UnitedHealthcare Community Plan of Arizona Medicaid Dental Quick Reference Guide

Effective: 2024

- Arizona Health Care Cost Containment System (AHCCCS) Complete Care (ACC)
- Arizona Long Term Care Elderly Physically Disabled (ALTCS EPD)
- Developmental Disabilities (DD)



UHCdental.com/medicaid

The Provider Portal / Dental Hub may be used the check eligibility, submit claims, and to access useful information regarding plan coverage.



Provider services

Phone: **1-855-812-9208** 8 am - 5 pm CST Monday–Friday (IVR: 24/7)

Member eligibility, benefits, claims, authorizations, peer to peer requests, network participation and contract questions



PTE/Pre-authorizations

UnitedHealthcare Community Plan of Arizona P.O. Box 2020 Milwaukee, WI 53201

Member Benefit Appeal for Service Authorization

UnitedHealthcare Community Plan of Arizona Att: Member Appeals 1 E. Washington St., Suite 900 Phoenix, AZ 85004 Toll-free: **1-800-587-5187** Expedited Appeals: **1-800-348-4058**

Claims

UnitedHealthcare Dental Claims UnitedHealthcare Community Plan of Arizona P.O. Box 2185 Milwaukee, WI 53201

EDI Payer ID

GP133

Claims Reprocessing & Adjustment Requests

UnitedHealthcare Community Plan of Arizona Att: Corrected Claims P.O. Box 481 Milwaukee, WI 53201

Claim disputes

UnitedHealthcare Dental Claim Disputes UnitedHealthcare Community Plan of Arizona Att: Claims Dispute Dept. 1 E. Washington St., Suite 900 Phoenix, AZ 85004 ACC, DD Plans Toll-free: **1-800-445-1638**

 ACC, DD Plans
 Toll-free: 1-800-445-1638

 ALTCS EPD Plans
 Toll-free: 1-800-293-3740

Claims may be submitted electronically via your clearinghouse, the provider portal, or by mail.

Important notes

This guide is intended to be used for quick reference and may not contain all of the necessary information. It is subject to change without notice. For current detailed benefit information, please visit the Dental Hub or call our Provider Services toll free number.



Dental Benefit Providers[•]

Benefit coverage, limitations, and requirements

Send all dental service billing to UnitedHealthcare Dental using the current ADA claim form. Members cannot be billed for AHCCCS-covered services.

Members may request services from care providers AHCCCS does not cover. Those members must sign a release form stating that they understand the service is not covered under AHCCCS. The form must also state that members are responsible for the bill.

KEY:

ALTCS......Arizona Long Term Care System AHCCCS Complete Care ACC

- C.....Covered service
- N.....Non-covered service

C-PA.....Covered only with Prior Authorization (Emergency treatment does not require prior authorization but is subject to retro-review upon claim submission)

APDH	Affiliated Practice Dental Hygienist
DD	Developmental Disabilities
LTC	Long Term Care

			Age 21+		
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D0120	Periodic oral evaluation - established patient	С	С	N	Two per year.
D0140	Limited oral evaluation - problem focused	С	С	С	Not billable within 3 months of original exam date for the same tooth/quadrant. Clinical notes required with claim submission.
D0145	Oral evaluation for patient under 3 years of age, and counseling with primary caregiver	C (Ages 0-2)	Ν	Ν	Once per 6 months. placement required for all patients under age three
D0150	Comprehensive oral evaluation - new or established patient	С	С	Ν	Once per lifetime per member for each provider group/ treating location (unless member has not had a visit in 36 months).
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	С	С	N	
D0170	Re-Evaluation - Limited, Problem Focused	N	С	N	
D0171	Re-evaluation - Post-operative Office Visit	С	С	N	
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	C-PA	C-PA	N	Once per year. x-rays, periodontal charting, and clinical notes/narrative required.
D0190	Screening of a Patient (APDH only)	С	С	N	One of (D0190, D0191) per 6 months. Not billable within six months of D0120, D0145, D0150.
D0191	Assessment of a Patient (APDH only)	C	С	С	One of (D0190, D0191) per 6 months. Not billable within six months of D0120, D0145, D0150. *Frequency limitation does not apply to emergencies.
D0210	Intraoral-complete series (including bitewings)	C (Ages 6-20)	С	N	One of (D0210, D0330) per 3 years.
D0220	Intraoral- periapical first radiographic image	С	С	С	
D0230	Intraoral- periapical each additional radiographic image	С	С	С	Maximum allowed per day is 5.
D0240	Intraoral- occlusal radiographic image	С	С	Ν	Maximum allowed per day is 2.
D0250	Extra-oral- 2D projection radiographic image created using a stationary radiation source, and detector	C-PA	C-PA	N	Once per year. Clinical notes or narrative required.
D0251	Extra-oral Posterior Dental Radiographic Image	С	С	Ν	Once per year.
D0270	Bitewing-single radiographic image	С	С	С	Once per 6 months.
D0272	Bitewings- two radiographic images	С	С	С	Once per 6 months.
D0273	Bitewings-three radiographic images	С	С	С	Once per 6 months.
D0274	Bitewings- four radiographic images	С	С	С	Once per 6 months.
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	С	С	С	Once per 6 months.
D0310	Sialography	C-PA	C-PA	N	Clinical notes or narrative required.
D0320	Temporomandibular Joint Arthrogram, Including Injection	C-PA	C-PA	N	Clinical notes or narrative required.
D0321	Other Temporomandibular Joint Radiographic Images, By Report	C-PA	C-PA	N	Clinical notes or narrative required.

			Age	21+	
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D0330	Panoramic radiographic image	C-PA (Ages 1-5) C (Ages 6-20)	С	С	One of (D0210, D0330) per 3 years. Clinical notes or narrative required for ages 1-5.
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D0350	2D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally	C-PA	C-PA	Ν	Once per 6 months. Clinical notes or narrative required.
D0364	Cone Beam - Less Than One Whole Jaw	C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	С	С	Ν	
D0373	Intraoral tomosynthesis – bitewing radiographic image	С	С	С	
D0374	Intraoral tomosynthesis – periapical radiographic image	С	С	С	
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	С	С	С	
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	С	С	С	
D0393	Treatment Simulation Using 3D Image Volume	С	С	Ν	
D0396	3D printing of a 3D dental surface scan	C-PA	C-PA	N	X-rays and clinical notes/narrative required.
D0470	Diagnostic Casts	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
D0502	Other Oral Pathology Procedures, By Report	C-PA	C-PA	N	Clinical notes or narrative required.
D0604	Antigen testing for a public health related pathogen, including coronavirus	С	С	С	
D0605	Antibody testing for a public health related pathogen, including coronavirus	С	С	С	
D0701	Panoramic radiographic image – capture only	C-PA (Ages 1-5) C	С	С	Clinical notes or narrative required for ages 1-5.
		(Ages 6-20)			
D0702	2-D cephalometric radiographic image – image capture only	C-PA	C-PA	N	Clinical notes or narrative required.
D0703	2-D oral/facial photographic image obtained intra- orally or extra-orally – image capture only	C-PA	C-PA	N	Once per 6 months. Clinical notes or narrative required.
D0705	Extra oral posterior dental radiographic image – image capture only	С	С	Ν	Once per 1 year.
D0706	Intraoral-occlusal radiographic image – image capture only	С	С	Ν	Maximum allowed per day is 2.
D0707	Intraoral-periapical radiographic image – image capture only	С	С	С	Maximum allowed per day is 5.
D0708	Intraoral-bitewing radiographic image – image capture only	С	С	С	Maximum allowed per day is 4.
D0709	Intraoral- complete series of radiographic images – image capture only	С	С	Ν	Once per 3 years.
D0999	Unspecified Diagnostic Procedure, By Report	C-PA	C-PA	Ν	Description of procedure, clinical notes and narrative of medical necessity required.
D1110	Prophylaxis- Adult	С	С	N	Once per 6 months.
D1120	Prophylaxis- Child	С	N	N	Once per 6 months.
D1206	Topical application of fluoride varnish/moderate to high caries risk patients	С	С	N	Up to 4 times per year. *application required for all patients aged 3 and under
D1208	Topical application of fluoride	С	С	N	Up to 4 times per year.
D1320	Tobacco counseling for the control and prevention of oral disease	С	С	Ν	Once per 6 months.

			Age	21+						
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***					
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use.	С	С	N	Once per 6 months.					
	EALANTS eplacement/repair of sealant within a 3-year period by the same provider group is not billable									
D1351	Sealant - per tooth	C (Ages 0-15)	N	Ν	Permanent first and second molars only - teeth #2, 3, 14, 15, 18, 19, 30, 31 Once per 3 years.					
D1352	Preventive resin restoration in a moderate to high caries risk patient - per tooth	С	С	N	Permanent first and second molars only- teeth #2, 3, 14, 15, 18, 19, 30, 31 Once per 3 years.					
D1353	Sealant Repair- per tooth	C (Ages 0-15)	N	Ν	One of (D1351 or D1353) per provider group, per 3 years.					
D1354	Interim Caries Arresting Medicament Application	С	C	N	Application allowed up to 4 times per year. If definitive treatment is completed on tooth within 6 months of SDF, payment for SDF will be netted from restoration/ extraction.					
D1355	Caries preventive medicament application – per tooth	С	С	N	Application limited to 5 teeth per day, up to 4 times per year.					
D1510	Space maintainer - fixed unilateral - for posterior primary teeth only, which have been lost prematurely	C-PA (Ages 0-14)	N	N	Full arch x-rays and chart notes/narrative required.					
D1516	Space maintainer - fixed bilateral, maxillary - for posterior primary teeth only, which have been lost prematurely	C-PA (Ages 0-14)	N	N	Full arch x-rays and chart notes/narrative required.					
D1517	Space maintainer - fixed bilateral, mandibular- for posterior primary teeth only, which have been lost prematurely	C-PA (Ages 0-14)	N	N	Full arch x-rays and chart notes/narrative required.					
D1520	Space maintainer - removable unilateral - for posterior primary teeth only	C-PA (Ages 0-14)	N	N	Full arch x-rays and chart notes/narrative required.					
D1526	Space maintainer - removable bilateral, maxillary - for posterior primary teeth only	C-PA (Ages 0-14)	N	Ν	Full arch x-rays and chart notes/narrative required.					
D1527	Space maintainer - removable bilateral, mandibular - for posterior primary teeth only	C-PA (Ages 0-14)	N	Ν	Full arch x-rays and chart notes/narrative required.					
D1551	Re-cementation of space maintainer - maxillary	C (Ages 0-14)	Ν	Ν	Not billable within 6 months of delivery date for the same tooth/quadrant, by the same provider group.					
D1552	Re-cementation of space maintainer - mandibular	C (Ages 0-14)	N	Ν	Not billable within 6 months of delivery date for the same tooth/quadrant, by the same provider group.					
D1553	Re-cementation of unilateral space maintainer – per quadrant	C (Ages 0-14)	Ν	Ν	Not billable within 6 months of delivery date for the same tooth/quadrant, by the same provider group.					
D1556	Removal of fixed unilateral space maintainer – per quadrant	С	С	Ν	Not billable by the same provider group that originally placed the appliance.					
D1557	Removal of fixed bilateral space maintainer – maxillary	С	С	Ν	Not billable by the same provider group that originally placed the appliance.					
D1558	Removal of fixed bilateral space maintainer – mandibular	С	С	Ν	Not billable by the same provider group that originally placed the appliance.					
D1575	Distal shoe space maintainer - fixed unilateral	C-PA (Ages 0-14)	N	Ν	Full arch x-rays and chart notes/narrative required.					
D1999	Unspecified Preventive Procedure, By Report	C-PA	C-PA	Ν	Description of procedure, clinical notes and narrative of medical necessity required.					
					reimbursed by the total number of surfaces restored. able.					
D2140	Amalgam - one surface, primary or permanent	С	С	N						
D2150	Amalgam - two surfaces, primary or permanent	С	С	Ν						
D2160	Amalgam - three surfaces, primary or permanent	С	С	Ν						
D2161	Amalgam - four surfaces, primary or permanent	С	С	Ν						
D2330	Resin-based composite - one surface, anterior	С	С	С						
D2331	Resin-based composite - two surfaces, anterior	С	С	С						

			Age	21+	
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D2332	Resin-based composite - three surfaces, anterior	С	С	С	
D2335	Resin-based composite - four or more surfaces (anterior)	С	С	С	
D2390	Resin - based composite crown, anterior	C-PA	C-PA	С	Full arch x-rays and chart notes/narrative required.
D2391	Resin - based composite - one surface, posterior	С	С	Ν	
D2392	Resin - based composite - two surfaces, posterior	С	С	N	
D2393	Resin - based composite - three surfaces, posterior	С	С	N	
D2394	Resin - based composite - four or more surfaces, posterior	С	С	Ν	
CROWNS Replacer	S nent of crowns (for the same tooth) within a 5-year pe	riod by the same	e provider grou	p is not billable	э.
D2740	Crown - porcelain/ceramic substrate	C-PA (Ages18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2750	Crown - porcelain fused to high noble metal	C-PA (Ages 18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2751	Crown - porcelain fused to predominantly base metal	C-PA (Ages 18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2752	Crown - porcelain fused to noble metal	C-PA (Ages 18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2753	Crown – porcelain fused to titanium and titanium alloys	C-PA (Ages 18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2790	Crown - full cast high noble metal	C-PA (Ages18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2791	Crown - full cast predominantly base metal	C-PA (Ages18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2792	Crown - Full cast noble metal	C-PA (Ages18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2794	Crown - titanium	C-PA (Ages18-20)	C-PA	С	Ages 18 and over only. Permanent endodontically treated teeth only. Post-op periapical x-ray of completed root canal required.
D2910	Re-cement inlay, onlay, or partial coverage restoration	С	C	С	x-ray(s) required with claim.
D2915	Re-cement cast or prefabricated post and core	С	С	С	x-ray(s) required with claim.
D2920	Re-cement crown	С	С	С	Not billable within 6 months of delivery date for the same tooth, by the same provider group.
D2921	Reattachment of tooth fragment, incisal edge or cusp	С	С	Ν	
D2928	Prefabricated porcelain/ceramic crown- permanent tooth	C-PA	C-PA	С	
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	C-PA	C-PA	Ν	Primary anterior teeth only. Periapical x-ray showing tooth crown and root structure required.
	SS STEEL CROWNS	od by the same r	providor group	is not billable	
D2930	nent of SSCs (for the same tooth) within a 3-year peri Prefabricated stainless-steel crown - primary tooth		C-PA	N	Primary posterior teeth only. Periapical x-ray showing tooth crown and root structure required.

CDT Code	Description	Age 0-20	Age ALTCS (DD & LTC) \$1000/year	21+ Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D2931	Prefabricated stainless-steel crown - permanent tooth	C-PA	C-PA	С	Permanent posterior teeth only. Periapical x-ray showing tooth crown and root structure required.
D2932	Prefabricated resin crown	C-PA	C-PA	С	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required.
D2933	Prefabricated stainless-steel crown with resin window	C-PA	C-PA	С	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required.
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	C-PA	C-PA	N	Not covered for anterior primary teeth for patients over age four. Periapical x-ray showing tooth crown and root structure required.
D2940	Protective restoration - sedative fillings	C-PA	C-PA	С	Not covered when done in conjunction with pulpotomies, root canals, and/or permanent restorations. Periapical x-ray and clinical notes/narrative.
D2941	Interim therapeutic restoration primary dentition	C-PA	C-PA	N	Not covered when done in conjunction with pulpotomies, root canals, and/or permanent restorations. Periapical x-ray and clinical notes/narrative required.
D2950	Core build-up, including any pins	C-PA	C-PA	С	Approval of root canal treatment or post-op periapical x-ray of completed root canal therapy required.
D2951	Pin retention - per tooth, in addition to restoration	C-PA	C-PA	N	Post-op periapical x-ray of completed root canal therapy required.
D2952	Post and core in addition to crown	C-PA	C-PA	С	Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required.
ROOT C/ Retreatm	ANALS ient of RCTs (for the same tooth) within one year by th	e same provide	r group is not b	illable.	
D2954	Prefabricated post and core in addition to crown	C-PA	C-PA	С	Endodontically treated teeth only. Post-op periapical x-ray of completed root canal therapy required.
D2976	Band stabilization – per tooth	C-PA (Ages 0-20)	C-PA	N	Once per tooth per year.
D2999	Unspecified Restorative Procedure, By Report	C-PA	C-PA	N	Description of procedure, x-rays, clinical notes and narrative of medical necessity required.
D3110	Pulp cap - direct (excluding final restoration)	С	С	С	Permanent teeth only.
D3120	Pulp cap -indirect (excluding final restoration)	С	С	С	Permanent teeth only.
D3220	Therapeutic pulpotomy (excluding final restoration), primary and permanent teeth (not to be used for apexogenesis)	C-PA	C-PA	С	Not covered for anterior primary teeth for patients over age 4. Periapical x-ray showing tooth coronal and root structure required.
D3221	Pulpal Debridement, Primary and Permanent Tooth	С	С	С	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	C-PA (Ages 5-20)	C-PA	N	Periapical x-ray of tooth showing coronal and root surfaces, and clinical notes/narrative required.
D3230	Pulpal therapy (resorbable filling)- anterior, primary tooth (excluding restoration)	C-PA (Ages 0-12)	N	N	Not covered for anterior primary teeth for patients over age 4. Periapical x-ray showing tooth coronal and root structure required.
D3240	Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding restoration)	C-PA (Ages 0-14)	Ν	N	Periapical x-ray showing tooth coronal and root structure required.
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.

CDT Code	Description	Age 0-20	Age ALTCS (DD & LTC) \$1000/year	21+ Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.
D3330	Endodontic therapy, molar tooth (excluding final restoration)	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.
D3331	Treatment of root canal obstruction; non-surgical access	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.
D3332	Incomplete endodontic therapy; inoperable or fractured	С	С	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, clinical notes/narrative required for payment of claim.
D3333	Internal Root Repair of Perforation Defects	C-PA	C-PA	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.
D3346	Retreatment of previous root canal therapy - anterior	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.
D3347	Retreatment of previous root canal therapy - bicuspid	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.
D3348	Retreatment of previous root canal therapy - molar	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure required with authorization request. Periapical of completed root canal required for payment of claim.
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations root resorption, etc.)	C-PA	C-PA	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3352	Apexification/recalcification - interim medication (apical closure/calcific repair of perforations root resorption, etc.)	C-PA	C-PA	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3353	Apexification/recalcification - final visit (includes completed root canal therapy)	C-PA	C-PA	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes narrative required with authorization request. Periapical of completed root canal required for payment of claim.
D3410	Apicoectomy/periradicular surgery - anterior	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3425	Apicoectomy/periradicular surgery molar- (first root)	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3426	Apicoectomy/ periradicular surgery - each additional root	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3430	Retrograde filling - per root	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3450	Root amputation - per root	C-PA	C-PA	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.

CDT Code	Description	Age 0-20	Age ALTCS (DD & LTC) \$1000/year	21+ Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D3471	Surgical repair of root resorption - anterior	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3472	Surgical repair of root resorption - premolar	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3473	Surgical repair of root resorption - molar	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3920	Hemisection (including any root removal), not including root canal therapy	C-PA	C-PA	N	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3921	Decoronation or submergence of an erupted tooth	C-PA	C-PA	С	Permanent teeth only. Periapical x-ray showing tooth coronal and root structure, and clinical notes/narrative required.
D3999	Unspecified Endodontic Procedure, By Report	C-PA	C-PA	N	Permanent teeth only. Description of procedure, periapical x-ray showing tooth coronal and root structure, and clinical notes/ narrative required.
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaced per quadrant	C-PA	C-PA	N	Full mouth x-rays, and clinical notes/narrative required.
D4211	Gingivectomy or gingivoplasty, one to three teeth, per quadrant	C-PA	C-PA	N	Full mouth x-rays, and clinical notes/narrative required.
D4240	Gingival flap procedure, including root planing, four or more contiguous teeth or bounded spaces per quadrant	C-PA	C-PA	N	Full mouth x-rays, periodontal charting, and clinical notes/narrative required.
D4241	Gingival flap procedure, including root planning, one to three teeth per quadrant	C-PA	C-PA	N	Full mouth x-rays, periodontal charting, and clinical notes/narrative required.
D4249	Clinical crown lengthening - hard tissue	C-PA	C-PA	N	Must be done at least 6 weeks prior to restorative treatment. Full mouth x-rays, and clinical notes/narrative required.
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant	C-PA	C-PA	N	Full mouth x-rays, periodontal charting, and clinical notes or narrative required.
D4261	Osseous surgery (including flap entry and closure), one to three teeth, per quadrant	C-PA	C-PA	N	Full mouth x-rays, periodontal charting, and clinical notes/narrative required.
D4263	Bone replacement graft - first site in quadrant	C-PA	C-PA	N	Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required.
D4264	Bone replacement graft - each additional site in quadrant	C-PA	C-PA	N	Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required.
D4265	Biologic materials to aid in soft and osseous tissue regeneration	C-PA	C-PA	N	Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required.
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth	C-PA	C-PA	N	Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required.
D4267	Guided tissue regeneration - resorbable barrier, per site, per tooth	C-PA	C-PA	N	Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required.
D4270	Pedicle soft tissue graft procedure	C-PA	C-PA	N	Full mouth x-rays, periodontal charting, and clinical notes/narrative required.
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	C-PA	C-PA	N	Full mouth x-rays, periodontal charting (when applicable), and clinical notes/narrative required.

COT Description Area 0.20 Area 0.20 Area 0.20 Cot 0.20				Age	21+	
Incomplication with any call procedures in the same analysis of another issue graft (tooth, implant, or edentificate state graft (tooth, implant, or edentificate sch implant) CPA N Full mouth serge and clinical notes/marative required. D4273 Cambined connective tasks and double poticitie CPA N Full mouth serge and clinical notes/marative required. D4284 Cambined connective tasks and double poticitie CPA CPA N Full mouth serge and clinical notes/marative required. D4284 Cambined connective tasks and double poticitie CPA CPA N Full mouth serge and clinical notes/marative required. D4284 Split-instruct account, natural setto or porsities CPA CPA N Full mouth serge and clinical notes/marative required. D4384 Split-instruct account, natural setto or porsities CPA N serge and clinical notes/marative required. D4384 Selfing in posonor of ponnelizaci moter instruct account instruct		Description	Age 0-20	(DD & LTC)	Emergency	Frequency, Limitations, and Document Requirements***
Industry encloses Industry Industry Ideal, including encloses CPA CPA N Full mouth x-tays and clinical notes/marative required. 0426 Censor (1) on resocrative insume and double barrier C-PA C-PA N Full mouth x-tays and clinical notes/marative required. 0428 Splinic-intra-coronal; natural teach or prosthetic C-PA C-PA N Full mouth x-tays and clinical notes/marative required. 0431 Periodential scaling and root planning, our or more contiguous teach or prosthetic C-PA N x-tays, periodential charting, and clinical notes/marative required. 04324 Second and the prostential control planning, our or more contiguous teach or planning, our or planning, our or more contiguous teach or planning, our or providential charting, and clinical notes/marative required. 04335 Sealing in presence of generalized moderato or sealing required moderato or required. C-PA N Periodential scalar program or planning, our or planning, our or planning, our or periodential charting, and clinical notes/marative required. 04346 Resinformation debrindememoters	D4274	not performed in conjunction with surgical	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
graft, per tooln CHA C 04286 fermioxal of non-resorbable barrier C-PA C-PA C Clinical notax rays and clinical notax/narrative required. 04282 Splink-bitts-coronal; natural teeth or prosthetic C-PA C-PA N Full mouth x-rays and clinical notax/narrative required. 04333 Splink-outs accoronal; natural teeth or prosthetic C-PA C-PA N Full mouth x-rays and clinical notax/narrative required. 04341 Protochratil scaling and root planning- one to more configuue teeth or top and denta or average periodontal charting, and clinical notas/narrative required. Resource or plander inflummation- full mouth, strays or photos required. 04345 Scaling in prosence of generalized moderate or average periodontal charting, and clinical notas/narrative required. Resource or plander inflummation- full mouth, strays or photos required. 04346 Scaling in prosence of generalized moderate or average periodontal charting, and clinical notas/narrative required. Resource or plander inflummation- full mouth, strays or photos required. 04340 Periodontal Matemance C C N Periodontal diagnosis with history of periodontal charting, and clinical notas/narrative required. 04341 Periodontal Matemance C-PA C-PA N	D4275	(including recipient site and donor material) first tooth, implant, or edentulous tooth position in	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D4322 Split-linta-coronal, natural teelh or prosthutic crowns C-PA N Full mouth x-rays and clinical notes/narrative required. D4333 Split-linta-coronal, natural teelh or prosthutic crowns C-PA C-PA N Full mouth x-rays and clinical notes/narrative required. D4341 Periodontal scaling and root planning, four or more correligious teeth or bounded teem spaces per quadrant C-PA C-PA N x-rays, periodontal charting, and clinical notes/narrative required. D4342 Scaling in presence of generalized moderate or vacuation C-PA C-PA N x-rays, periodontal charting, and clinical notes/narrative required. D4345 Scaling in presence of generalized moderate or vacuation C-PA C-PA N Full mouth x-rays or photos required. D4346 See eigniyal inflammation - full mouth, after oral vacuation C-PA N Periodontal diagnosis Full mouth x-rays or photos required. D4340 Unscheduled diseasing change (by someone other crownias C-PA N Clinical notes or narrative required. D4340 Unscheduled dentusis in of tinical notes, narrative is monthis post-ford notes/narrative required. D4404 N Description notescheduled noteschedule notesche narrative is monthis is monthis	D4276		C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
cricwns cricwns D4323 Spin-tearlacercanalty nstural teath or prosthelic C-PA C-PA N Full mouth x-rays and clinical notes/narrative required. D4341 Periodontal scaling and not planning, four or program C-PA N x-rays, periodontal charting, and clinical notes/narrative required. D4342 Periodontal scaling and not planning - one to thread to the spin-tearlaw required. C-PA N x-rays, periodontal charting, and clinical notes/narrative required. D4342 Periodontal scaling and not planning - one to severe gingkal inflammation - full mouth, after oral severe gingkal inflammation - full mouth severe equired. D4350 Full mouth depineds C-PA C-PA N Clinical notes or narrative required. D4361 Incredontal Maintenance C C N N Clinical notes or narrative required. D4362 Unspecified Periodontal Procedure, By Report C-PA C-PA N Full	D4286	removal of non-resorbable barrier	C-PA	C-PA	С	Clinical notes or narrative required.
InterventInterventInterventD434Periodontal scaling and root planning, four or more contiguous testith or bounded testith spaces per quadrantC-PAC-PANx-rays, periodontal charting, and clinical notes/narrative required.D434Periodontal scaling and root planning- one to severe gingval infammation - full mouth, after oral severe gingval infammation - full mouth serves or photos required.D430Periodontal MaintenanceC-PAC-PANCelinical notes on martitive required.D430Unspecified Periodontal Procedure, By ReportC-PAC-PANDescription of procedure, xrays, periodontal charting, and of incle notes/narrative required.D430Unspecified Periodontal model mouth severe severe within three years by the same provider group is not bilable.NFull mouth xrays and clinical notes/narrative	D4322	and the second	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
required.required.ParticulationD4342Periodontal scaling and root planning - one to three teeth, per quadC-PAC-PANNotation of generalized moderate or severe gingly inflammation - full mouth, after oral severe gingly inflammation - full mouth, after oral severe gingly inflammation - full mouth, after oralC-PAC-PANPeriodontal charting, and clinical notes/narrative required.D4365Full mouth deriver to enable comprehensive comprehensiveC-PANPeriodontal diagnosis with history of periodontal scaling anquired.D4360Deriodontal MaintenanceCCNPeriodontal diagnosis with history of periodontal scaling anquired.D4360Unscheduled design on sizeCCNPeriodontal diagnosis with history of periodontal scaling anquired.D4360Unscheduled design on sizeCCCD4990Unscheduled design on sizePeriodontal diagnosisCCPCD40000Periodontal Periodontal Procedure, By ReportC PACPCD4100000Periodontal Procedure, By Report <td>D4323</td> <td></td> <td>C-PA</td> <td>C-PA</td> <td>Ν</td> <td>Full mouth x-rays and clinical notes/narrative required.</td>	D4323		C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
Intersection, per quadrequired.D4346Seeling in presence of generalized moderate or evaluationC-PANFull mouth x-rays, periodintal charting, and clinical notes/narrative required.D4365Full mouth debridement to anable comprehensiveC-PAC-PANPeriodontal diagnosis with history of periodontal scaling required.D4910Periodontal MaintenanceCCNPeriodontal diagnosis with history of periodontal scaling required.D4920Unscheduled dressing change (by someone other testing denist)C-PANClinical notes or narrative required.D4939Unscheduled dressing change (by someone other testing denist)C-PANClinical notes or narrative required.D4939Unscheduled dressing change (by someone other testing denist)C-PANDescription of procedure, x-rays, periodontal charting, and clinical notes/narrative required.D4939Unscheduled dressing change (by someone other testing denist)C-PANDescription of procedure, x-rays, periodontal charting, and clinical notes/narrative required.D4300Complete denture - maxillaryC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5100Complete denture - maxillaryC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5120Immediate denture - maxillaryC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5120Immediate denture - maxillaryC-PAC-PANFull mouth x-rays and clinical notes/narrative	D4341	more contiguous teeth or bounded teeth spaces	C-PA	C-PA	Ν	
severe ginglial inflammation - full mouth, after oralnotes/narrative required.D4355Full mouth debridement to enable comprehensive evaluation and diagnosisC-PANPre-operative, full mouth xrays or photos required.D4310Periodontal MaintenanceCCNPeriodontal diagnosis with history of periodontal scaling required.D4320Unscheduled dressing change (by someone other treating dentist)C-PANClinical notes or narrative required.D4392Unscheduled dressing change (by someone other treating dentist)C-PANDescription of procedure, xrays, periodontal charting, and clinical notes or narrative required.D4393Unspecified Periodontal Procedure, subscription of procedure, xrays, periodontal charting, and clinical notes, narrative, required.NDescription of procedure, xrays, periodontal charting, and clinical notes, narrative required.Prosthodontics (when medically necessary) Allowance for partial and complete dentures instude adjustments within six months post-delivery. All partial allowance includes conventional clasps, rests, and teeth. Partial and complete dentures motifies narrative, and tuli mouth xrays and clinical notes/narrative required.D5110Complete denture - manifoluarC-PAC-PANFull mouth xrays and clinical notes/narrative required.D5120Complete denture - manifoluarC-PAC-PANFull mouth xrays and clinical notes/narrative required.D5130Immediate denture - manifoluarC-PAC-PANFull mouth xrays and clinical notes/narrative required.D5214Maxillary partial denture - cest metal framew	D4342		C-PA	C-PA	Ν	9 · · · · · · · · · · · · · · · · · · ·
evaluation and diagnosisD4910Periodontal MaintenanceCRNPeriodontal diagnosis with history of periodontal scaling required.D4920Unscheduled dressing change (by someone other than treating dentist)C-PAC-PANClinical notes or narrative required.D4999Unspecified Periodontal Procedure, By ReportC-PAC-PANDescription of procedure, x-rays, periodontal charting, and clinical notes/narrative required.Prostbod>tics (when medical processary)Allowance ic or partial and complete dentures include adjustments within six months post-deltvery. All partial allowance includes conventional clasps, rests, and teeth.Partial and complete dentures include adjustments within six months post-deltwery. All partial allowance includes conventional clasps, rests, and teeth.Partial and complete dentures endure submission of clinical notes, narrative, and full includ notes/narrative required.D510Complete denture - maxillaryC-PANFull mouth x-rays and clinical notes/narrative required.D5110Complete denture - maxillaryC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5121Maxillary partial denture - resin baseC-PANFull mouth x-rays and clinical notes/narrative required.D5121Maxillary partial denture - resin baseC-PANFull mouth x-rays and clinical notes/narrative required.D5212Maxillary partial denture - resin baseC-PANFull mouth x-rays and clinical notes/narrative required.D5214Maxillary partial denture - cast metal framework writ resin denture bases <td>D4346</td> <td>severe gingival inflammation - full mouth, after oral</td> <td>C-PA</td> <td>C-PA</td> <td>N</td> <td></td>	D4346	severe gingival inflammation - full mouth, after oral	C-PA	C-PA	N	
Scaling required.D4920Unscheduled dressing change (by someone other treating denits)C-PAC-PANClinical notes or narrative required.D4999Unspecified Periodontal Procedure, By ReportC-PAC-PANDescription of procedure, x-rays, periodontal charting, and clinical notes/narrative required.Prosthod-mices (when medically necessary) Allowance for partial and complete dentures include adjustments within six months post-delivery. All partial allowance includes conventional clasps, rests, and teeth.Partial and complete dentures include adjustments within six months post-delivery. All partial allowance includes conventional clasps, rests, and teeth.Partial and complete dentures include adjustments within six months post-delivery. All partial allowance includes conventional clasps, rests, and teeth.Partial and complete denture - maxillaryC-PANFull mouth x-rays and clinical notes/narrative required.D5100Complete denture - mandibularC-PANFull mouth x-rays and clinical notes/narrative required.D5130Immediate denture - mandibularC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5140Immediate denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5211Maxillary partial denture - cast metal frameworkC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5130Immediate denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5211Maxillary partial denture - cast me	D4355		C-PA	C-PA	Ν	Pre-operative, full mouth x-rays or photos required.
Interacting dentist)D499Unspecified Periodontal Procedure, By ReportC-PANDescription of procedure, xrays, periodontal charting, and clinical notes/narrative required.Prosthod>rulesVispecified Periodontal Procedure, By ReportC-PANDescription of procedure, xrays, periodontal charting, and clinical notes/narrative required.Prosthod>rulesVispecified Periodontal Procedure, Strays, and tellNSecription of procedure, xrays, periodontal clasps, rests, and teeth.Partial and complete dentures within three years by the same provider group is not billable.NFull mouth xrays and clinical notes/narrative required.D510Complete denture - manifibularC-PAC-PANFull mouth xrays and clinical notes/narrative required.D510Immediate denture - manifibularC-PAC-PANFull mouth xrays and clinical notes/narrative required.D5110Maxillary partial denture - resin baseC-PANFull mouth xrays and clinical notes/narrative required.D5121Maxillary partial denture - resin baseC-PANFull mouth xrays and clinical notes/narrative required.D5213Maxillary partial denture - cast metal framework with resin denture basesC-PANFull mouth xrays and clinical notes/narrative required.D5214Maxillary partial denture - cast metal framework with resin denture basesC-PANFull mouth xrays and clinical notes/narrative required.D5213Maxillary partial denture - cast metal framework with resin denture basesC-PANFull mouth xrays and clinical notes/narrative required. <td>D4910</td> <td>Periodontal Maintenance</td> <td>С</td> <td>С</td> <td>N</td> <td></td>	D4910	Periodontal Maintenance	С	С	N	
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Allowance for partial and complete dentures include adjustments within six months post-delinery. All partial allowance includes conventional clasps, rests, and tech. Partial and version of clinical notes, narrative, and full mouth x-rays to establish medical necessity.Partial and complete dentures require submission of clinical notes, narrative, and full mouth x-rays to establish medical necessity.D5110Complete denture - maxillaryC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5120Complete denture - maxillaryC-PAC-PAND5130Immediate denture - maxillaryC-PAC-PAND5140Immediate denture - mandibularC-PAC-PAND5141Maxillary partial denture - resin baseC-PAC-PAND5122Maxillary partial denture - resin baseC-PAC-PAND5131Maxillary partial denture - resin baseC-PAC-PAND5142Mandibular partial denture - resin baseC-PAC-PAND5131Maxillary partial denture - resin baseC-PAC-PAND5132Mandibular partial denture - resin baseC-PAC-PAND5143Maxillary partial denture - cast metal frameworkC-PAC-PAND5144Mandibular partial denture - resin baseC-PAC-PAND5135Maxillary partial denture - resin baseC-PAC-PAND5144Mandibular partial denture - cast metal frameworkC-PAC-PAND5155Immediate maxillary partial de	D4999	Unspecified Periodontal Procedure, By Report	C-PA	C-PA	Ν	
D5120Complete denture - mandibularC-PAC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5130Immediate denture - mandibularC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5140Immediate denture - mandibularC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5141Maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5212Mandibular partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5213Maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture-cast metal frameworkC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5215Immediate maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5221Immediate mandibular partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5222Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate maxilla	Allowanc Partial an	e for partial and complete dentures include adjustme ad complete dentures require submission of clinical no	otes, narrative, a	nd full mouth x		
D5130Immediate denture - maxillaryC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5140Immediate denture - mandibularC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5211Maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5212Mandibular partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5213Maxillary partial denture- cast metal frameworkC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture- cast metal frameworkC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture- cast metal frameworkC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Immediate maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Immediate maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D52215Immediate maxillary partial denture - cast metal frameworkC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D52223Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5223	D5110	Complete denture - maxillary	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5140Immediate denture - mandibularC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5211Maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5212Mandibular partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5213Maxillary partial denture - cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture - cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5213Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5222Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal 	D5120	Complete denture - mandibular	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5211Maxillary partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5212Mandibular partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5213Maxillary partial denture - cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture-cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5222Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/	D5130	Immediate denture - maxillary	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5212Mandibular partial denture - resin baseC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5213Maxillary partial denture-cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture-cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5222Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps,	D5140	Immediate denture - mandibular	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5213Maxillary partial denture-cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture-cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5214Mandibular partial denture-cast metal framework with resin denture basesC-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5221Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PAC-PANFull mouth x-rays and clinical notes/narrative required.	D5211	Maxillary partial denture - resin base	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
with resin denture basesD5214Mandibular partial denture-cast metal framework with resin denture basesC-PANFull mouth x-rays and clinical notes/narrative required.D5221Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5222Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.	D5212	Mandibular partial denture - resin base	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
with resin denture basesD5221Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5222Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.	D5213		C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
Including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5222Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5223Immediate maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.D5224Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)C-PANFull mouth x-rays and clinical notes/narrative required.	D5214		C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
Image: Instant of the test is a set of test is a set o	D5221	(including any conventional clasps, rests and	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
framework with resin denture base (including any conventional clasps, rests and teeth) C-PA N Full mouth x-rays and clinical notes/narrative required. D5224 Immediate mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) C-PA N Full mouth x-rays and clinical notes/narrative required.	D5222	(including any conventional clasps, rests and	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
framework with resin denture base (including any conventional clasps, rests and teeth)	D5223	framework with resin denture base (including any	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D5227 Immediate maxillary partial denture C-PA C-PA N Full mouth x-rays and clinical notes/narrative required.	D5224	framework with resin denture base (including any	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
	D5227	Immediate maxillary partial denture	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.

			Age	21+	
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D5228	Immediate mandibular partial denture	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D5410	Adjust complete denture - maxillary	С	С	Ν	
D5411	Adjust complete denture - mandibular	С	С	Ν	
D5421	Adjust partial denture - maxillary	С	С	Ν	
D5422	Adjust partial denture - mandibular	С	С	Ν	
D5511	Repair broken complete denture base, mandibular	С	С	N	
D5512	Repair broken complete denture base, maxillary	С	С	N	
D5520	Replace missing or broken teeth - complete denture (each tooth)	С	С	N	
D5611	Repair resin partial denture base, mandibular	С	С	N	
D5612	Repair resin partial denture base, maxillary	С	С	N	
D5621	Repair cast partial framework, mandibular	С	С	Ν	
D5622	Repair cast partial framework, maxillary	С	С	N	
D5630	Repair or replace broken clasp - partial denture	С	С	N	
D5640	Replace broken teeth (per tooth) - partial denture	С	С	N	
D5650	Add tooth to existing partial denture	C-PA	C-PA	N	Clinical notes or narrative required.
D5660	Add clasp to existing partial denture - per tooth	C-PA	C-PA	N	Clinical notes or narrative required.
D5710	Rebase complete maxillary denture	C-PA	C-PA	N	Clinical notes or narrative required.
D5711	Rebase complete mandibular denture	C-PA	C-PA	N	Clinical notes or narrative required.
D5720	Rebase maxillary partial denture	C-PA	C-PA	N	Clinical notes or narrative required.
D5721	Rebase mandibular partial denture	C-PA	C-PA	N	Clinical notes or narrative required.
D5730	Reline complete maxillary denture (chair side)	C-PA	C-PA	N	Clinical notes or narrative required.
D5731	Reline complete mandibular denture (chair side)	C-PA	C-PA	N	Clinical notes or narrative required.
D5740	Reline maxillary partial denture (chair side)	C-PA	C-PA	N	Clinical notes or narrative required.
D5741	Reline mandibular partial denture (chair side)	C-PA	C-PA	N	Clinical notes or narrative required.
D5750	Reline complete maxillary denture (lab)	C-PA	C-PA	N	Clinical notes or narrative required.
D5751	Reline complete mandibular denture (lab)	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5760	Reline maxillary partial denture (lab)	C-PA	C-PA	N	Clinical notes or narrative required.
D5761	Reline mandibular partial denture (lab)	C-PA	C-PA	N	Clinical notes or narrative required.
D5765	Soft liner for complete or partial removable denture	C-PA	C-PA	N	Clinical notes or narrative required.
D5820	Interim partial denture (maxillary)	C-PA	C-PA	N	Clinical notes or narrative required.
D5821	Interim partial denture (mandibular)	C-PA	C-PA	N	Clinical notes or narrative required.
D5850	Tissue conditioning (maxillary)	C-PA	C-PA	N	Clinical notes or narrative required.
D5851	Tissue conditioning (mandibular)	C-PA	C-PA	N	Clinical notes or narrative required.
D5876	Add metal substructure to acrylic full denture (per arch)	C-PA	C-PA	N	Clinical notes or narrative required.
D5899	Unspecified removable prosthodontic procedure, by report	C-PA	C-PA	N	Clinical notes or narrative required.

			Age	21+	
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D5911	Facial moulage (sectional)	C-PA	C-PA	N	Clinical notes or narrative required.
D5912	Facial moulage (complete)	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5913	Nasal prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5914	Auricular prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5915	Orbital prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5916	Ocular prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5919	Facial prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5922	Nasal septal prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5923	Ocular prosthesis, interim	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5924	Cranial prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5925	Facial augmentation implant prosthesis	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5926	Nasal prosthesis, replacement	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5927	Auricular prosthesis, replacement	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5928	Orbital prosthesis, replacement	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5929	Facial prosthesis, replacement	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5931	Obturator prosthesis, surgical	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5932	Obturator prosthesis, definitive	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5933	Obturator prosthesis, modification	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5934	Mandibular resection of prosthesis with guided flange	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5935	Mandibular resection prosthesis without guide flange	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5936	Obturator prosthesis, interim	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5937	Trismus appliance (not for TMD treatment)	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5951	Feeding Aid	C-PA (Ages 0-2)	C-PA	N	Clinical notes or narrative required.
D5952	Speech aid prosthesis, pediatric	C-PA (Ages 0-16)	C-PA	N	Clinical notes or narrative required.
D5953	Speech aid prosthesis, adult	C-PA (Ages 16-20)	C-PA	N	Clinical notes or narrative required.
D5954	Palatal augmentation prosthesis	C-PA	C-PA	N	Clinical notes or narrative required.
D5955	Palatal lift prosthesis, definitive	C-PA	C-PA	N	Clinical notes or narrative required.
D5958	Palatal lift prosthesis, interim	C-PA	C-PA	N	Clinical notes or narrative required.
D5959	Palatal lift prosthesis, modification	C-PA	C-PA	N	Clinical notes or narrative required.
D5960	Speech aid prosthesis, modification	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5982	Surgical stent	C-PA	C-PA	N	Clinical notes or narrative required.
D5983	Radiation Carrier	C-PA	C-PA	N	Clinical notes or narrative required.
D5984	Radiation shield	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5985	Radiation cone locator	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5986	Fluoride Gel Carrier	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5987	Commissure splint	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5988	Surgical splint	C-PA	C-PA	Ν	Clinical notes or narrative required.
D5991	Vesiculobullous disease medicament carrier	C-PA	C-PA	Ν	Once per month. Clinical notes or narrative required.
D5992	Adjust maxillofacial prosthetic appliance, by report	C-PA	C-PA	N	Clinical notes or narrative required.
D5999	Unspecified maxillofacial prosthesis, by report	C-PA	C-PA	Ν	Clinical notes or narrative required.

Code(DD & LTC) \$1000/yearEmergency \$1000/yearD6081Scaling 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 D1110 or D4910C-PAC-PANx-rays and clinical notes/narrative required.D6089Accessing and retorquing loose implant screw – per screwC-PAC-PACOnce per tooth per year.D6105Removal of implant body not requiring bone removal nor flap elevationC-PAC-PACx-rays and clinical notes/narrative required.D6197Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implantC-PAC-PAC				Age	21+	
Inflummation or mutucable of a single implement, including leaders of the implement surveys, without flag and y and course. Nex partnermod in conjunction with D1116 on D4101 CPA C Once pertoorth per year. DB005 Accessing and fronty ing lockel implement screw - (Ages 0.20) C-PA C Xerrays and clinical notes/hearstwe regulated. DB105 Removal of implant body not requiring bone implant screw - (CPA) C-PA C Xerrays and clinical notes/hearstwe regulated. DB105 Replacement of restorative muturial used to close CPA CPA C Critical notes on narrative regulated. DB105 Replacement of restorative muturial used to close CPA CPA C Critical notes on narrative regulated. DB105 Import Supported to colores, our industrial CPA CPA C N Description of procedure, full mouth xersys, and clinical notes/harrative required. DB105 Streatements on an endipse on solubility leboth are not a convected control. C-PA C-PA C Peringical xmy and clinical notes/narrative required. D1111 Extractions period to control control period control control pe		Description	Age 0-20	(DD & LTC)	Emergency	Frequency, Limitations, and Document Requirements***
Image of the second of thing and body not requiring bons removal nor flag devokion (Age 0-20) D6105 Removal or flag devokion CPA C PA C ×rays and clinical noteq/narrative required. D6199 Vectores opening of a sorrew-retained an access opening of a sorrew-retained indicates propering protessiones, participation CPA C Olinical notes or narrative required. D6999 Unspecified liked prosthodontic procedure, by report CPA CPA N Description of procedure, full mouth xrays, and clinical notes/narrative required. D6999 Unspecified liked prosthodontic procedure, by report CPA CPA N Description of procedure, full mouth xrays, and clinical notes/narrative, and xrays required with claim. Description of anomality colologing tooth are role accessed benefit. EET toothologing mouth claim. EET toothologing mouth claim. Partabolity Brothologing tooth are role accessed benefit. EET toothologing mouth claim. EET toothologing mouth claim. D1110 Extractions enconvered (DNI Vit. 1. tooth sign protection, cound retainments - primary tooth C-PA C-PA C D1120 Extraction enconvert of tooth structure. more seconvert of tooth structure. more seconvert of tooth structure. C-PA C-PA C	D6081	inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure. Not performed in	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
removal nor flag elevation removal nor flag elevation D6187 Pediapsempt of rostrative material used to cleap an accesse genering of a screw-relating of an accesse genering of a screw-relating of accesses generic of a screw-relating of accesses bareal Extendition of number of relation and an accessed bareal Extendition of number of relation and accesses bareal Extendition of number of the actest accesses accesses Extenditions of accesses bareal Extenditions accesses bareal Extenditions accesses bareal Extenditions accesses accesses Extenditions accesses bareal Extenditions accesses accesses Portability a	D6089			C-PA	С	Once per tooth per year.
an access opening of access relation of proceedure, by construction of procedure, full mouth scays, and clinical notes/narrative required. D66989 Unspecified free prosthodonic procedure, by constructions of naturally excluding betti access of naturaly excluding deccess of natural natural naturaly excluding betti	D6105		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
report (Agent B-20) Deleg/nerrative required. ORAL ALOM MALL GRACAL SURGE TY SWHTCONTECT TET IN NLY Survey and control in the publicity within 6 month of conversariable to conveconversariable to conversariabl	D6197	an access opening of a screw-retained	C-PA	C-PA	С	Clinical notes or narrative required.
Extractors of naturally soluting tooth are not a covered boarding tool bases will receive retorative treatment Extractors performed on an emergency bases will receive retorative treatment Extractors performed on an emergency bases will receive retorative treatment Extractors are covered ONLY16 1. tooth is symptomatic and/or exhibits pathology Extractorial treatments - primary tooth C-PA C PA C Periapical x-ray and clinical notes/narrative required. D7110 Extraction - single tooth - enupted tooth or enupted tooth or enupted tooth or enupted tooth or senothing of socket bone, and closure as necessary - necessary	D6999			C-PA	N	Description of procedure, full mouth x-rays, and clinical notes/narrative required.
D7140 Extraction - single tooth - erupted tooth or exposed root (elevation and/or forceps removal) includes routine removal of tooth structure, minor smoothing of socket bone, and closure as necessary. C-PA C Periapical x-ray and clinical notes/narrative required. D7210 Surgical removal of erupted tooth C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7220 Surgical removal of impacted tooth - soft tissue C-PA C Periapical x-ray and clinical notes/narrative required. D7230 Surgical removal of impacted tooth - soft tissue C-PA C Periapical x-ray and clinical notes/narrative required. D7240 Surgical removal of impacted tooth - completely C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7241 Removal of impacted tooth - completely C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7250 Surgical removal of residual tooth roots (cutting procedure) C-PA C Periapical x-ray and clinical notes/narrative required. D7260 Oral antral fistula closure C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7261 Primary closure of a sinus perforation C-PA C-PA C	Extractio Extractio Extractio Extractio 1. tooth is 2. extract	ns of naturally exfoliating teeth are not a covered bene ns will not be billable within 6 months of restorative tre ns performed on an emergency basis will receive retro ns are covered ONLY if: s symptomatic and/or exhibits pathology tion(s) is NOT for orthodontic purposes	efit eatment ospective review			
exposed root [alevation and/or forceps removal] incor smoothing of socket bone, and closure as necessaryD7210Surgical removal of enupted toothC-PACPerlapical x-ray and clinical notes/narrative required.D7220Surgical removal of impacted tooth - partially boryC-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7230Surgical removal of impacted tooth - partially boryC-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7240Surgical removal of impacted tooth - completelyC-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7241Removal of impacted tooth completely bory, with procedure)C-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7250Surgical removal of residual tooth roots (cutting procedure)C-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7251Corneactorny - Intentional partial tooth roots (cutting procedure)C-PACPerlapical x-ray and clinical notes/narrative required.D7252Coron extorny - Intentional partial tooth removalC-PACPerlapical x-ray and clinical notes/narrative required.D7261Primary closure of a nunerupted toothC-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7262Droth re-implantation and/or stabilization of accidentally evulsed or displaced toothC-PACPerlapical x-ray and clinical notes/narrative required.D7263Reperement of device to facilitate eruption of macdetalally e						
D7220 Surgical removal of impacted tooth - soft tissue C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7230 Surgical removal of impacted tooth - partially bory C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7240 Surgical removal of impacted tooth - completely C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7241 Removal of impacted tooth completely bory, with unusual surgical complications, by report C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7250 Surgical removal of residual tooth roots (cutting procedure) C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7261 Coronectomy - intentional partial tooth removal C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7261 Primary closure of a sinus perforation C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7280 Exposure of an unerupted tooth C-PA C -PA N Periapical x-ray and clinical notes/narrative required. D7283 Piccement of device to facilitate eruption of acieplaced tooth C -PA N <td>D7 140</td> <td>exposed root (elevation and/or forceps removal) Includes routine removal of tooth structure, minor smoothing of socket bone, and closure as</td> <td>U-PA</td> <td>С-<i>г</i>А</td> <td></td> <td></td>	D7 140	exposed root (elevation and/or forceps removal) Includes routine removal of tooth structure, minor smoothing of socket bone, and closure as	U-PA	С- <i>г</i> А		
D7230 Surgical removal of impacted tooth - partially borny C-PA C -PA C Periapical x-ray and clinical notes/narrative required. D7240 Surgical removal of impacted tooth - completely borny C-PA C Periapical x-ray and clinical notes/narrative required. D7241 Removal of impacted tooth completely bony, with unusual surgical complications, by report C-PA C Periapical x-ray and clinical notes/narrative required. D7250 Surgical removal of residual tooth roots (cutting procedure) C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7261 Connectomy - intentional partial tooth removal C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7261 Connectomy - intentional partial tooth removal C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7260 Oral antral fistula closure C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth C-PA C Periapical x-ray and clinical notes/narrative required. D7280 Exposure of an unerupted tooth	D7210	Surgical removal of erupted tooth	C-PA	C-PA	С	Periapical x-ray and clinical notes/narrative required.
D7240 Surgical removal of impacted tooth - completely bony C-PA C Periapical x-ray and clinical notes/narrative required. D7241 Removal of impacted tooth completely bony, with usual surgical complications, by report C-PA C Periapical x-ray and clinical notes/narrative required. D7250 Surgical removal of residual tooth roots (cutting procedure) C-PA C Periapical x-ray and clinical notes/narrative required. D7261 Coronectomy - Intentional partial tooth removal C-PA C Periapical x-ray and clinical notes/narrative required. D7260 Oral antral fistula closure C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7261 Primary closure of a sinus perforation C-PA C-PA C Periapical x-ray and clinical notes/narrative required. D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth C C C Periapical x-ray and clinical notes/narrative required. D7280 Exposure of an unerupted tooth C-PA C-PA N Periapical x-ray and clinical notes/narrative required. D7283 Placement of device to facilitate eruption of impacted tooth C-PA	D7220	Surgical removal of impacted tooth - soft tissue	C-PA	C-PA	С	Periapical x-ray and clinical notes/narrative required.
DoryD7241Removal of impacted tooth completely bory, with unsual surgical complications, by reportC-PAC-PAPeriapical x-ray and clinical notes/narrative required.D7250Surgical removal of residual tooth roots (cutting procedure)C-PAC-PACPeriapical x-ray and clinical notes/narrative required.D7251Coronectom- intentional partial tooth removalC-PAC-PACPeriapical x-ray and clinical notes/narrative required.D7260Oral antral fistula closureC-PAC-PACPeriapical x-ray and clinical notes/narrative required.D7261Primary closure of a sinus perforationC-PAC-PACPeriapical x-ray and clinical notes/narrative required.D7270Tooth re-implantation and/or stabilization of accidentally evulsed or displaced toothC-PAC-PANPeriapical x-ray and clinical notes/narrative required.D7280Exposure of an unerupted toothC-PAC-PANPeriapical x-ray and clinical notes/narrative required.D7283Placement of device to facilitate eruption of impacted toothC-PAC-PANPeriapical x-ray and clinical notes/narrative required.D7284Excisional biopsy of minor salivary glandsC-PAC-PACPeriapical x-ray and clinical notes/narrative required.D7285Biopsy of oral tissue - hard (hone, teeth)C-PAC-PACClinical notes or narrative required.D7284Excisional biopsy of minor salivary glandsC-PAC-PACPeriapical x-ray and clinical notes/narrative required.D7285 <td>D7230</td> <td>Surgical removal of impacted tooth - partially bony</td> <td>C-PA</td> <td>C-PA</td> <td>С</td> <td>Periapical x-ray and clinical notes/narrative required.</td>	D7230	Surgical removal of impacted tooth - partially bony	C-PA	C-PA	С	Periapical x-ray and clinical notes/narrative required.
Initial surgical complications, by reportInitial constructionD7250Surgical removal of residual tooth roots (cutting procedure)C-PACPerlapical x-ray and clinical notes/narrative required.D7251Coronectomy - intentional partial tooth removalC-PACPerlapical x-ray and clinical notes/narrative required.D7260Oral antral fistula closureC-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7261Primary closure of a sinus perforationC-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7270Tooth re-implantation and/or stabilization of cacidentally evulsed or displaced toothC-PACPerlapical x-ray and clinical notes/narrative required.D7280Exposure of an unerupted toothC-PAC-PANPerlapical x-ray and clinical notes/narrative required.D7283Placement of device to facilitate eruption of impacted toothC-PAC-PANPerlapical x-ray and clinical notes/narrative required.D7284Exisional biopsy of minor sallvary glandsC-PAC-PANPerlapical x-ray and clinical notes/narrative required.D7285Biopsy of oral tissue - hard (bone, teeth)C-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7286Biopsy of oral tissue - soft (all others)C-PAC-PACClinical notes or narrative required.D7286Biopsy of oral tissue - soft (all others)C-PAC-PACPerlapical x-ray and clinical notes/narrative required.D7286Biopsy of	D7240		C-PA	C-PA	С	Periapical x-ray and clinical notes/narrative required.
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D7294 Surgical placement of temporary anchorage C-PA N x-ray and clinical notes/narrative required.	D7292	device [screw retained plate] requiring flap;	C-PA	C-PA	N	Clinical notes or narrative required.
	D7293		C-PA	C-PA	N	x-rays and clinical notes/narrative required.
	D7294		C-PA	C-PA	Ν	x-ray and clinical notes/narrative required.

Construction Apr C 20 APT C 10 (DS00/Vex) Apr C 20 (DS00/Vex) Apr C			Age 21+		21+	
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Indence plate, robuinting flag. Interview CPA C-PA N Cilinical notes or nurrative required. 07209 Permoval of temporary anchorage device without C-PA C-PA N Cilinical notes or nurrative required. 07310 Quadratity in conjunction with extractions - par C-PA C-PA C x-rays and clinical notes (marrative required. 07311 Availability in conjunction with extractions - 1.3 C-PA C-PA C x-rays and clinical notes (marrative required. 07311 Availability in conjunction with extractions - 1.3 C-PA C-PA C x-rays and clinical notes (marrative required. 07311 Availability in conjunction with extractions - 1.3 C-PA C-PA C x-rays and clinical notes (marrative required. 07412 Excision of benign teston, complicated C-PA C-PA N x-rays and clinical notes (marrative required. 07414 Excision of malignent teston, complicated C-PA C-PA N x-rays and clinical notes (marrative required. 07414 Excision of malignent transition instate than 1.25 cm C-PA C x-rays and clinical notes (marrative required.	D7297		C-PA	C-PA	N	x-rays and clinical notes/narrative required.
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Interp Interp DV310 Alveoloplasty in conjunction with extractions - per quadrant C-PA C-PA C x-rays and clinical notes/narrative required. D7311 Alveoloplasty in conjunction with extractions - C-PA C-PA C x-rays and clinical notes/narrative required. D7322 Alveoloplasty not in conjunction with extractions - C-PA C-PA C x-rays and clinical notes/narrative required. D7323 Alveoloplasty no conjunction with extractions - C-PA C-PA C x-rays and clinical notes/narrative required. D7410 Excision of benign lesion greater than 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7411 Excision of mailignant lesion, complicated C-PA C-PA N x-rays and clinical notes/narrative required. D7414 Excision of mailignant lesion, complicated C-PA N x-rays and clinical notes/narrative required. D7414 Excision of mailignant lesion, complicated C-PA N x-rays and clinical notes/narrative required. D7414 Excision of mailignant tumorilesion glameter than 1.25 cm C-PA C x-rays and clinicial notes/narrative required. <td< td=""><td>D7299</td><td></td><td>C-PA</td><td>C-PA</td><td>N</td><td>Clinical notes or narrative required.</td></td<>	D7299		C-PA	C-PA	N	Clinical notes or narrative required.
Quadrant CPA CPA CPA C xrays and clinical notes/narrative required. D7311 Absolptaty not in conjunction with extractions- tool C-PA C xrays and clinical notes/narrative required. D7321 Absolptaty not in conjunction with extractions- tool C-PA C xrays and clinical notes/narrative required. D7321 Absolptatsy in conjunction with extractions- tool C-PA C xrays and clinical notes/narrative required. D7411 Excision of benign lesion greater than 1.25 cm C-PA CPA N xrays and clinical notes/narrative required. D7412 Excision of malignant lesion, complicated C-PA CPA N xrays and clinical notes/narrative required. D7413 Excision of malignant lesion, complicated C-PA CPA N xrays and clinical notes/narrative required. D7414 Excision of malignant lesion, complicated C-PA C xrays and clinical notes/narrative required. D7414 Excision of malignant lesion, complicated C-PA C xrays and clinical notes/narrative required. D7441 Excision of malignent tumorilesion clameter C-PA <t< td=""><td>D7300</td><td></td><td>C-PA</td><td>C-PA</td><td>Ν</td><td>Clinical notes or narrative required.</td></t<>	D7300		C-PA	C-PA	Ν	Clinical notes or narrative required.
Item CPA CPA CPA C D7320 Alveoloplasty no onjunction w/o extractions- C-PA C x-rays and clinical notes/narrative required. D7410 Excision of benign lesion up to 125 cm C-PA C-PA C x-rays and clinical notes/narrative required. D7410 Excision of benign lesion up to 125 cm C-PA C-PA N-x-rays and clinical notes/narrative required. D7411 Excision of malignant lesion up to 125 cm C-PA C-PA N-x-rays and clinical notes/narrative required. D7412 Excision of malignant lesion, complicated C-PA C-PA N x-rays and clinical notes/narrative required. D7414 Excision of malignant lesion, complicated C-PA C-PA N x-rays and clinical notes/narrative required. D7414 Excision of malignant tumor-lesion alignmet region complicated C-PA C-PA X-rays and clinical notes/narrative required. D7440 Excision of malignant tumor-lesion alignmet region control C-PA C-PA X-rays and clinical notes/narrative required. D7441 Excision of malignant tumor-lesion alignmet region contrumor, lesion alignmet region contotes/narrative required.	D7310		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
Image: per quadrant Image: per quadrant D7321 Alveoloplasty in conjunction w/o extractions -1.3 C-PA C-PA C xrays and clinical notes/narrative required. D7410 Excision of benign lesion up to 1.25 cm C-PA C-PA Navey and clinical notes/narrative required. D7411 Excision of benign lesion, complicated C-PA C-PA N xrays and clinical notes/narrative required. D7412 Excision of malignant lesion, port lesion, complicated C-PA C-PA N xrays and clinical notes/narrative required. D7413 Excision of malignant lesion, particulated C-PA C-PA N xrays and clinical notes/narrative required. D7414 Excision of malignant tumorlesion climeter up to C-PA C-PA C xrays and clinical notes/narrative required. D7440 Excision of malignant tumorlesion diameter C-PA C-PA C xrays and clinical notes/narrative required. D7441 Excision of malignant tumorlesion diameter C-PA C-PA Xrays and clinical notes/narrative required. D7442 Excision of malignant tumorlesion diameter C-PA C-PA Xrays a	D7311		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
Item Item D7410 Exclsion of benign lesion, up to 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7411 Exclsion of benign lesion, complicated C-PA C x-rays and clinical notes/narrative required. D7412 Exclsion of malignant lesion greater than 1.25 cm C-PA C-PA N x-rays and clinical notes/narrative required. D7414 Exclsion of malignant lesion greater than 1.25 cm C-PA C-PA N x-rays and clinical notes/narrative required. D7414 Exclsion of malignant lesion, complicated C-PA C-PA x-rays and clinical notes/narrative required. D7414 Exclsion of malignant lumorlesion diameter C-PA C-PA x-rays and clinical notes/narrative required. D7414 Exclsion of malignant tumorlesion diameter C-PA C-PA C x-rays and clinical notes/narrative required. D7415 Removal of benign controgenic cyst or tumor, lesion diameter up to 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7450 Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm C-PA C x-rays and clinical notes/narrative requir	D7320		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7411 Excision of being lesion, greater than 1.25 cm C-PA C-PA C xrays and clinical notes/narrative required. D7412 Excision of being lesion, complicated C-PA C-PA N xrays and clinical notes/narrative required. D7413 Excision of malignant lesion greater than 1.25 cm C-PA C-PA N xrays and clinical notes/narrative required. D7414 Excision of malignant lesion greater than 1.25 cm C-PA C-PA N xrays and clinical notes/narrative required. D7416 Excision of malignant lesion, complicated C-PA C-PA C xrays and clinical notes/narrative required. D7440 Excision of malignant tumor-lesion diameter up to C-PA C xrays and clinical notes/narrative required. D7441 Excision of malignant tumor-lesion diameter up to C-PA C xrays and clinical notes/narrative required. D74420 Removal of benign edontogenic cyst or tumor, lesion diameter up to 1.25 cm C-PA C xrays and clinical notes/narrative required. D7460 Removal of benign nonodontogenic cyst or tumor, lesion diameter our 1.25 cm C-PA C-PA C xrays and clinical notes/narrative	D7321		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7412 Excision of being lesion, complicated C-PA C-PA N xrays and clinical notes/narrative required. D7413 Excision of malignant lesion up to 1.25 cm C-PA C-PA N xrays and clinical notes/narrative required. D7414 Excision of malignant lesion, complicated C-PA C-PA N xrays and clinical notes/narrative required. D7414 Excision of malignant tumorlesion diameter up to 1.25 cm C-PA C-PA C xrays and clinical notes/narrative required. D7414 Excision of malignant tumorlesion diameter up to 1.25 cm C-PA C-PA C xrays and clinical notes/narrative required. D7450 Removal of benign dontogenic cyst or tumor, lesion diameter our 1.25 cm C-PA C-PA C xrays and clinical notes/narrative required. D7451 Removal of benign noncohrogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C-PA C xrays and clinical notes/narrative required. D7465 Removal of benign noncohrogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C-PA C xrays and clinical notes/narrative required. D7465 Destruction of lesion(s) by physical or chemical methods, by report <td>D7410</td> <td>Excision of benign lesion up to 1.25 cm</td> <td>C-PA</td> <td>C-PA</td> <td>С</td> <td>x-rays and clinical notes/narrative required.</td>	D7410	Excision of benign lesion up to 1.25 cm	C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7413 Excision of malignant lesion up to 1.25 cm C-PA C-PA N x-rays and clinical notes/narrative required. D7414 Excision of malignant lesion greater than 1.25 cm C-PA C-PA N x-rays and clinical notes/narrative required. D7414 Excision of malignant lesion, complicated C-PA C-PA C x-rays and clinical notes/narrative required. D7440 Excision of malignant tumor-lesion diameter up to L26 cm C-PA C x-rays and clinical notes/narrative required. D7441 Excision of malignant tumor-lesion diameter up to 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7450 Removal of benign odontogenic cyst or tumor, lesion diameter vor 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7461 Removal of benign nonodontogenic cyst or tumor, lesion diameter vor 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7463 Removal of benign nonodontogenic cyst or tumor, lesion diameter vor 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7463 Removal of tonig patient 1.25 cm C-PA C x-rays and clinical notes/narrative required.	D7411	Excision of benign lesion greater than 1.25 cm	C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7414 Excision of malignant lesion greater than 1.25 cm C-PA C-PA N x-rays and clinical notes/narrative required. D7415 Excision of malignant lesion, complicated C-PA C-PA C x-rays and clinical notes/narrative required. D7440 Excision of malignant tumor-lesion diameter up to C-PA C x-rays and clinical notes/narrative required. D7441 Excision of malignant tumor-lesion diameter up to C-PA C-PA C x-rays and clinical notes/narrative required. D7450 Removal of benign odontogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C-PA C x-rays and clinical notes/narrative required. D7450 Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cm C-PA C-PA C x-rays and clinical notes/narrative required. D7461 Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7463 Removal of lesin(b) by physical or chemical meter over 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7464 Removal of lateral exostosis, (maxilla or mandible) C-PA C-PA	D7412	Excision of benign lesion, complicated	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
D7415 Excision of malignant lesion, complicated C-PA C x-rays and clinical notes/narrative required. D7440 Excision of malignant tumor-lesion diameter up to 1.25 cm C-PA C-PA C x-rays and clinical notes/narrative required. D7441 Excision of malignant tumor-lesion diameter greater than 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7450 Removal of benign colontogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7451 Removal of benign colontogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7460 Removal of benign nonodontogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7461 Removal of benign nonodontogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7472 Removal of benign nonodontogenic cyst or tumor, lesion diameter or 1.25 cm C-PA C x-rays and clinical notes/narrative required. D7462 Destruction of lesion(s) by physical or chemical methods. by report C-PA C-PA N	D7413	Excision of malignant lesion up to 1.25 cm	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
D7440 Excision of malignant tumorlesion diameter up to 1.25 cm C-PA C-PA C xrays and clinical notes/narrative required. D7441 Excision of malignant tumorlesion diameter 1.25 cm C-PA C xrays and clinical notes/narrative required. D7450 Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm C-PA C xrays and clinical notes/narrative required. D7451 Removal of benign odontogenic cyst or tumor, lesion diameter over 1.25 cm C-PA C xrays and clinical notes/narrative required. D7460 Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cm C-PA C xrays and clinical notes/narrative required. D7461 Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cm C-PA C xrays and clinical notes/narrative required. D7465 Destruction of lesion(s) by physical or chemical methods, by report C-PA C-PA xrays and clinical notes/narrative required. D7472 Removal of torus palatinus C-PA C-PA xrays or photos, and clinical notes/narrative required. D7473 Removal of torus mandibularis C-PA N xrays or photos, and clinical notes/narrative required.	D7414	Excision of malignant lesion greater than 1.25 cm	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
125 cmD7441Excision of malignant tumor-lesion diameter greater than 1.25 cmC-PACx-rays and clinical notes/narrative required.D7450Removal of benign odontogenic cyst or tumor, lesion diameter over 1.25 cmC-PACx-rays and clinical notes/narrative required.D7451Removal of benign nondontogenic cyst or tumor, lesion diameter over 1.25 cmC-PAC-PACx-rays and clinical notes/narrative required.D7460Removal of benign nondontogenic cyst or tumor, lesion diameter over 1.25 cmC-PACx-rays and clinical notes/narrative required.D7461Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cmC-PACx-rays and clinical notes/narrative required.D7465Destruction of lesion(s) by physical or chemical methods, by reportC-PAC-PACx-rays and clinical notes/narrative required.D7471Removal of terral exostosis, (maxilla or mandible)C-PAC-PANx-rays and clinical notes/narrative required.D7472Removal of torus palatinusC-PAC-PANx-rays and clinical notes/narrative required.D7473Removal of torus mandibularisC-PAC-PANx-rays and clinical notes/narrative required.D7485Surgical reduction of osseous tuberosityC-PAC-PANx-rays and clinical notes/narrative required.D7473Removal of torus mandibularisC-PAC-PANx-rays and clinical notes/narrative required.D7485Surgical reduction of osseous tuberosityC-PAC-PA <td< td=""><td>D7415</td><td>Excision of malignant lesion, complicated</td><td>C-PA</td><td>C-PA</td><td>С</td><td>x-rays and clinical notes/narrative required.</td></td<>	D7415	Excision of malignant lesion, complicated	C-PA	C-PA	С	x-rays and clinical notes/narrative required.
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InstantiationInstantiationD7460Removal of benign nonodontogenic cyst or tumor, lesion diameter of to 1.25 cmC-PACx-rays and clinical notes/narrative required.D7461Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cmC-PAC-PACx-rays and clinical notes/narrative required.D7465Destruction of lesion(s) by physical or chemical methods, by reportC-PAC-PACx-rays and clinical notes/narrative required.D7471Removal of lateral exostosis, (maxilla or mandible)C-PAC-PANx-rays and clinical notes/narrative required.D7472Removal of torus palatinusC-PAC-PANx-rays and clinical notes/narrative required.D7473Removal of torus mandibularisC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7485Surgical reduction of osseous tuberosityC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7490Radical resection of mandible with bone graftC-PAC-PANx-rays and clinical notes/narrative required.D7509Marsupialization of odontogenic cystC-PAC-PACx-rays (when applicable) and clinical notes required with claim.D7510Incision and drainage of abscess-intraoral softCCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess - extraoral softCCCCx-rays (when applicable) and clinical notes required with claim. <t< td=""><td>D7450</td><td></td><td>C-PA</td><td>C-PA</td><td>С</td><td>x-rays and clinical notes/narrative required.</td></t<>	D7450		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
Itesion diameter of to 1.25 cmItesion diameter of to 1.25 cmD7461Removal of benign nonodontogenic cyst or tumor, lesion diameter over 1.25 cmC-PACx-rays and clinical notes/narrative required.D7465Destruction of lesion(s) by physical or chemical methods, by reportC-PAC-PACx-rays and clinical notes/narrative required.D7471Removal of lateral exostosis, (maxilla or mandible)C-PAC-PANx-rays and clinical notes/narrative required.D7472Removal of torus palatinusC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7473Removal of torus mandibularisC-PAC-PANx-rays or photos, and clinical notes/narrative required.D74745Surgical reduction of osseous tuberosityC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7490Radical resection of mandible with bone graftC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7510Incision and drainage of abscess-intraoral softCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess - extraoral softCCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess - extraoral softCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess - extraoral softCCCx-rays (when applicable) and clinical not	D7451		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
Iesion diameter over 1.25 cmD7465Destruction of lesion(s) by physical or chemical methods, by reportC-PAC-PACx-rays and clinical notes/narrative required.D7471Removal of lateral exostosis, (maxilla or mandible)C-PAC-PANx-rays and clinical notes/narrative required.D7472Removal of torus palatinusC-PAC-PANx-rays and clinical notes/narrative required.D7473Removal of torus mandibularisC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7485Surgical reduction of osseous tuberosityC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7490Radical resection of mandible with bone graftC-PAC-PANx-rays and clinical notes/narrative required.D7509Marsupialization of odontogenic cystC-PAC-PACX-rays (when applicable) and clinical notes required with tissue-complicatedD7511Incision and drainage of abscess-intraoral soft tissueCCCX-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess - extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess - extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess - extraoral soft tissue-complicatedCCCX-rays (when applicable) and cl	D7460		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
methods, by reportD7471Removal of lateral exostosis, (maxilla or mandible)C-PAC-PANx-rays and clinical notes/narrative required.D7472Removal of torus palatinusC-PAC-PANx-rays and clinical notes/narrative required.D7473Removal of torus mandibularisC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7485Surgical reduction of osseous tuberosityC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7490Radical resection of mandible with bone graftC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7509Marsupialization of odontogenic cystC-PAC-PACx-rays and clinical notes/narrative required.D7510Incision and drainage of abscess-intraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D75230Removal of foreign body from mucosaCCCCx-rays (when applicable) and clinical notes required with claim.	D7461		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7472Removal of torus palatinusC-PAC-PANx-rays and clinical notes/narrative required.D7473Removal of torus mandibularisC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7485Surgical reduction of osseous tuberosityC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7490Radical resection of mandible with bone graftC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7509Marsupialization of odontogenic cystC-PAC-PACx-rays and clinical notes/narrative required.D7510Incision and drainage of abscess-intraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D75230Removal of foreign body from mucosaCCCX-rays (when applicable) and clinical notes required with claim. </td <td>D7465</td> <td></td> <td>C-PA</td> <td>C-PA</td> <td>С</td> <td>x-rays and clinical notes/narrative required.</td>	D7465		C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7473Removal of torus mandibularisC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7485Surgical reduction of osseous tuberosityC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7490Radical resection of mandible with bone graftC-PAC-PANx-rays and clinical notes/narrative required.D7509Marsupialization of odontogenic cystC-PAC-PACx-rays and clinical notes/narrative required.D7510Incision and drainage of abscess-intraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7511Incision and drainage of abscess - intraoral soft tissue-complicatedCCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess - extraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess - extraoral soft tissueCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess - extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess - extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7530Removal of foreign body from mucosaCCCX-rays (when applicable)	D7471	Removal of lateral exostosis, (maxilla or mandible)	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
D7485Surgical reduction of osseous tuberosityC-PAC-PANx-rays or photos, and clinical notes/narrative required.D7490Radical resection of mandible with bone graftC-PAC-PANx-rays and clinical notes/narrative required.D7509Marsupialization of odontogenic cystC-PAC-PACx-rays and clinical notes/narrative required.D7510Incision and drainage of abscess-intraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7511Incision and drainage of abscess-intraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7530Removal of foreign body from mucosaCCCX-rays (when applicable) and clinical notes required with claim.	D7472	Removal of torus palatinus	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
D7490Radical resection of mandible with bone graftC-PAC-PANx-rays and clinical notes/narrative required.D7509Marsupialization of odontogenic cystC-PAC-PACx-rays and clinical notes/narrative required.D7510Incision and drainage of abscess-intraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7511Incision and drainage of abscess-intraoral soft tissue-complicatedCCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7530Removal of foreign body from mucosaCCCX-rays (when applicable) and clinical notes required with claim.	D7473	Removal of torus mandibularis	C-PA	C-PA	N	x-rays or photos, and clinical notes/narrative required.
D7509Marsupialization of odontogenic cystC-PAC-PACx-rays and clinical notes/narrative required.D7510Incision and drainage of abscess-intraoral soft tissueCCCX-rays (when applicable) and clinical notes required with claim.D7511Incision and drainage of abscess-intraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCX-rays (when applicable) and clinical notes required with claim.D7530Removal of foreign body from mucosaCCCX-rays (when applicable) and clinical notes required with claim.	D7485	Surgical reduction of osseous tuberosity	C-PA	C-PA	N	x-rays or photos, and clinical notes/narrative required.
D7510Incision and drainage of abscess-intraoral soft tissueCCCCCD7511Incision and drainage of abscess-intraoral soft tissue-complicatedCCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7530Removal of foreign body from mucosaCCCx-rays (when applicable) and clinical notes required with claim.	D7490	Radical resection of mandible with bone graft	C-PA	C-PA	N	x-rays and clinical notes/narrative required.
tissueclaim.D7511Incision and drainage of abscess-intraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCx-rays (when applicable) and clinical notes required with claim.D7520Incision and drainage of abscess – extraoral soft tissueCCCx-rays (when applicable) and clinical notes required with claim.D7521Incision and drainage of abscess – extraoral soft tissue-complicatedCCCx-rays (when applicable) and clinical notes required with claim.D7530Removal of foreign body from mucosaCCCx-rays (when applicable) and clinical notes required with claim.	D7509	Marsupialization of odontogenic cyst	C-PA	C-PA	С	x-rays and clinical notes/narrative required.
tissue-complicated claim. D7520 Incision and drainage of abscess – extraoral soft tissue C C C x-rays (when applicable) and clinical notes required with claim. D7521 Incision and drainage of abscess – extraoral soft tissue-complicated C C C x-rays (when applicable) and clinical notes required with claim. D7530 Removal of foreign body from mucosa C C C x-rays (when applicable) and clinical notes required with claim.	D7510		С	С	С	
tissue claim. D7521 Incision and drainage of abscess – extraoral soft tissue-complicated C C C x-rays (when applicable) and clinical notes required with claim. D7530 Removal of foreign body from mucosa C C C x-rays (when applicable) and clinical notes required with claim.	D7511	-	С	С	С	
tissue-complicated claim. D7530 Removal of foreign body from mucosa C C C x-rays (when applicable) and clinical notes required with	D7520		С	С	С	
	D7521	-	С	С	С	
	D7530	Removal of foreign body from mucosa	С	С	С	

			Age	21+	
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D7540	Removal of reaction producing foreign bodies	С	С	С	x-rays (when applicable) and clinical notes required with claim.
D7550	Partial osteoectomy/sequestrectomy for removal of non-vital bone	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7610	Maxilla-open reduction (teeth immobilized)	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7620	Maxilla-closed reduction (teeth immobilized)	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7630	Mandible-open reduction (teeth immobilized)	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7640	Mandible-closed reduction (teeth immobilized)	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7650	Malar and/or zygomatic arch open reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7660	Malar and/or zygomatic arch closed reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7670	Alveolus-closed reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7671	Alveolus-open reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7680	Facial bones-complicated reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7710	Maxilla-open reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7720	Maxilla-closed reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7730	Mandible-open reduction	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7740	Mandible-closed reduction	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7750	Malar and/or zygomatic arch-open reduction	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7760	Malar and/or zygomatic arch-closed reduction	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7770	Alveolus-open reduction stabilization of teeth	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7771	Alveolus-closed reduction stabilization of teeth	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7780	Facial bones-complicated reduction with fixation	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7810	Open reduction of dislocation	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7820	Closed reduction of dislocation	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7830	Manipulation under anesthesia	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7840	Condylectomy	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7850	Surgical discectomy; with/without implant	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7852	Disc repair	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7854	Synovectomy	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7856	Myotomy	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7858	Joint reconstruction		C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7860	Arthrotomy	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7865	Arthroplasty		C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7870	Arthrocentesis		C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7871		C-PA	 C-PA		Appropriate x-rays and clinical notes/narrative required.
	Non-arthroscopic lysis and lavage Arthroscopy-diagnosis, with or without biopsy	C-PA C-PA	C-PA	N	
D7872	Arthroscopy-diagnosis, with or without biopsy Arthroscopy-surgical: lavage and lysis of				Appropriate x-rays and clinical notes/narrative required.
D7873	adhesions	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7874	Arthroscopy-surgical: disc repositioning and stabilization	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7875	Arthroscopy-surgical: synovectomy	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7876	Arthroscopy-surgical: discectomy	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7877	Arthroscopy-surgical: debridement	C-PA	C-PA	Ν	Appropriate x-rays and clinical notes/narrative required.
D7880	Occlusal orthotic appliance	C-PA	C-PA	Ν	Appropriate x-rays and clinical notes/narrative required.
D7899	Unspecified TMD therapy, by report	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7910	Suture of recent small wounds up to 5cm	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.

			Age	21+	
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D7911	Complicated suture- up to 5 cm	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7912	Complicated suture-greater than 5 cm	C-PA	C-PA	Ν	Appropriate x-rays and clinical notes/narrative required.
D7920	Skin graft (identify defect covered, location, and type of graft)	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	C-PA (Ages 0-20)	C-PA	С	Appropriate x-rays and clinical notes/narrative required.
D7940	Osteoplasty - for orthognathic deformities	C-PA	C-PA	Ν	Appropriate x-rays and clinical notes/narrative required.
D7941	Osteotomy - mandibular rami	C-PA	C-PA	Ν	Appropriate x-rays and clinical notes/narrative required.
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7944	Osteotomy - segmented or subapical	C-PA	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D7945	Osteotomy - body of mandible	C-PA	C-PA	Ν	Appropriate x-rays and clinical notes/narrative required.
D7946	LeFort I (maxilla - total)	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7947	LeFort I (maxilla - segmented)	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7948	Lefort II or Lefort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7949	Lefort II or Lefort III - with bone graft	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7950	Asseous, osteoperisteal, or cartilage graft of the mandible or maxilla	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7953	Bone replacement graft for ridge preservation-per site	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7955	Repair of maxillofacial soft and/or hard tissue defect	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	C-PA	C-PA	С	x-rays and clinical notes/narrative required.
D7961	Buccal/labial frenectomy (frenulectomy)	C-PA	C-PA	Ν	x-rays and clinical notes/narrative required.
D7962	Lingual frenectomy (frenulectomy)	C-PA	C-PA	Ν	x-rays and clinical notes/narrative required.
D7963	Frenuloplasty	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7970	Excision of hyperplastic tissue-per arch	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7971	Excision of pericoronal gingiva	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7972	Surgical reduction of fibrous tuberosity	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7979	Non-surgical Sialolithotomy	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7980	Sialolithotomy	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7981	Excision of salivary gland, by report	C-PA	C-PA	С	Clinical notes or narrative required.
D7982	Sialodochoplasty	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7983	Closure of salivary fistula	C-PA	C-PA	С	Full mouth x-rays and clinical notes/narrative required.
D7990	Emergency tracheotomy	С	С	Ν	Full mouth x-rays and clinical notes/narrative required.
D7991	Coronoidectomy	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7995	Synthetic graft-mandible or facial bones, by report	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D7996	Implant-mandible for augmentation purposes, by report	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7997	Appliance removal (not by dentist who placed appliance)	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D7999	Unspecified oral surgery procedure, by report	C-PA	C-PA	С	Description of procedure, full mouth x-rays, and clinical notes/narrative required.

CDT Code	Description	Age 0-20	Age ALTCS (DD & LTC) \$1000/year	21+ Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
Orthodor	or cosmetic purposes are not covered. ntic coverage is only allowed when medically necessa gned by the Primary Care Physician (PCP). The Mem	· ·			nt of choice or an essential part of the overall treatment onjunction with the help of a dentist for the treatment of a
D8010	Limited orthodontic treatment of the primary dentition	C-PA	C-PA	Ν	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required.
D8020	Limited orthodontic treatment of the transitional dentition	C-PA	C-PA	Ν	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required.
D8030	Limited orthodontic treatment of the adolescent dentition	C-PA	C-PA	Ν	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required.
D8040	Limited orthodontic treatment of the adult dentition	C-PA	C-PA	N	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required.
D8070	Comprehensive orthodontic treatment of the transitional dentition	C-PA	C-PA	Ν	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required.
D8080	Comprehensive orthodontic treatment of the adolescent dentition	C-PA	C-PA	N	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required.
D8090	Comprehensive orthodontic treatment of the adult dentition	C-PA	C-PA	N	Full mouth x-rays, diagnostic ortho photos, clinical notes/narrative, and letter from PCP required.
D8210	Removable appliance therapy	C-PA	C-PA	N	Full mouth x-rays, and clinical notes/narrative required.
D8220	Fixed appliance therapy	C-PA	C-PA	N	Full mouth x-rays, and clinical notes/narrative required.
D8660	Pre-orthodontic treatment visit	C-PA	C-PA	N	Full mouth x-rays, and clinical notes/narrative required.
D8670	Periodic orthodontic treatment visit	С	С	Ν	Once per 1 month. Clinical notes. History of banding on file required.
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers(s))	C-PA	C-PA	Ν	Once per lifetime. Full mouth x-rays and clinical notes/narrative required.
D8695	Removal of fixed orthodontic appliance(s) – for reasons other than completion of treatment	C-PA	C-PA	Ν	Clinical notes or narrative required.
D8696	Repair of orthodontic appliance - maxillary	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D8697	Repair of orthodontic appliance - mandibular	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D8698	Re-bonding or re-cementing of fixed retainers - maxillary	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D8699	Re-bonding or re-cementing of fixed retainers - mandibular	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D8701	Repair of fixed retainers, includes reattachment - maxillary	C-PA	C-PA	N	Clinical notes or narrative required.
D8702	Repair of fixed retainers, includes reattachment - mandibular	C-PA	C-PA	N	Clinical notes or narrative required.
D8703	Replacement of lost or broken retainer - maxillary	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.
D8704	Replacement of lost or broken retainer - mandibular	C-PA	C-PA	Ν	Full mouth x-rays and clinical notes/narrative required.
D8999	Unspecified orthodontic procedure, by report	C-PA	C-PA	N	Description of procedure, full mouth x-rays, clinical notes/narrative, and letter from PCP required.
D9110	Palliative(emergency) treatment of dental pain- minor procedure	С	С	N	x-rays and clinical notes/narrative required. Not a covered procedure if other procedures are reported on same date of service, and same tooth is treated.
D9120	Fixed partial denture sectioning	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required.

ANESTHESIA SERVICES

Treating Dentist must indicate on prior authorization if anesthesia services are to be performed by an in-network Anesthesiologist.

Prior-authorization request for general anesthesia must include documentation to warrant medical necessity of general anesthesia.

Upon approval, the treating dentist will receive an authorization notification. Once treatment has been completed, the Anesthesiologist will submit for the GA performed, including a narrative and anesthesia log for retrospective review of claim.

If treatment changes are identified during service delivery, you may submit the services for retrospective review through the standard claims process. Claims must be submitted to the standard claims address, along with supporting documentation.

			Age	21+	
CDT Code	Description	Age 0-20	ALTCS (DD & LTC) \$1000/year	Adult Emergency \$1000/year	Frequency, Limitations, and Document Requirements***
D9210	Local anesthesia not in conjunction with operative or surgical procedures	C-PA	C-PA	N	x-rays and clinical notes/narrative required. Not a covered procedure if other procedures are reported on same date of service, and same area is treated.
D9222	Deep sedation/general anesthesia - first 15 minutes	C-PA	C-PA	С	Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 1.
D9223	Deep sedation/general anesthesia - each subsequent 15-minute increment	C-PA	C-PA	C	Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 11.
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	C (Ages 0-10) C-PA (Ages 11-20)	C-PA	С	Clinical notes/narrative & medical history must be included with authorization request.
D9239	Intravenous moderate (conscious) sedation/ analgesia - first 15 minutes	C-PA	C-PA	С	Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 1.
D9243	Intravenous moderate (conscious) sedation/ analgesia – each subsequent 15-minute increment	C-PA	C-PA	С	Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim. Maximum units allowed per day is 11.
D9248	Non-intravenous conscious sedation	C-PA	C-PA	С	Clinical notes/narrative & medical history must be included with authorization request.
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	С	С	N	Clinical notes or narrative required.
D9410	House/extended care facility call	C-PA	C-PA	N	Clinical notes/narrative and medical history required.
D9420	Professional visit, hospital call	C-PA	C-PA	N	Clinical notes/narrative and medical history must be included with authorization request. Anesthesia logs must be included with claim.
D9430	office visit for observation (during regularly scheduled hours) no other services performed	С	С	N	Applicable x-rays and clinical notes/narrative required.
D9440	Office visit - after regularly scheduled hours	С	С	N	Applicable x-rays and clinical notes/narrative required.
D9610	Therapeutic parenteral drug, single administration	C-PA	C-PA	N	Applicable x-rays and clinical notes/narrative required.
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	C-PA	C-PA	N	Applicable x-rays and clinical notes/narrative required.
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report	С	С	N	Applicable x-rays and clinical notes/narrative required.
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	C-PA (Ages 0-20)	C-PA	N	Appropriate x-rays and clinical notes/narrative required.
D9944	Occlusal guard – Hard appliance, full arch	C-PA	C-PA	N	Applicable x-rays and clinical notes/narrative required.
D9945	Occlusal guard – Soft appliance, full arch	C-PA	C-PA	N	Applicable x-rays and clinical notes/narrative required.
D9946	Occlusal guard – Hard appliance, partial arch	C-PA	C-PA	N	Applicable x-rays and clinical notes/narrative required.
D9951	Occlusal adjustment-limited	C-PA	C-PA	N	Full mouth x-rays and clinical notes/narrative required. Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease.
D9995	Teledentistry – synchronous; real-time encounter	С	С	С	Indicates the use of teledentistry only. Does not include a reimbursement fee.
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	С	С	С	Indicates the use of teledentistry only. Does not include a reimbursement fee.
D9999	Unspecified adjunctive procedure, by report	C-PA	C-PA	N	Description of procedure, periapical x-ray and clinical notes/narrative required.

*** For the convenience of our members and to not pose a barrier to care, in the event all required documentation listed cannot be acquired or is not submitted, we will do our best to review for medical necessity of the requested services based on what is received. However, please be aware that this may cause delay in approvals or may result in a denial if adequate review cannot be performed.

