF FLUORIDE (prophylaxis not included)-ADULT	USE D1208	USE D1208	FEE SCHEDULE LINK		
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	C		FEE SCHEDULE LINK	1/1/2013	0-20

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D1208	TOPICAL APPLICATION OF FLUORIDE	C		FEE SCHEDULE LINK	1/1/2013	0-20
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D1320	TOBACCO COUNSELING FOR CONTROL OF DENTAL DISEASE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D1330	ORAL HYGIENE INSTRUCTIONS	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D1351	SEALANT-PER TOOTH	C	1st & 2nd permanent molars only	FEE SCHEDULE LINK	1/1/2013	0-15
D1352	PREVENTIVE RESIN RESTORATION - PERM TOOTH	C	1st & 2nd permanent molars only	FEE SCHEDULE LINK	1/1/2013	0-15
D1510	SPACE MAINTAINER-fixed-unilateral	C	Premature loss of posterior teeth only	FEE SCHEDULE LINK	1/1/2013	0-14
D1515	SPACE MAINTAINER-fixed-bilateral	C	Premature loss of posterior teeth only	FEE SCHEDULE LINK	1/1/2013	0-14
D1520	SPACE MAINTAINER-removable-unilateral	C	Premature loss of posterior teeth only	FEE SCHEDULE LINK	1/1/2013	0-14
D1525	SPACE MAINTAINER-removable-bilateral	C	Premature loss of posterior teeth only	FEE SCHEDULE LINK	1/1/2013	0-14
D1550	RECEMENTATION OF SPACE MAINTAINER	C		FEE SCHEDULE LINK	1/1/2013	0-14
D1555	REMOVAL OF FIXED SPACE MAINTAINER	C		FEE SCHEDULE LINK	1/1/2013	0-21
RESTORATIVE						
D2140	AMALG -1 SURFACE - primary or permanent	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2150	AMALG-2 SURFACES - primary or permanent	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2160	AMALG-3 SURFACES - primary or permanent	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2161	AMALG 4 + SURFACES - primary or permanent	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2330	RESIN-BASED COMPOSITE - 1 SURFACE anterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2331	RESIN-BASED COMPOSITE - 2 SURFACES anterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2332	RESIN-BASED COMPOSITE - 3 SURFACES anterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2335	RESIN-BASED COMP 4/+ SURFACES INVOLVING INCISAL ANGLE anterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2390	RESIN-BASED COMPOSITE CROWN anterior	C		FEE SCHEDULE LINK	1/1/2013	0-999

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D2391	RESIN-BASED COMPOSITE - 1 SURFACE posterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2392	RESIN-BASED COMPOSITE - 2 SURFACES posterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2393	RESIN-BASED COMPOSITE - 3 SURFACES posterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2394	RESIN-BASED COMPOSITE 4 + SURFACES posterior	C		FEE SCHEDULE LINK	1/1/2013	0-999
GOLD RESTORATIONS (02410-02430) not usually covered						
D2410	GOLD FOIL - One Surface	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2420	GOLD FOIL - Two Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2430	GOLD FOIL - Three Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
INLAY/ONLAY RESTORATIONS (02510-02664) not usually covered						
D2510	INLAY - Metallic - One Surface	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2520	INLAY - Metallic - Two Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2530	INLAY - Metallic - Three or more surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2542	ONLAY - Metallic - Two Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2543	ONLAY - Metallic - Three Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2544	ONLAY - Metallic - Four or more Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2610	INLAY - Porcelain/Ceramic - One Surface	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2620	INLAY - Porcelain/Ceramic - Two Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2630	INLAY - Porcelain/Ceramic - Three or more Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2642	ONLAY - Porcelain/Ceramic - Two Surface	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2643	ONLAY - Porcelain/Ceramic - Three Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2644	ONLAY - Porcelain/Ceramic - Four or more Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2650	INLAY - Resin-Based Composite - One Surface	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2651	INLAY - Resin-Based Composite - Two Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2652	INLAY - Resin-Based Composite - Three or more Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2662	ONLAY - Resin-Based Composite - Two Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2663	ONLAY - Resin-Based Composite - Three Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

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D2664	ONLAY - Resin-Based Composite - Four or more Surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
CROWNS - SINGLE RESTORATIONS ONLY						
D2710	CROWN - RESIN - BASE COMPOSITE (indirect) (18-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	18-20
D2712	CROWN - 3/4 RESIN BASED COMPOSITE (indirect)(18-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	18-20
D2720	CROWN - RESIN HIGH NOBLE METAL (18-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	18-20
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL (18-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	18-20
D2722	CROWN - RESIN NOBLE METAL (18-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	18-20
D2740	CROWN - PORC/CERAMIC SUBSTRATE (18-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	18-20
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL root canal teeth except 3rd molars 18-20 years old	C-PA	Include X-ray	FEE SCHEDULE LINK	1/1/2013	18-20
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL root canal teeth except 3rd molars 18-20 years old	C-PA	Include X-ray	FEE SCHEDULE LINK	1/1/2013	18-20
D2752	CROWN - PORC FUSED TO NOBLE METAL root canal teeth except 3rd molars 18-20 years old	C-PA	Include X-ray	FEE SCHEDULE LINK	1/1/2013	18-20
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL (15-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	15-20
D2781	CROWN - 3/4 CAST PREDOMINATELY BASED METAL (18-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	18-20
D2782	CROWN - 3/4 CAST NOBLE METAL	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2790	CROWN - FULL CAST HIGH NOBLE METAL root canal teeth except 3rd molars 18-20 years old	C-PA	Include X-ray	FEE SCHEDULE LINK	1/1/2013	18-20
D2791	CROWN FULL CAST PREDOM BASE MET root canal teeth expect 3rd molars 18-20 years old	C-PA	Include X-ray	FEE SCHEDULE LINK	1/1/2013	18-20
D2792	CROWN FULL CAST NOBLE METAL root canal teeth except 3rd molars 18-20 years old	C-PA	Include X-ray	FEE SCHEDULE LINK	1/1/2013	18-20
D2794	CROWN-TITANIUM root canal teeth except 3rd molars	C-PA	Include X-ray	FEE SCHEDULE LINK	1/1/2013	0-999
D2799	PROVISIONAL CROWN - Further treatment or completion of diagnosis necessary prior to final impression	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
OTHER RESTORATIVE SERVICES						

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D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION (18-UP)	C		FEE SCHEDULE LINK	1/1/2013	18-999
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2920	RECEMENT CROWN	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - Primary Tooth	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2930	PREFABRICATED STAINLESS STEEL CROWN (primary tooth)(0-14)	C		FEE SCHEDULE LINK	1/1/2013	0-14
D2931	PREFABRICATED STAINLESS STEEL CROWN (permanent tooth)(6-UP)	C		FEE SCHEDULE LINK	1/1/2013	6-999
D2932	PREFABRICATED RESIN CROWN (6-UP)	C		FEE SCHEDULE LINK	1/1/2013	6-999
D2933	PREFABRICATED STAINLESS STEEL CROWN W/RESIN WINDOW	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN (0-20)	C	(primary tooth)	FEE SCHEDULE LINK	1/1/2013	0-20
D2940	PROTECTIVE RESTORATION	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2950	CROWN BUILDUP (including any pins)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2951	PIN RETENTION - PER TOOTH (in addition to restoration)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2952	CAST POST AND CORE (in addition to crown)indirectly facricated	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2953	EACH ADDITIONAL CAST POST (same tooth)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2954	PREFABRICATED POST AND CORE (in addition to crown)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D2955	POST REMOVAL	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2957	EACH ADDITIONAL PREFABRICATED POST (same tooth)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2960	LABIAL VENEER (resin laminate) - chairside	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2961	LABIAL VENEER (resin laminated) laboratory	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2962	LABIAL VENEER (porcelain laminate) laboratory	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2970	TEMPORARY CROWN (fractured tooth)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D2975	COPING (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D2980	CROWN REPAIR - Necessitated by restorative material failure	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2981	INLAY REPAIR - Necessitated by restorative material failure	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2982	ONLY REPAIR - Necessitated by restorative material failure	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D2983	VENEER REPAIR - Necessitated by restorative material failure	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, by report	C-PA	Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
ENDODONTICS						
D3110	PULP CAP - DIRECT (excluding final restoration)(0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D3120	PULP CAP - INDIRECT (excluding final restoration)(0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D3220	THERAPEUTIC PULPOTOMY (excluding final restoration)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3221	PULPAL DEBRIDEMENT (primary and permanent teeth)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3230	PULPAL THERAPY (resorbable filling) anterior, primary tooth (excl final resto)(0-12)	C		FEE SCHEDULE LINK	1/1/2013	0-12
D3240	PULPAL THERAPY (resorbable filling) posterior, primary tooth (excl final resto)(0-14)	C		FEE SCHEDULE LINK	1/1/2013	0-14
ROOT CANAL THERAPY (including follow-up care)						
D3310	ANTERIOR (excluding final restoration) 6,7,8,9,10,11,22,23,24,25,26,27	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3320	BICUSPID (excluding final restoration) 4,5,12,13,20,21,28,29	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3330	MOLAR (excluding final restoration) 2,3,14,15,18,19,30,31	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION (non surgical access)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3332	INCOMPLETE ENDODONTIC THERAPY (inoperable,unrestorable or fractured tooth)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (anterior)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (bicuspid)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (molar)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3351	APEX/RECALC/PULPAL REGEN - INITIAL VISIT	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3352	APEX/RECALC/PULPAL REGEN - INTERIM MEDICATION REPLACEMENT	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3353	APEX/RECALC/PULPAL REGEN - FINAL VISIT	C		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D3354	PUPAL REGENERATION - DOES NOT INCLUDE FINAL RESTORATION	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3410	APICOECTOMY/PERIRADICULAR SURGERY (anterior)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3421	APICOECTOMY/PERIRADICULAR SURGERY (bicuspid - 1st root)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3425	APICOECTOMY/PERIRADICULAR SURGERY (molar - 1st root)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3426	APICOECTOMY/PERIRADICULAR SURGERY (each additional root)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3430	RETROGRADE FILLING (per root)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3450	ROOT AMPUTATION (per root)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D3470	INTENTIONAL REIMPLANTATION (including necessary splinting)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH (w/rubber dam)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D3920	HEMISECTION (including any root removal) not including root canal therapy	C		FEE SCHEDULE LINK	1/1/2013	0-999
D3950	CANAL PREPARATION & FITTING OF PREFORMED DOWEL OR POST	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D3999	UNSPECIFIED ENDODONTIC PROCEDURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
PERIODONTICS (when medically necessary)						
D4210	GINGIVECTOMY OR GINGIVOPLASTY 4+ contiguous or bounded teeth (per quadrant)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4211	GINGIVECTOMY OR GINGIVOPLASTY 1 - 3 contiguous or bounded teeth (per quadrant)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4212	GINGIVECTOMY OR GINGIVOPLASTY - To Allow Access for Restorative Procedure, Per Tooth	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D4230	ANATOMICAL CROWN EXPOSURE four or more contguour teeth per Quadrant (0-21)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-21
D4231	ANATOMICAL CROWN EXPOSURE one to three teeth per Quadrant	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D4240	GINGIVAL FLAP, INCLUDING ROOT PLANING 4+contiguous or bounded teeth (per quadrant)	C-PA	Include Narrative, Perio chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4241	GINGIVAL FLAP, INCLUDING ROOT PLANING 1 - 3 contiguous or bounded teeth (per quadrant)	C-PA	Include Narrative, Perio chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4245	APICALLY POSITIONED FLAP	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D4249	CLINICAL CROWN LENGTHENING (hard tissue)	C		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - Four or more contiguous teeth or tooth bounded spaces, per quadrant	C-PA	Include Narrative, Perio chart	FEE SCHEDULE LINK	1/1/2013	0-999
D4261	CLOSURE) - One to Three contiguous teeth or tooth bounded spaces, per quadrant	C-PA	Include Narrative, Perio chart	FEE SCHEDULE LINK	1/1/2013	0-999
D4263	BONE REPLACEMENT GRAFT -first site in quadrant	C-PA	Include Narrative, Perio chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4264	BONE REPLACEMENT GRAFT -each additional site in quadrant	C-PA	Include Narrative, Perio chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	C-PA	Include Narrative, Perio chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4266	GUIDED TISSUE REGENERATION - resorbable barrier, per site	C-PA	Include Narrative, Perio chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4267	GUIDED TISSUE REGENERATION - nonresorbable barrier, per site (includes membrace removal)	C-PA	Include Narrative, Perio chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4268	SURGICAL REVISION PROCEDURE, per tooth	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4271	FREE SOFT TISSUE GRAFT PROCEDURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, per tooth	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4275	SOFT TISSUE ALLOGRAFT	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4276	COMBINED CONNECTIVE TISSUE & DOUBLE PEDICLE GRAFT	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (Including Donor Site Surgery), First Tooth or Edentulous Tooth Position in Graft	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D4278	Donor Site Surgery), Each Additional Contiguous Tooth or Edentulous Tooth Position in Same Graft Site	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D4320	PROVISIONAL SPLINTING (intracoronal)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4321	PROVISIONAL SPLINTING (extracoronal)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4341	PERIO SCALING & ROOT PLANING 4 + teeth (per quadrant)	C-PA	Perio Chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4342	PERIO SCALING & ROOT PLANING 1 - 3 teeth (per quadrant)	C-PA	Perio Chart, X-Rays	FEE SCHEDULE LINK	1/1/2013	0-999
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVAL. & DIAG.	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, Per Tooth	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D4910	PERIODONTAL MAINTENANCE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4920	UNSCHEDULED DRESSING CHANGE (by someone other than treating dentist)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D4999	UNSPECIFIED PERIODONTAL PROCEDURE (by report)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
PROSTHODONTICS - removable - (incl/routine post -delivery care) (when medically necessary)						
D5110	COMPLETE DENTURE (maxillary)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5120	COMPLETE DENTURE (mandibular)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5130	IMMEDIATE DENTURE (maxillary)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5140	IMMEDIATE DENTURE (mandibular)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5211	MAXILLARY PARTIAL DENTURE - resin base (incl/conventional clasps, rests & teeth)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5212	MANDIBULAR PARTIAL DENTURE - resin base (incl/conven'tl clasps, rests & teeth)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5213	MAXILLARY PARTIAL DENTURE (cast metal framework with resin bases)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5214	MANDIBULAR PARTIAL DENTURE (cast metal framework with resin bases)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5225	MAXILLARY PARTIAL DENTURE flexible base (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D5226	MANDIBULAR PARTIAL DENTURE flexible base (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D5281	REMOVABLE UNILAT PARTIAL DENTURE (one piece cast metal - incl clasps/teeth)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5410	ADJUSTMENT COMPLETE DENTURE (maxillary)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5411	ADJUSTMENT COMPLETE DENTURE (mandibular)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5421	ADJUSTMENT PARTIAL DENTURE (maxillary)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5422	ADJUSTMENT PARTIAL DENTURE (mandibular)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5520	REPLACE MISSING OR BROKEN TEETH (complete denture, each tooth)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5610	REPAIR RESIN DENTURE BASE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5620	REPAIR CAST FRAMEWORK	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5630	REPAIR OR REPLACE BROKEN CLASP	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5640	REPLACE BROKEN TEETH (per tooth)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	C		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5670	REPLACE ALL TEETH & ACRYLIC FRAMEWORK (maxillary)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5671	REPLACE ALL TEETH & ACRYLIC FRAMEWORK (mandibular)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5710	REBASE COMPLETE MAXILLARY DENTURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5711	REBASE COMPLETE MANDIBULAR DENTURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5720	REBASE MAXILLARY PARTIAL DENTURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5721	REBASE MANDIBULAR PARTIAL DENTURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5730	RELINE COMPLETE MAXILLARY DENTURE (chairside)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5731	RELINE COMPLETE MANDIBULAR DENTURE (chairside)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5740	RELINE MAXILLARY PARTIAL DENTURE (chairside)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5741	RELINE MANDIBULAR PARTIAL DENTURE (chairside)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5750	RELINE COMPLETE MAXILLARY DENTURE (laboratory)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5751	RELINE COMPLETE MANDIBULAR DENTURE (laboratory)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5760	RELINE MAXILLARY PARTIAL DENTURE (laboratory)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5761	RELINE MANDIBULAR PARTIAL DENTURE (laboratory)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5810	INTERIM COMPLETE DENTURE (maxillary)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5811	INTERIM COMPLETE DENTURE (mandibular)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5820	INTERIM PARTIAL DENTURE (maxillary) replace missing Perm & Post Prim teeth	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5821	INTERIM PARTIAL DENTURE(mandibular) replace missing Perm & Post Prim teeth	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5850	TISSUE CONDITIONING (maxillary)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5851	TISSUE CONDITIONING (mandibular)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D5860	OVERDENTURE - COMPLETE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5861	OVERDENTURE - PARTIAL	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5862	PRECISION ATTACHMENT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5867	REPLACEMENT OF REPLACEABLE PART (semi-precision or precision attachment)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D5875	MODIFICATION OF REMOVABLE PROSTHESIS (following implant surgery)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
MAXILLOFACIAL PROSTHETICS (when medically necessary)						
D5911	FACIAL MOULAGE (sectional)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5912	FACIAL MOULAGE (complete)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5913	NASAL PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5914	AURICULAR PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5915	ORBITAL PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5916	OCULAR PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5919	FACIAL PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5922	NASAL SEPTAL PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5923	OCULAR PROSTHESIS (interim)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5924	CRANIAL PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5926	NASAL PROSTHESIS (replacement)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5927	AURICULAR PROSTHESIS (replacement)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5928	ORBITAL PROSTHESIS (replacement)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5929	FACIAL PROSTHESIS (replacement)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5931	OBTURATOR PROSTHESIS (surgical)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5932	OBTURATOR PROSTHESIS (definitive)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5933	OBTURATOR PROSTHESIS (modification)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5934	MANDIBULAR RESECTION PROSTHESIS (with guide flange)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5935	MANDIBULAR RESECTION PROSTHESIS (without guide flange)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5936	OBTURATOR PROSTHESIS (interim)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5937	TRISMUS APPLIANCE (not for TMD treatment)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5951	FEEDING AID (00-02)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-2

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D5952	SPEECH AID PROSTHESIS (pediatric)(0-16)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-16
D5953	SPEECH AID PROSTHESIS (adult)(16-UP)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	16-999
D5954	PALATAL AUGMENTATION PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5955	PALATAL LIFT PROSTHESIS (definitive)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5958	PALATAL LIFT PROSTHESIS (interim)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5959	PALATAL LIFT PROSTHESIS (modification)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5960	SPEECH AID PROSTHESIS (modification)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5982	SURGICAL STENT	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5983	RADIATION CARRIER	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5984	RADIATION SHIELD	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5985	RADIATION CONE LOCATOR	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5986	FLUORIDE GEL CARRIER	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5987	COMMISSURE SPLINT	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5988	SURGICAL SPLINT	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5991	TOPICAL MEDICAMENT CARRIER	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5992	ADJUST MAXILLOFACIAL PROST. APPLIANCE BR	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5993	MAINTENANCE AND CLEANING OF PROSTHESIS	N-PA*	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D5999	UNSPECIFIED MAXIL PROSTHESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
IMPLANT SERVICES NOT COVERED (06010-06199)						
D6190	Radiographic/Surgical Implant Index, By Report	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6010	Surgical Placement of Implant Body: Endosteal Implant	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6040	Surgical Placement: Eposteal Implant	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6050	Surgical Placement: Transosteal Implant	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6051	INTERIM ABUTMENT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6056	PREFABRICATED ABUTMENT - Includes modification and placement	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6057	Custom Fabricated Abutment - Includes Placement	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6058	Abutment Supported Porcelain/Ceramic Crown	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Nobel Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6061	Abutment Supported Porcelain Fused to Metal Crown (Nobel Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6062	Abutment Supported Cast Metal Crown (High Nobel Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6064	Abutment Supported Cast Metal Crown (Nobel Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6065	Implant Supported Porcelain/Ceramic Crown	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6066	Implant Supported Porcelain Fused to Metal Crown	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6067	Implant Supported Metal Crown	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Nobel Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6075	Implant Supported Retainer for Ceramic FPD	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D6077	Implant Supported Retainer for Cast Metal FPD	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6080	Implant Maintenance Procedures	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6090	Repair Implant Supported Prosthesis, By Report	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6091	Replacement of Semi-Precision or Precision Attachment of Implant/Abutment Supported Prosthesis	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6092	Recement Implant/Abutment Supported Crown	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6094	Abutment Supported Crown (Titanium)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6095	Repair Implant Abutment, By Report	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6100	Implant Removal, By Report	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6102	DEBRIDEMENT OF OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; Includes surface cleaning of exposed implant surfaces and flap entry and closure	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT - Not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6104	BONE GRAFT - At time of Implant placement	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6199	Unspecified Implant Procedure, By Report	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
PROSTHODONTICS - FIXED (ea retainer/pontic constitutes a unit in a fixed partial denture) (when medically necessary)						
D6205	PONTIC - indirect resin based composite (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D6210	PONTIC - cast high noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6211	PONTIC - cast predominantly based metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6212	PONTIC - cast noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6214	PONTIC - titanium (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D6240	PONTIC - porcelain fused to high noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6241	PONTIC - porcelain fused to predominantly based metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6242	PONTIC - porcelain fused to noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6245	PONTIC - porcelain/ceramic	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6250	PONTIC - resin with high noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6251	PONTIC - resin with predominantly based metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6252	PONTIC - resin with noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6253	PROVISIONAL PONTIC - Further treatment of completion of diagnosis necessary prior to final impression	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6544	ONLAY - metallic four or more surfaces	N		FEE SCHEDULE LINK	1/1/2013	
D6254	INTERIM PONTIC	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6545	RETAINER - cast metal for resin bonded fixed prosthesis	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6548	RETAINER - porcelain/ceramic for resin bonded fixed prosthesis	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6600	INLAY - porcelain/ceramic, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6601	INLAY - porcelain/ceramic, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6602	INLAY - cast high noble metal, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6603	INLAY - cast high noble metal, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6604	INLAY - cast predominantly base metal, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6605	INLAY - cast predominantly base metal, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6606	INLAY - cast noble metal, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6607	INLAY - cast noble metal, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6624	INLAY - titanium (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D6608	ONLAY - porcelain/ceramic, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6609	ONLAY - porcelain/ceramic, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6610	ONLAY - cast high noble metal, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6611	ONLAY - cast high noble metal, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D6612	ONLAY - cast predominantly base metal, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6613	ONLAY - cast predominantly base metal, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6614	ONLAY - cast noble metal, 2 surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6615	ONLAY - cast noble metal, 3 + surfaces	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6634	ONLAY - titanium (20-UP)	N-PA*		FEE SCHEDULE LINK	1/1/2013	20-999
D6710	CROWN - indirect resin based composite (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D6720	CROWN - resin with high noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6721	CROWN - resin with predominantly based metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6722	CROWN - resin with noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6740	CROWN - porcelain/ceramic	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6750	CROWN - porcelain fused to high noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6751	CROWN - porcelain fused to predominantly based metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6752	CROWN - porcelain fused to noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6780	CROWN - 3/4 cast high noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6781	CROWN - 3/4 cast predominately based metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6782	CROWN - 3/4 cast noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6783	CROWN - 3/4 porcelain/ceramic	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6790	CROWN - full cast high noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6791	CROWN - full cast predominantly based metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6792	CROWN - full cast noble metal	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6793	treatment of completion of diagnosis necessary prior to final impression	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6794	CROWN - titanium (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D6795	INTERIM RETAINER CROWN	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D6920	CONNECTOR BAR	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6930	RECEMENT FIXED PARTIAL DENTURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D6940	STRESS BREAKER	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D6950	PRECISION ATTACHMENT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6970	CAST POST & CORE (in addition to fixed partial denture retainer)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6971	CAST POST (as part of fixed partial denture retainer)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6972	PREFABRICATED POST & CORE (add to fixed partial denture retainer)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6973	CORE BUILD UP (for retainer, incl any pins)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6975	COPING	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6976	EACH ADDITIONAL CAST POST same tooth	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6977	EACH ADDITIONAL PREFABRICATED POST same tooth	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6980	FIXED PARTIAL DENTURE REPAIR - Necessitated by restorative material failure	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D6985	PEDIATRIC PARTIAL DENTURE, fixed (0-21)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-21
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, by report (18-UP)	C-PA		FEE SCHEDULE LINK	1/1/2013	18-999
ORAL & MAXILLOFACIAL SURGERY						
D7111	EXTRACTION, CORONAL REMNANTS - deciduous tooth	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7140	EXTRACTION - erupted tooth or exposed root (elevation and/or forceps removal)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH requiring elev.	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D7220	REMOVAL OF IMPACTED TOOTH soft tissue	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D7230	REMOVAL OF IMPACTED TOOTH partially bony	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D7240	REMOVAL OF IMPACTED TOOTH completely bony	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D7241	REMOVAL OF IMPACTED TOOTH - comp bony, w/unusual surg complications	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (cutting proc)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D7260	OROANTRAL FISTULA CLOSURE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7261	PRIMARY CLOSURE OF SINUS PERFORATION	C	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7270	REIMPLANTATION AND/OR STABILIZATION - acc. evulsed or displaced tooth	C	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7272	TOOTH TRANSPLANTATION	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D7280	SURG ACCESS OF AN UNERUPTED TOOTH	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH - to aid eruption	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7283	PLACEMENT OF DEVICE - to facilitate eruption of impacted tooth	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7285	BIOPSY OF ORAL TISSUE hard (bone, tooth)	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7286	BIOPSY OF ORAL TISSUE soft	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7287	EXFOLIATIVE CYTOLOGY SAMPLE COLLECTION	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D7288	BRUSH BIOPSY - transepithelial sample collection (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D7290	SURGICAL REPOSITIONING OF TEETH (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, by report (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D7292	SURGICAL PLACEMENT: temporary anchorage device (0-20)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D7293	SURGICAL PLACEMENT: temporary anchorage device requiring surgical flap	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7294	SURGICAL PLACEMENT: temporary anchorage device without surgical flap	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROC.	N-PA*	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7310	ALVEOLOPLASTY IN CONJUNCTION W/EXTRACTIONS - per quadrant	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7311	- 1 to 3 teeth or tooth spaces per quadrant (0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTIONS - per quadrant	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTIONS - 1 to 3 teeth or tooth spaces per quadrant (0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D7340	VESTIBULOPLASTY - ridge extension (2nd epithelialization)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D7350	VESTIBULOPLASTY - ridge extension (incl/soft tissue grafts)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D7410	EXCISION OF BENIGN LESION up to 1.25 cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7411	EXCISION OF BENIGN LESION greater than 1.25 cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7412	EXCISION OF BENIGN LESION, complicated	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7413	EXCISION OF MALIGNANT LESION up to 1.25 cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7414	EXCISION OF MALIGNANT LESION greater than 1.25 cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7415	EXCISION OF MALIGNANT LESION, complicated	C		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D7440	EXCISION OF MALIGNANT TUMOR up to 1.25	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7441	EXCISION OF MALIGNANT TUMOR greater than 1.25cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR - up to 1.25cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR - greater than 1.25cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST/TUMOR - up to 1.25cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST/TUMOR - greater than 1.25cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7465	DESTRUCTION OF LESION by physical or chemical method	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7471	REMOVAL OF LATERAL EXOSTOSIS (maxilla/mandible)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7472	REMOVAL OF TORUS PALATINUS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7473	REMOVAL OF TORUS MANDIBULARIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE with bone graft	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7510	INCISION AND DRAINAGE OF ABSCESS intraoral soft tissue	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7511	INCISION AND DRAINAGE OF ABSCESS-intraoral soft tissue - complicated	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7520	INCISION AND DRAINAGE OF ABSCESS extraoral soft tissue	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7521	INCISION AND DRAINAGE OF ABSCESS -extraoral soft tissue-complicated	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7530	REMOVAL OF FOREIGN BODY, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, musculoskeletal system	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7560	MAXILLARY SINUSOTOMY - REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
TREATMENT OF FRACTURES (when medically necessary)						
D7610	MAXILLA - open reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7620	MAXILLA - closed reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7630	MANDIBLE - open reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7640	MANDIBLE - closed reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7650	MALAR AND/OR ZYGOMATIC ARCH open reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D7660	MALAR AND/OR ZYGOMATIC ARCH closed reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7670	ALVEOLUS CLOSED REDUCTION, may include stabilization of teeth	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7671	ALVEOLUS OPEN REDUCTION, may include stabilization of teeth	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7680	FACIAL BONES complicated reduction w/fixation	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7710	MAXILLA - open reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7720	MAXILLA - closed reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7730	MANDIBLE - open reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7740	MANDIBLE - closed reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7750	MALAR AND/OR ZYGOMATIC ARCH open reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7760	MALAR AND/OR ZYGOMATIC ARCH closed reduction	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7770	ALVEOLUS - open reduction stabilization of teeth	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7771	ALVEOLUS - closed reduction stabilization of teeth	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7780	FACIAL BONES complicated reduction with fixation	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
REDUCTION OF DISLOCATION & MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS (when medically necessary)						
D7810	OPEN REDUCTION OF DISLOCATION	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7820	CLOSED REDUCTION OF DISLOCATION	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7830	MANIPULATION WITH ANESTHESIA	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7840	CONDYLECTOMY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7850	SURGICAL DISCECTOMY with/without implant	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7852	DISC REPAIR	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7854	SYNOVECTOMY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7856	MYOTOMY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7858	JOINT RECONSTRUCTION	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7860	ARTHROTOMY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7865	ARTHROPLASTY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7870	ARTHROCENTESIS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7872	ARTHROSCOPY diagnosis, with/without biopsy	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7873	ARTHROSCOPY surgical: lavage and lysis of adhesions	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7874	ARTHROSCOPY - surgical:disc repositioning and stabilization	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7875	ARTHROSCOPY surgical: synovectomy	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7876	ARTHROSCOPY surgical: discectomy	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7877	ARTHROSCOPY surgical: debridement	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7880	OCCLUSAL ORTHOTIC DEVICE by report	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7899	UNSPECIFIED TMD THERAPY by report	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
REPAIR OF TRAUMATIC WOUNDS						
D7910	SUTURE OF RECENT SMALL WOUND up to 5 cm	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7911	COMPLICATED SUTURE up to 5 CM	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7912	COMPLICATED SUTURE greater than 5 CM	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7920	SKIN GRAFTS	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D7940	OSTEOPLASTY for orthognathic deformities	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7941	OSTEOTOMY mandibular rami	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7943	OSTEOTOMY mandibular rami w/bone graft	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7944	OSTEOTOMY segmented or subapical per quad	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7945	OSTEOTOMY - body of mandible	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7946	LEFORT I - maxilla -total	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7947	LEFORT I - maxilla-segmented	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7948	LEFORT II/III - without bone graft	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7949	LEFORT II/III - with bone graft	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7950	GRAFT/MANDIBLE OR MAXILLA-AUTOGENOUS OR NONAUTOGENOUS FACIAL BONE - by report	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - per site (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D7955	REPAIR OF MAXILLOFACIAL SOFT/HARD TISSUE DEFECT	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7960	FRENULECTOMY - separate procedure	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7963	FRENULOPLASTY (0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D7970	EXCISION OF HYPERPLASTIC TISSUE per arch	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7971	EXCISION OF PERICORONAL GINGIVA	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7980	SIALOLITHOTOMY	C		FEE SCHEDULE LINK	1/1/2013	0-999
D7981	EXCISION OF SALIVARY GLAND by report	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7982	SIALODOCHOPLASTY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7983	CLOSURE OF SALIVARY FISTULA	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7990	EMERGENCY TRACHEOTOMY	C	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7991	CORONOIDECTOMY	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7995	SYNTHETIC GRAFT mandible or facial bones, by report	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7996	IMPLANT mandible for augmentation process, by report	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7997	APPLIANCE REMOVAL - includes removal of archbar (not by same dentist)	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D7998	INTRAORAL PLMNT OF FIXATION DEVICE NOT IN CONJUT W/A FRACTURE	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D7999	UNSPECIFIED ORAL SURGERY by report	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
ORTHODONTICS (when medically necessary)						
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8020	LIMITED ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8030	LIMITED ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D8040	LIMITED ORTHODONTIC TREATMENT OF ADULT DENTITION (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	C-PA	Include orthodontic records, x-ray, & narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8070	COMPREHENSIVE ORTHO TREATMENT OF THE TRANSITIONAL DENTITION (0-20)	C-PA	Include orthodontic records, x-ray, & narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8080	COMPREHENSIVE ORTHO TREATMENT OF THE ADOLESCENT DENTITION	C-PA	Include orthodontic records, x-ray, & narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (0-20)	C-PA	Include orthodontic records, x-ray, & Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8210	REMOVABLE APPLIANCE THERAPY (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8220	FIXED APPLIANCE THERAPY (0-20)	C-PA	Include x-ray, Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D8660	PRE-ORTHODONTIC TREATMENT VISIT (0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT - as part of contract (0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D8680	ORTHODONTIC RETENTION -removal of appliances, placement of retainer(s) (0-20)	C-PA		FEE SCHEDULE LINK	1/1/2013	0-20
D8690	ORTHODONTIC TREATMENT alternative billing to a contract fee (0-20)	C-PA		FEE SCHEDULE LINK	1/1/2013	0-20
D8691	REPAIR OF ORTHODONTIC APPLIANCE (0-20)	C-PA		FEE SCHEDULE LINK	1/1/2013	0-20
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER (0-20)	C-PA		FEE SCHEDULE LINK	1/1/2013	0-20
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED OF FIXED RETAINER (0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE by report (0-20)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
ADJUNCTIVE GENERAL SERVICES						

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D9110	PALLIATIVE EMERGENCY TREATMENT OF DENTAL PAIN - minor procedure	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9120	FIXED PARTIAL DENTURE SECTIONING	C		FEE SCHEDULE LINK	1/1/2013	0-999
ANESTHESIA						
D9210	LOCAL ANESTHESIA not in conjunction w/operative or surgical procedures	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9211	REGIONAL BLOCK ANESTHESIA	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURG PROC	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9220	DEEP SEDATION/GENERAL ANESTHESIA first 30 minutes	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D9221	DEEP SEDATION/GENERAL ANESTHESIA each additional 15 minutes	C	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA first 30 minutes	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D9242	INTRAVENOUS CONSCIOUS SED./ANALGESIA each add. 15 min	C-PA		FEE SCHEDULE LINK	1/1/2013	0-999
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	C		FEE SCHEDULE LINK	1/1/2013	0-999
PROFESSIONAL CONSULTATION						
D9310	CONSULTATION (diag. service provider by dentist or phys. Other than requesting dentist or phys.)	C	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
PROFESSIONAL VISITS						
D9410	HOUSE/EXTENDED CARE FACILITY CALL	C	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9430	OFFICE VISIT FOR OBSERVATION no other services performed	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9440	OFFICE VISIT after regularly scheduled hours	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9450	CASE PRESENTATION, detailed and extensive treatment planning	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9610	THERAPEUTIC DRUG INJECTION by report	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9612	THERAPEUTIC PARENTERAL DRUGS, two or more admin., different medications	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9630	OTHER DRUG/MEDICAMENTS by report	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9910	APPLICATION OF DESENSITIZING MEDICATION	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	PA PROCEDURES ONLY	FEE SCHEDULE LINK	Eff. Date	Age
D9911	APPLICATION OF DESENSITIZING RESIN for cervical /root service , per tooth	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9920	BEHAVIOR MANAGEMENT - by report (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D9930	TREATMENT OF COMPLICATION post surgical, by report	C		FEE SCHEDULE LINK	1/1/2013	0-999
D9940	OCCLUSAL GUARD - by report (0-20)	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-20
D9941	FABRICATION OF ATHLETIC MOUTHGUARD (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D9942	REPAIR AND /OR RELINE OF OCCLUSAL GRUARD (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D9950	OCCLUSION ANALYSIS - mounted case (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-20
D9951	OCCLUSAL ADJUSTMENT -limited (0-20)	C		FEE SCHEDULE LINK	1/1/2013	0-20
D9952	OCCLUSAL ADJUSTMENT - complete (0-20)	N-PA*		FEE SCHEDULE LINK	1/1/2013	00-20
D9970	ENAMEL MICROABRASION	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9971	ODONTOPLASTY 1-2 TEETH -includes removal of enamel projections	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9972	EXTERNAL BLEACHING - PER ARCH - Performed In Office	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9973	EXTERNAL BLEACHING - PER TOOTH	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9974	INTERNAL BLEACHING - PER TOOTH	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9975	per arch; Includes materials and fabrication of custom trays	N-PA*		FEE SCHEDULE LINK	1/1/2013	0-999
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE by report	C-PA	Include Narrative	FEE SCHEDULE LINK	1/1/2013	0-999