

# CMDP Dental Authorization Matrix

Revised: March 25, 2020

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

PA - Requires Prior Authorization Approval

If a treatment code is not listed please submit a Prior Authorization for review of medical necessity.

COVID-19 Changes: All Health Plan dental prior authorization approvals which are within 60 days of expiration from 3/20/2020 will be extended for 6 months. This does not apply to prior auth approvals that expired prior to 3/20/2020  
Changes in services related to the COVID -19 emergency are highlighted  
Teledentistry codes related to COVID-19 are listed in the teledentistry section

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

[Link to Fee schedule](#)

DENTAL CODES	DESCRIPTION	COVERAGE CATEGORY	REQUIRED DOCUMENTS	FREQUENCY LIMITATION	Eff. Date	Age
<b>CLINICAL ORAL EVALUATIONS</b>						
D0120	PERIODIC ORAL EVALUATION - Established patient	C		Once Every 6 Months	3/1/1989	0-999
D0140	LIMITED ORAL EVALUATION, problem focused	C TELEHEALTH ALLOWED		Once Every 6 Months	1/1/1996, Telehealth 3/20/2020	0-999
D0145	Oral Evaluation (for a patient under three years of age and counseling W/caregiver (0-2))	C		Once Every 6 Months	1/1/2007	0-2
D0150	COMPREHENSIVE ORAL EVALUATION - New or Established Patient	C		Once Every 6 Months	1/1/1996	0-20

D0160	DETAILED & EXTENSIVE ORAL EVALUATION, problem focused	C	NARRATIVE STATEMENT	Max 1 per day	1/1/1996	0-20
D0170	RE-EVALUATION, limited problem focused	C TELEHEALTH ALLOWED		Max 1 at visit	1/1/2017, Telehealth 3/20/2020	0-999
D0171	RE-EVALUATION, post operative office visit	C		Max 1 at visit	1/1/2016	0-20
D0180	COMPREHENSIVE PERIODONTAL EVALUATION- new or established pat.	C		Max 1 per Year	1/1/2013	0-999
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING</b>						
D0210	INTRAORAL - Complete Series of Radiographic Images	C		Once Every 3 years	1/1/2013	6-999
D0220	INTRAORAL - Periapical First Radiographic Image	C TELEHEALTH ALLOWED		Max 1 at visit	1/1/2013, Telehealth 3/20/2020	0-999
D0230	INTRAORAL - Periapical Each Radiographic Image	C TELEHEALTH ALLOWED		Max 5 at visit	1/1/2013, Telehealth 3/20/2020	0-999
D0240	INTRAORAL - Occlusal Radiographic Image	C TELEHEALTH ALLOWED		Max 2 at visit	1/1/2013, Telehealth 3/20/2020	0-999
D0250	EXTRA-ORAL - 2D Radiographic Image	C		Max 1 per year	1/1/2013	0-999
D0251	EXTRA-ORAL - Posterior Dental Radiographic Image	C		Limit 1 per year	1/1/2016	0-999
D0270	BITEWING - Single Radiographic Image	C TELEHEALTH ALLOWED		Once Every 6 Months	1/1/2013, Telehealth 3/20/2020	0-999

D0272	BITEWINGS - Two Radiographic Images	C TELEHEALTH ALLOWED		2 Max Per Day / Every 6 Months	1/1/2013, Telehealth 3/20/2020	0-999
D0273	BITEWINGS - Three Radiographic Images	C TELEHEALTH ALLOWED		Once Every 6 Months	1/1/2013, Telehealth 3/20/2020	0-999
D0274	BITEWINGS - Four Radiographic Images	C TELEHEALTH ALLOWED		Once Every 6 Months	1/1/2013, Telehealth 3/20/2020	0-999
D0277	VERTICAL BITEWINGS - 7 to 8 Radiographic Images	C TELEHEALTH ALLOWED		Once Every 6 Months	1/1/2013, Telehealth 3/20/2020	0-999
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL AND BONE SURVEY, Radiographic Image	PA		Max 1 at visit	1/1/2013	0-999
D0310	SIALOGRAPHY	PA		Max 1 at visit, if approved	1/1/2013	0-999
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	PA		Max 1 at visit, if approved	1/1/2013	0-999
D0321	OTHER TEMPOROMANDIBULAR JOINT - Radiographic Images	PA		Max 1 at visit	1/1/2013	0-999
D0330	PANORAMIC RADIOGRAPHIC IMAGE	C TELEHEALTH ALLOWED	3 MAX PER PROVIDER	Max 1 at visit;	1/1/2013, Telehealth 3/20/2020	0-999
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE	PA			1/1/2013	0-21
D0350	ORAL / FACIAL PHOTOGRAPHIC IMAGE - Obtained Intraorally or Extraorally	PA		Once Every 6 Months	1/1/2013	0-21

TEST AND LABORATORY EXAMINATIONS						
*D0411	HbA1c IN-OFFICE POINT OF SERVICE TESTING	C			1/1/2018	0-999
D0470	DIAGNOSTIC CAST (0-21)	PA	NARRATIVE STATEMENT		1/1/2013	0-21
D0502	OTHER ORAL PATHOLOGY PROCEDURE	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	PA	NARRATIVE STATEMENT		1/1/2013	0-999
PREVENTIVE						
D1110	PROPHYLAXIS ADULT	C		Once Every 6 Months	1/1/2013	14-999
D1120	PROPHYLAXIS CHILD	C		Once Every 6 Months	1/1/2013	0-13
TOPICAL FLUORIDE TREATMENT, SEALANTS AND SPACE MAINTAINERS						
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	C		4 times per year	1/1/2013	0-20
D1208	TOPICAL APPLICATION OF FLUORIDE- EXCLUDING VARNISH	C		Once per day Once Every 6 Months	1/1/2013	0-20
D1351	SEALANT-PER TOOTH (Tooth #2, 3, 14, 15, 18, 19, 30 and 31 ONLY)	C	1st & 2nd permanent molars only	Once Every 3 years / Max Benefit 2 Times per member lifetime	1/1/2013	0-15
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH	C	1st & 2nd permanent molars only	Once Every 3 years	1/1/2013	0-15
D1353	SEALANT REPAIR- per tooth	C	1st & 2nd permanent molars only		1/1/2016	0-15
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	C	All teeth primary & permanent	4 times per year	1/1/2020	18-Jan

D1510	SPACE MAINTAINER-fixed-unilateral	PA	Premature loss of posterior primary teeth only and when medically necessary		1/1/2013	0-14
D1516	Space Maintainer-fixed-bilateral-maxillary	PA	Premature loss of posterior primary teeth only and when medically necessary		1/1/2020	0-20
D1517	Space Maintainer-fixed-bilateral-mandibular	PA	Premature loss of posterior primary teeth only and when medically necessary		1/1/2020	0-20
D1520	SPACE MAINTAINER-removable-unilateral	PA	Premature loss of posterior primary teeth only and when medically necessary		1/1/2013	0-14
D1526	Removable maxillary bilateral space maintainer	PA	Premature loss of posterior primary teeth only and when medically necessary		1/1/2020	0-14

D1527	Removable mandibular bilateral space maintainer	PA	Premature loss of posterior primary teeth only and when medically necessary		1/1/2020	0-14
D1551	Re-cement or re-bond bilateral space maintainer-maxillary	C			1/1/2020	0-20
D1552	Re-cement or re-bond bilateral space maintainer-mandibular	C			1/1/2020	0-20
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	C			1/1/2020	0-20
D1556	Removal of fixed unilateral space maintainer-per quadrant	C			1/1/2020	0-20
D1557	Removal of fixed bilateral space maintainer-maxillary (done by dentist or practice that did not place appliance)	C			1/1/2020	0-999
D1558	Removal of fixed bilateral space maintainer-mandibular (done by dentist or practice that did not place appliance)	C			1/1/2020	0-20
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	PA			1/1/2014	0-20
<b>RESTORATIVE</b>						
D2140	AMALG -1 SURFACE - primary or permanent	C			1/1/2013	0-999
D2150	AMALG-2 SURFACES - primary or permanent	C			1/1/2013	0-999
D2160	AMALG-3 SURFACES - primary or permanent	C			1/1/2013	0-999
D2161	AMALG 4 + SURFACES - primary or permanent	C			1/1/2013	0-999
D2330	RESIN-BASED COMPOSITE - 1 SURFACE anterior	C			1/1/2013	0-999
D2331	RESIN-BASED COMPOSITE - 2 SURFACES anterior	C			1/1/2013	0-999
D2332	RESIN-BASED COMPOSITE - 3 SURFACES anterior	C			1/1/2013	0-999
D2335	RESIN-BASED COMP 4/+ SURFACES INVOLVING INCISAL ANGLE anterior	C			1/1/2013	0-999
D2390	RESIN-BASED COMPOSITE CROWN anterior	C			1/1/2013	0-999
D2391	RESIN-BASED COMPOSITE - 1 SURFACE posterior	C			1/1/2013	0-999
D2392	RESIN-BASED COMPOSITE - 2 SURFACES posterior	C			1/1/2013	0-999

D2393	RESIN-BASED COMPOSITE - 3 SURFACES posterior	C			1/1/2013	0-999
D2394	RESIN-BASED COMPOSITE 4 + SURFACES posterior	C			1/1/2013	0-999
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL root canal teeth except 3rd molars 18-20 years old	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	18-20
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL root canal teeth except 3rd molars 18-20 years old	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	18-20
D2752	CROWN - PORC FUSED TO NOBLE METAL root canal teeth except 3rd molars 18-20 years old	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	18-20
D2753	Crown-porcelain fused to titanium and titanium alloys	PA	NARRATIVE STATEMENT & X-RAY		1/1/2020	18-20
D2790	CROWN - FULL CAST HIGH NOBLE METAL root canal teeth except 3rd molars 18-20 years old	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	18-20
D2791	CROWN FULL CAST PREDOM BASE MET root canal teeth expect 3rd molars 18-20 years old	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	18-20
D2792	CROWN FULL CAST NOBLE METAL root canal teeth except 3rd molars 18-20 years old	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	18-20
D2794	CROWN -TITANIUM root canal teeth except 3rd molars 18-20 years old	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	18-20
<b>OTHER RESTORATIVE SERVICES</b>						
D2915	RE-CEMENT CAST OR PREFABRICATED POST AND CORE	C			1/1/2013	0-999
D2920	RE-CEMENT CROWN/REBOND	C			1/1/2013	0-999
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - Primary Tooth	C	5 years of age and under for anterior primary teeth		1/1/2013	0-20
D2930	PREFABRICATED STAINLESS STEEL CROWN (primary tooth)(0-14)	C			1/1/2013	0-14

D2931	PREFABRICATED STAINLESS STEEL CROWN (permanent tooth)(6-UP)	C	Covered for Permanent Dentition Only		1/1/2013	0-999
D2932	PREFABRICATED RESIN CROWN	C			1/1/2013	0-999
D2933	PREFABRICATED STAINLESS STEEL CROWN W/RESIN WINDOW	C			1/1/2013	0-999
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN (0-20)	C			1/1/2013	0-20
D2940	PROTECTIVE RESTORATION	C			1/1/2013	0-999
D2950	CROWN BUILDUP (including any pins, when required)	C			1/1/2013	0-999
D2951	PIN RETENTION - PER TOOTH (in addition to restoration)	C			1/1/2013	0-999
D2952	POST AND CORE (in addition to crown) indirectly fabricated	C			1/1/2013	0-999
D2954	PREFABRICATED POST AND CORE (in addition to crown)	C			1/1/2013	0-999
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, by report	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>ENDODONTICS</b>						
D3110	PULP CAP - DIRECT (excluding final restoration)(0-20)	C			1/1/2013	0-999
D3120	PULP CAP - INDIRECT (excluding final restoration)(0-20)	C			1/1/2013	0-999
D3220	THERAPEUTIC PULPOTOMY (excluding final restoration)	C			1/1/2013	0-999
D3221	PULPAL DEBRIDEMENT (primary and permanent teeth)	C			1/1/2013	0-999
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	C			1/1/2013	0-999
D3230	PULPAL THERAPY (resorbable filling) anterior, primary tooth (excl final resto)(0-12)	C			1/1/2013	0-12
D3240	PULPAL THERAPY (resorbable filling) posterior, primary tooth (excl final resto)(0-14)	C			1/1/2013	0-14
<b>ROOT CANAL THERAPY (including follow-up care)</b>						
D3310	ANTERIOR (excluding final restoration) 6,7,8,9,10,11,22,23,24,25,26,27	C			1/1/2013	0-999
D3320	BICUSPID (excluding final restoration) 4,5,12,13,20,21,28,29	C			1/1/2013	0-999
D3330	MOLAR (excluding final restoration) 2,3,14,15,18,19,30,31	C			1/1/2013	0-999

D3331	TREATMENT OF ROOT CANAL OBSTRUCTION (non surgical access)	C			1/1/2013	0-999
D3332	INCOMPLETE ENDODONTIC THERAPY (inoperable,unrestorable or fractured tooth)	C			1/1/2013	0-999
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	C			1/1/2013	0-999
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (anterior)	C			1/1/2013	0-999
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (bicuspid)	C			1/1/2013	0-999
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY (molar)	C			1/1/2013	0-999
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION)	C			1/1/2013	0-999
D3352	APEX/RECALC/PULPAL REGEN - INTERIM MEDICATION REPLACEMENT	C			1/1/2013	0-999
D3353	APEX/RECALC/PULPAL REGEN - FINAL VISIT	C			1/1/2013	0-999
D3410	APICOECTOMY - ANTERIOR	C			1/1/2013	0-999
D3421	APICOECTOMY - BICUSPID (FIRST ROOT)	C			1/1/2013	0-999
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	C			1/1/2013	0-999
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	C			1/1/2013	0-999
D3430	RETROGRADE FILLING (per root)	C			1/1/2013	0-999
D3450	ROOT AMPUTATION (per root)	C			1/1/2013	0-999
D3920	HEMISECTION (including any root removal) not including root canal therapy	C			1/1/2013	0-999
D3999	UNSPECIFIED ENDODONTIC PROCEDURE- BY REPORT	PA			1/1/2013	0-999
<b>PERIODONTICS (when medically necessary)</b>						
D4210	GINGIVECTOMY OR GINGIVOPLASTY 4+ contiguous or bounded teeth (per quadrant)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D4211	GINGIVECTOMY OR GINGIVOPLASTY 1 - 3 contiguous or bounded teeth (per quadrant)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D4240	GINGIVAL FLAP, INCLUDING ROOT PLANING 4+contiguous or bounded teeth (per quadrant)	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999

D4241	GINGIVAL FLAP, INCLUDING ROOT PLANING 1 - 3 contiguous or bounded teeth (per quadrant)	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4249	CLINICAL CROWN LENGTHENING (hard tissue)	C			1/1/2013	0-999
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - Four or more contiguous teeth or tooth bounded spaces, per quadrant	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - One to Three contiguous teeth or tooth bounded spaces, per quadrant	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4263	BONE REPLACEMENT GRAFT -first site in quadrant	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4264	BONE REPLACEMENT GRAFT -each additional site in quadrant	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4266	GUIDED TISSUE REGENERATION - resorbable barrier, per site	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4267	GUIDED TISSUE REGENERATION - nonresorbable barrier, per site (includes membrane removal)	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	C			1/1/2013	0-999
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURES, per tooth	C			1/1/2013	0-999
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	C			1/1/2013	0-999

D4275	NON-AUTOGENOUS TISSUE GRAFT	C			1/1/2013	0-999
D4276	COMBINED CONNECTIVE TISSUE & DOUBLE PEDICLE GRAFT	C			1/1/2013	0-999
D4320	PROVISIONAL SPLINTING (intracoronal)	C			1/1/2013	0-999
D4321	PROVISIONAL SPLINTING (extracoronal)	C			1/1/2013	0-999
D4341	PERIO SCALING & ROOT PLANING 4 + teeth (per quadrant)	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4342	PERIO SCALING & ROOT PLANING 1 - 3 teeth (per quadrant)	PA	NARRATIVE STATEMENT, X-RAYS & PERIO CHART		1/1/2013	0-999
D4346	SCALING in the presence of moderate or severe ging. Inflammation- full mouth, after oral evaluation	PA		Once Every 6 Months	4/1/2017	0-999
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVAL. & DIAG.	C			1/1/2013	0-999
D4910	PERIODONTAL MAINTENANCE	PA			1/1/2013	0-999
D4920	UNSCHEDULED DRESSING CHANGE (by someone other than treating dentist)	C			1/1/2013	0-999
D4999	UNSPECIFIED PERIODONTAL PROCEDURE (by report)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>PROSTHODONTICS - removable - (incl/routine post -delivery care) (when medically necessary)</b>						
D5110	COMPLETE DENTURE (maxillary)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5120	COMPLETE DENTURE (mandibular)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5130	IMMEDIATE DENTURE (maxillary)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5140	IMMEDIATE DENTURE (mandibular)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5211	MAXILLARY PARTIAL DENTURE - resin base (inc/conventional clasps, rests & teeth)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5212	MANDIBULAR PARTIAL DENTURE - resin base (incl/convent'l clasps, rests & teeth)	PA	NARRATIVE STATEMENT		1/1/2013	0-999

D5213	MAXILLARY PARTIAL DENTURE (cast metal framework with resin bases)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5214	MANDIBULAR PARTIAL DENTURE (cast metal framework with resin bases)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE- resin base (including any conventional clasps, rests and teeth)	PA	NARRATIVE STATEMENT		1/1/2016	0-999
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE- resin base (including any conventional clasps, rests and teeth)	PA	NARRATIVE STATEMENT		1/1/2016	0-999
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	PA	NARRATIVE STATEMENT		1/1/2016	0-999
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE- case metal framework with resin denture bases (including any conventional clasps, rests and teeth)	PA	NARRATIVE STATEMENT		1/1/2016	0-999
D5282	Removable maxillary partial denture	C			1/1/2020	0-999
D5283	Removable mandibular partial denture	C			1/1/2020	0-20
D5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth)-per quadrant	PA			1/1/2020	0-20
D5286	Removable unilateral partial denture-one piece resin ( including clasps and teeth)-per quadrant	PA			1/1/2020	0-20
D5410	ADJUSTMENT COMPLETE DENTURE (maxillary)	C			1/1/2013	0-999
D5411	ADJUSTMENT COMPLETE DENTURE (mandibular)	C			1/1/2013	0-999
D5421	ADJUSTMENT PARTIAL DENTURE (maxillary)	C			1/1/2013	0-999
D5422	ADJUSTMENT PARTIAL DENTURE (mandibular)	C			1/1/2013	0-999
*D5511	REPAIR BROKEN COMPLETE DENTURE BASE, mandibular	C			1/1/2018	0-20
*D5512	REPAIR BROKEN COMPLETE DENTURE BASE, maxillary	C			1/1/2018	0-20
D5520	REPLACE MISSING OR BROKEN TEETH (complete denture, each tooth)	C			1/1/2013	0-999
*D5611	REPAIR RESIN PARTIAL DENTURE BASE, mandibular	C			1/1/2018	0-20
*D5612	REPAIR RESIN PARTIAL DENTURE BASE, maxillary	C			1/1/2018	0-20
*D5621	REPAIR CAST PARTIAL FRAMEWORK, mandibular	C			1/1/2018	0-20
*D5622	REPAIR CAST PARTIAL FRAMEWORK, maxillary	C			1/1/2018	0-20
D5630	REPAIR OR REPLACE BROKEN CLASP, per tooth	C			1/1/2013	0-999
D5640	REPLACE BROKEN TEETH (per tooth)	C			1/1/2013	0-999
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	C			1/1/2013	0-999

D5660	ADD CLASP TO EXISTING PARTIAL DENTURE, per tooth	C			1/1/2013	0-999
D5710	REBASE COMPLETE MAXILLARY DENTURE	C			1/1/2013	0-999
D5711	REBASE COMPLETE MANDIBULAR DENTURE	C			1/1/2013	0-999
D5720	REBASE MAXILLARY PARTIAL DENTURE	C			1/1/2013	0-999
D5721	REBASE MANDIBULAR PARTIAL DENTURE	C			1/1/2013	0-999
D5730	RELINE COMPLETE MAXILLARY DENTURE (chairside)	C			1/1/2013	0-999
D5731	RELINE COMPLETE MANDIBULAR DENTURE (chairside)	C			1/1/2013	0-999
D5740	RELINE MAXILLARY PARTIAL DENTURE (chairside)	C			1/1/2013	0-999
D5741	RELINE MANDIBULAR PARTIAL DENTURE (chairside)	C			1/1/2013	0-999
D5750	RELINE COMPLETE MAXILLARY DENTURE (laboratory)	C			1/1/2013	0-999
D5751	RELINE COMPLETE MANDIBULAR DENTURE (laboratory)	C			1/1/2013	0-999
D5760	RELINE MAXILLARY PARTIAL DENTURE (laboratory)	C			1/1/2013	0-999
D5761	RELINE MANDIBULAR PARTIAL DENTURE (laboratory )	C			1/1/2013	0-999
D5820	INTERIM PARTIAL DENTURE (maxillary) replace missing Perm & Post Prim teeth	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5821	INTERIM PARTIAL DENTURE (mandibular) replace missing Perm & Post Prim teeth	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5850	TISSUE CONDITIONING (maxillary)	C			1/1/2013	0-999
D5851	TISSUE CONDITIONING (mandibular)	C			1/1/2013	0-999
D5876	Add metal substructure to acylic full denture	C			1/1/2020	0-20
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>MAXILLOFACIAL PROSTHETICS (when medically necessary)</b>						
D5911	FACIAL MOULAGE (sectional)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5912	FACIAL MOULAGE (complete)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5913	NASAL PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5914	AURICULAR PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5915	ORBITAL PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999

D5916	OCULAR PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5919	FACIAL PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5922	NASAL SEPTAL PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5923	OCULAR PROSTHESIS (interim)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5924	CRANIAL PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5926	NASAL PROSTHESIS (replacement)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5927	AURICULAR PROSTHESIS (replacement)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5928	ORBITAL PROSTHESIS (replacement)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5929	FACIAL PROSTHESIS (replacement)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5931	OBTURATOR PROSTHESIS (surgical)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5932	OBTURATOR PROSTHESIS (definitive)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5933	OBTURATOR PROSTHESIS (modification)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5934	MANDIBULAR RESECTION PROSTHESIS (with guide flange)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5935	MANDIBULAR RESECTION PROSTHESIS (without guide flange)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5936	OBTURATOR PROSTHESIS (interim)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5937	TRISMUS APPLIANCE (not for TMD treatment)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5951	FEEDING AID (0-2)	PA	NARRATIVE STATEMENT		1/1/2013	0-2

D5952	SPEECH AID PROSTHESIS (pediatric) (0-16)	PA	NARRATIVE STATEMENT		1/1/2013	0-16
D5953	SPEECH AID PROSTHESIS (adult) (16-UP)	PA	NARRATIVE STATEMENT		1/1/2013	16-999
D5954	PALATAL AUGMENTATION PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5955	PALATAL LIFT PROSTHESIS (definitive)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5958	PALATAL LIFT PROSTHESIS (interim)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5959	PALATAL LIFT PROSTHESIS (modification)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5960	SPEECH AID PROSTHESIS (modification)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5982	SURGICAL STENT	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5983	RADIATION CARRIER	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5984	RADIATION SHIELD	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5985	RADIATION CONE LOCATOR	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5986	FLUORIDE GEL CARRIER	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5987	COMMISSURE SPLINT	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5988	SURGICAL SPLINT	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5992	ADJUST MAXILLOFACIAL PROST. APPLIANCE BR	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D5999	UNSPECIFIED MAXIL PROSTHESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>PROSTHODONTICS - FIXED (ea retainer/pontic constitutes a unit in a fixed partial denture) (when medically necessary)</b>						

D6081	SCALING of a single implant- scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure. Not performed in conjunction with D 1110 (prophy) or D 4910 (perio maint.)	PA			4/1/2017	0-999
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, by report (18-UP)	PA			1/1/2013	18-999
<b>ORAL &amp; MAXILLOFACIAL SURGERY</b>						
D7111	EXTRACTION, CORONAL REMNANTS - deciduous tooth	C			1/1/2013	0-999
D7140	EXTRACTION - erupted tooth or exposed root (elevation and/or forceps removal)	C	AUTHORIZATION REQUIRED FOR 3RD MOLAR EXTRACTION		1/1/2013	0-999
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH requiring elev.	C	NARRATIVE STATEMENT, INDICATE SYMPTOMATIC TEETH		1/1/2013	0-999
D7220	REMOVAL OF IMPACTED TOOTH soft tissue	C No PA required due to COVID-19	NARRATIVE STATEMENT, INDICATE SYMPTOMATIC TEETH		1/1/2013, No PA Req 3/20/2020	0-999
D7230	REMOVAL OF IMPACTED TOOTH partially bony	C No PA required due to COVID-19	NARRATIVE STATEMENT, INDICATE SYMPTOMATIC TEETH		1/1/2013, No PA Req 3/20/2020	0-999
D7240	REMOVAL OF IMPACTED TOOTH completely bony	C No PA required due to COVID-19	NARRATIVE STATEMENT, INDICATE SYMPTOMATIC TEETH		1/1/2013, No PA Req 3/20/2020	0-999

D7241	REMOVAL OF IMPACTED TOOTH - comp bony, w/unusual surg complications	C No PA required due to COVID-19	NARRATIVE STATEMENT, INDICATE SYMPTOMATIC TEETH		1/1/2013, No PA Req 3/20/2020	0-999
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (cutting proc)	C			1/1/2013	0-999
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	C No PA required due to COVID-19			1/1/2013, No PA Req 3/20/2020	0-999
D7260	OROANTRAL FISTULA CLOSURE	C			1/1/2013	0-999
D7261	PRIMARY CLOSURE OF SINUS PERFORATION	C			1/1/2013	0-999
D7270	REIMPLANTATION AND/OR STABILIZATION - acc. evulsed or displaced tooth	C			1/1/2013	0-999
D7280	SURG ACCESS OF AN UNERUPTED TOOTH	PA	Include x-ray, Narrative		1/1/2013	0-999
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH - to aid eruption	PA	Include x-ray, Narrative		1/1/2013	0-999
D7283	PLACEMENT OF DEVICE - to facilitate eruption of impacted tooth	PA	Include x-ray, Narrative		1/1/2013	0-999
D7285	BIOPSY OF ORAL TISSUE hard (bone, tooth)	C			1/1/2013	0-999
D7286	BIOPSY OF ORAL TISSUE soft	C			1/1/2013	0-999
D7292	SURGICAL PLACEMENT: temporary anchorage device (0-20)	PA	NARRATIVE STATEMENT		1/1/2013	0-20
D7293	SURGICAL PLACEMENT: temporary anchorage device requiring surgical flap	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7294	SURGICAL PLACEMENT: temporary anchorage device without surgical flap	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7296	CORTICOTOMY - 1 to 3 teeth or tooth spaces, per quadrant	PA	NARRATIVE STATEMENT		1/1/2018	0-999
D7297	CORTICOTOMY - 4 or more teeth or tooth spaces, per quadrant	PA	NARRATIVE STATEMENT		1/1/2018	0-999
D7310	ALVEOLOPLASTY IN CONJUNCTION W/EXTRACTIONS - per quadrant	C			1/1/2013	0-999

D7311	ALVEOLOPLASTY IN CONJUNCTION W/EXTRACTIONS - 1 to 3 teeth or tooth spaces per quadrant (0-20)	C			1/1/2013	0-999
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTIONS - per quadrant	C			1/1/2013	0-999
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXTRACTIONS - 1 to 3 teeth or tooth spaces per quadrant (0-20)	C			1/1/2013	0-999
D7410	EXCISION OF BENIGN LESION up to 1.25 cm	C			1/1/2013	0-999
D7411	EXCISION OF BENIGN LESION greater than 1.25 cm	C			1/1/2013	0-999
D7412	EXCISION OF BENIGN LESION, complicated	C			1/1/2013	0-999
D7413	EXCISION OF MALIGNANT LESION up to 1.25 cm	C			1/1/2013	0-999
D7414	EXCISION OF MALIGNANT LESION greater than 1.25 cm	C			1/1/2013	0-999
D7415	EXCISION OF MALIGNANT LESION, complicated	C			1/1/2013	0-999
D7440	EXCISION OF MALIGNANT TUMOR up to 1.25	C			1/1/2013	0-999
D7441	EXCISION OF MALIGNANT TUMOR greater than 1.25cm	C			1/1/2013	0-999
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR - up to 1.25cm	C			1/1/2013	0-999
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST/TUMOR - greater than 1.25cm	C			1/1/2013	0-999
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST/TUMOR - up to 1.25cm	C			1/1/2013	0-999
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST/TUMOR - greater than 1.25cm	C			1/1/2013	0-999
D7465	DESTRUCTION OF LESION by physical or chemical method	C			1/1/2013	0-999
D7471	REMOVAL OF LATERAL EXOSTOSIS (maxilla/mandible)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7472	REMOVAL OF TORUS PALATINUS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7473	REMOVAL OF TORUS MANDIBULARIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE with bone graft	PA	NARRATIVE STATEMENT		1/1/2013	0-999

D7510	INCISION AND DRAINAGE OF ABSCESS intraoral soft tissue	C			1/1/2013	0-999
D7511	INCISION AND DRAINAGE OF ABSCESS-intraoral soft tissue - complicated	C			1/1/2013	0-999
D7520	INCISION AND DRAINAGE OF ABSCESS extraoral soft tissue	C			1/1/2013	0-999
D7521	INCISION AND DRAINAGE OF ABSCESS -extraoral soft tissue- complicated	C			1/1/2013	0-999
D7530	REMOVAL OF FOREIGN BODY, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	C			1/1/2013	0-999
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, musculoskeletal system	C			1/1/2013	0-999
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	C			1/1/2013	0-999
D7560	MAXILLARY SINUSOTOMY - REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	PA			1/1/2013	0-999
<b>TREATMENT OF FRACTURES (when medically necessary)</b>						
D7610	MAXILLA - open reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7620	MAXILLA - closed reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7630	MANDIBLE - open reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7640	MANDIBLE - closed reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7650	MALAR AND/OR ZYGOMATIC ARCH open reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7660	MALAR AND/OR ZYGOMATIC ARCH closed reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7670	ALVEOLUS CLOSED REDUCTION, may include stabilization of teeth	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7671	ALVEOLUS OPEN REDUCTION, may include stabilization of teeth	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7680	FACIAL BONES complicated reduction w/fixation	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7710	MAXILLA - open reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999

D7720	MAXILLA - closed reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7730	MANDIBLE - open reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7740	MANDIBLE - closed reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7750	MALAR AND/OR ZYGOMATIC ARCH open reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7760	MALAR AND/OR ZYGOMATIC ARCH closed reduction	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7770	ALVEOLUS - open reduction stabilization of teeth	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7771	ALVEOLUS - closed reduction stabilization of teeth	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7780	FACIAL BONES complicated reduction with fixation	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>REDUCTION OF DISLOCATION &amp; MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS (when medically necessary)</b>						
D7810	OPEN REDUCTION OF DISLOCATION	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7820	CLOSED REDUCTION OF DISLOCATION	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7830	MANIPULATION WITH ANESTHESIA	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7840	CONDYLECTOMY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7850	SURGICAL DISCECTOMY with/without implant	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7852	DISC REPAIR	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7854	SYNOVECTOMY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7856	MYOTOMY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7858	JOINT RECONSTRUCTION	PA	NARRATIVE STATEMENT		1/1/2013	0-999

D7860	ARTHROTOMY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7865	ARTHROPLASTY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7870	ARTHROCENTESIS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7872	ARTHROSCOPY diagnosis, with/without biopsy	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7873	ARTHROSCOPY surgical: lavage and lysis of adhesions	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7874	ARTHROSCOPY - surgical:disc repositioning and stabilization	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7875	ARTHROSCOPY surgical: synovectomy	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7876	ARTHROSCOPY surgical: discectomy	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7877	ARTHROSCOPY surgical: debridement	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7880	OCCLUSAL ORTHOTIC DEVICE by report	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7899	UNSPECIFIED TMD THERAPY by report	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>REPAIR OF TRAUMATIC WOUNDS</b>						
D7910	SUTURE OF RECENT SMALL WOUND up to 5 cm	C			1/1/2013	0-999
D7911	COMPLICATED SUTURE up to 5 CM	C			1/1/2013	0-999
D7912	COMPLICATED SUTURE greater than 5 CM	C			1/1/2013	0-999
D7920	SKIN GRAFTS	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7940	OSTEOPLASTY for orthognathic deformities	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7941	OSTEOTOMY mandibular rami	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999

D7943	OSTEOTOMY mandibular rami w/bone graft	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7944	OSTEOTOMY segmented or subapical per quad	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7945	OSTEOTOMY - body of mandible	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7946	LEFORT I - maxilla -total	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7947	LEFORT I - maxilla-segmented	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7948	LEFORT II/III - without bone graft	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7949	LEFORT II/III - with bone graft	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT/MANDIBLE OR MAXILLA-AUTOGENOUS OR NONAUTOGENOUS - by report	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - per site (0-20)	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-20
D7955	REPAIR OF MAXILLOFACIAL - SOFT/HARD TISSUE DEFECT	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7960	FRENULECTOMY - separate procedure	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7963	FRENULOPLASTY (0-20)	PA	NARRATIVE STATEMENT		1/1/2013	0-20
D7970	EXCISION OF HYPERPLASTIC TISSUE per arch	C			1/1/2013	0-999

D7971	EXCISION OF PERICORONAL GINGIVA	C			1/1/2013	0-999
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	C			1/1/2013	0-999
D7979	NON SURGICAL SIALOLITHOTOMY	C			1/1/2018	0-20
D7980	SIALOLITHOTOMY	C			1/1/2013	0-999
D7981	EXCISION OF SALIVARY GLAND by report	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7982	SIALODOCHOPLASTY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7983	CLOSURE OF SALIVARY FISTULA	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7990	EMERGENCY TRACHEOTOMY	C	NARRATIVE STATEMENT		1/1/2013	0-999
D7991	CORONOIDECTOMY	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7995	SYNTHETIC GRAFT mandible or facial bones, by report	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7996	IMPLANT mandible for augmentation process, by report	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-999
D7997	APPLIANCE REMOVAL - includes removal of archbar (not by same dentist)	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7998	INTRAORAL PLMNT OF FIXATION DEVICE NOT IN CONJUT W/A FRACTURE	PA	NARRATIVE STATEMENT		1/1/2013	0-999
D7999	UNSPECIFIED ORAL SURGERY by report	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>ORTHODONTICS (when medically necessary)</b>						
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION (0-20)	PA			1/1/2013	0-20
D8020	LIMITED ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION (0-20)	PA			1/1/2013	0-20
D8030	LIMITED ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION (0-20)	PA			1/1/2013	0-20
D8040	LIMITED ORTHODONTIC TREATMENT OF ADULT DENTITION (0-20)	PA			1/1/2013	0-20
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION (0-20)	PA			1/1/2013	0-20

D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	PA			1/1/2013	0-20
D8070	COMPREHENSIVE ORTHO TREATMENT OF THE TRANSITIONAL DENTITION (0-20)	PA			1/1/2013	0-20
D8080	COMPREHENSIVE ORTHO TREATMENT OF THE ADOLESCENT DENTITION	PA			1/1/2013	0-20
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (0-20)	PA			1/1/2013	0-20
<b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b>						
D8210	REMOVABLE APPLIANCE THERAPY (0-20)	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-20
D8220	FIXED APPLIANCE THERAPY (0-20)	PA	NARRATIVE STATEMENT & X-RAY		1/1/2013	0-20
<b>OTHER ORTHODONTIC SERVICES</b>						
D8660	PRE-ORTHODONTIC TREATMENT VISIT (0-20)	PA			1/1/2013	0-20
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT - as part of contract (0-20)	C			1/1/2013	0-20
D8680	ORTHODONTIC RETENTION -removal of appliances, placement of retainer(s) (0-20)	PA			1/1/2013	0-20
D8690	ORTHODONTIC TREATMENT alternative billing to a contract fee (0-20)	PA			1/1/2013	0-20
*D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCE for reasons other than completion of treatment	PA			1/1/2018	0-20
D8696	Repair of orthodontic appliance-maxillary	PA			1/1/2020	0-20
D8697	Repair of orthodontic appliance-mandibular	PA			1/1/2020	0-20
D8698	Re-cement or re-bond fixed retainer-maxillary	PA			1/1/2020	0-20
D8699	Re-cement or re-bond fixed retainer-mandibular	PA			1/1/2020	0-20
D8701	Repair of fixed retainer, includes reattachment-maxillary	PA			1/1/2020	0-20
D8702	Repair of fixed retainer, includes reattachment-mandibular	PA			1/1/2020	0-20
D8703	Replacement of lost or broken retainer-maxillary	PA			1/1/2020	0-20
D8704	Replacement of lost or broken retainer-mandibular	PA				

D8999	UNSPECIFIED ORTHODONTIC PROCEDURE by report (0-20)	PA			1/1/2013	0-20
<b>ADJUNCTIVE GENERAL SERVICES</b>						
D9110	PALLIATIVE EMERGENCY TREATMENT OF DENTAL PAIN - minor procedure	C			1/1/2013	0-999
D9120	FIXED PARTIAL DENTURE SECTIONING	C			1/1/2013	0-999
<b>ANESTHESIA</b>						
D9210	LOCAL ANESTHESIA not in conjunction w/operative or surgical procedures	C			1/1/2013	0-999
D9222	DEEP SEDATION/GENERAL ANESTHESIA- first 15 minutes	PA	NARRATIVE STATEMENT & TREATMENT PLAN		1/1/2018	0-20
D9223	DEEP SEDATION/GENERAL ANESTHESIA- additional 15 minute increments	PA	NARRATIVE STATEMENT & TREATMENT PLAN	Max 11 units per visit	1/1/2013	0-20
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	C			1/1/2013	0-999
*D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- first 15 minutes	PA	NARRATIVE STATEMENT & TREATMENT PLAN		1/1/2018	0-20
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- additional 15 minute increments	PA	NARRATIVE STATEMENT & TREATMENT PLAN	Max 11 units per visit	1/1/2013	0-20
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	C			1/1/2013	0-999
<b>PROFESSIONAL CONSULTATION</b>						
D9310	CONSULTATION (diag. service provider by dentist or phys. Other than requesting dentist or phys.)	C	NARRATIVE STATEMENT		1/1/2013	0-999
<b>PROFESSIONAL VISITS</b>						
D9410	HOUSE/EXTENDED CARE FACILITY CALL	C	NARRATIVE STATEMENT		1/1/2013	0-999
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	C			1/1/2013	0-999

D9430	OFFICE VISIT FOR OBSERVATION no other services performed	C			1/1/2013	0-999
D9440	OFFICE VISIT after regularly scheduled hours	C			1/1/2013	0-999
D9610	THERAPEUTIC DRUG INJECTION by report	C			1/1/2013	0-999
D9612	THERAPEUTIC PARENTERAL DRUGS, two or more admin., different medications	C			1/1/2013	0-999
D9930	TREATMENT OF COMPLICATION post surgical, by report	C			1/1/2013	0-999
D9932	Cleaning and inspection of removable complete denture, maxillary	C			1/1/2020	0-20
D9933	Cleaning and inspection of removable complete denture, mandibular	C			1/1/2020	0-20
D9934	Cleaning and inspection of removable partial denture, maxillary	C			1/1/2020	0-20
D9935	Cleaning and inspection of removable partial denture, mandibular	C			1/1/2020	0-20
D9944	Occlusal Guard, hard appliance full arch	PA	NARRATIVE STATEMENT & TREATMENT PLAN		1/1/2013	0-20
D9945	Occlusal Guard, soft appliance full arch	PA	NARRATIVE STATEMENT & TREATMENT PLAN		1/1/2020	0-20
D9946	Occlusal Guard, hard appliance partial arch	PA	NARRATIVE STATEMENT & TREATMENT PLAN		1/1/2020	0-20
D9951	OCCLUSAL ADJUSTMENT -limited (0-20)	C			1/1/2013	0-20
D9995	TELEDENTISTRY - synchronous; real-time encounter	C			1/1/2018	0-999
D9996	TELEDENTISTRY - asynchronous; information stored and forwarded to dentist for subsequent review	C			1/1/2018	0-999
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE by report	PA	NARRATIVE STATEMENT		1/1/2013	0-999
<b>TELEDENTISTRY added for COVID-19 EMERGENCY effective 3/20/2020</b>						
D9995	TELEDENTISTRY - synchronous; real-time encounter	C			1/1/2018	0-999

D9996	TELEDENTISTRY - asynchronous; information stored and forwarded to dentist for subsequent review	C			1/1/2018	0-999
D0140	LIMITED ORAL EVALUATION, problem focused	C		Once Every 6 Months	1/1/1996	0-999
D0170	RE-EVALUATION, limited problem focused	C	Teledentistry	Max 1 at visit	1/1/2017	0-999
D0220	INTRAORAL - Periapical First Radiographic Image	C	Teledentistry	Max 1 at visit	1/1/2013	0-999
D0230	INTRAORAL - Periapical Each Radiographic Image	C	Teledentistry	Max 5 at visit	1/1/2013	0-999
D0240	INTRAORAL - Occlusal Radiographic Image	C	Teledentistry	Max 2 at visit	1/1/2013	0-999
D0270	BITEWING - Single Radiographic Image	C	Teledentistry	Once Every 6 Months	1/1/2013	0-999
D0272	BITEWINGS - Two Radiographic Images	C	Teledentistry	2 Max Per Day / Every 6 Months	1/1/2013	0-999
D0273	BITEWINGS - Three Radiographic Images	C	Teledentistry	Once Every 6 Months	1/1/2013	0-999
D0274	BITEWINGS - Four Radiographic Images	C	Teledentistry	Once Every 6 Months	1/1/2013	0-999
D0277	VERTICAL BITEWINGS - 7 to 8 Radiographic Images	C	Teledentistry	Once Every 6 Months	1/1/2013	0-999
D0330	PANORAMIC RADIOGRAPHIC IMAGE	C	No PA required due to COVID-19 3 MAX PER PROVIDER	Max 1 at visit;	1/1/2013	0-999