

PROVIDER MANUAL FOR DENTAL SERVICES



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**Division of Medical Services
North Dakota Department of Human Services
600 E Boulevard Ave, Dept 325
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KEY CONTACTS

Hours for key contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Central Time).

Provider Enrollment

(800) 755-2604
(701) 328-4033

Send written inquiries to:

Provider Enrollment
Medical Services
ND Dept. of Human Services
600 E Boulevard Ave-Dept 325
Bismarck ND 58505-0250

or e-mail inquiries to:

dhsenrollment@nd.gov

Provider Relations

For questions about recipient eligibility, payments, denials or general claims questions:

(701) 328-7098
(877) 328-7098

Send written inquiries to:

Provider Relations
Medical Services
ND Dept. of Human Services
600 E Boulevard Ave-Dept 325
Bismarck ND 58505-0250

or e-mail inquiries to:

mmisinfo@nd.gov

Third Party Liability

For questions about private insurance, Medicare, or other third-party liability:

(800) 755-2604
(701) 328-2347

Send written inquiries to:

Third Party Liability Unit
Medical Services
ND Dept. of Human Services
600 E Boulevard Ave-Dept 325
Bismarck ND 58505-0250

or e-mail inquiries to:

medicaidtpl@nd.gov

Coordinated Services Program

Inquiries regarding coordinated services program recipients:

(800) 755-2604
(701) 328-2346

or e-mail inquiries to:

medicaidCSP@nd.gov

Surveillance/Utilization Review

To report suspected ND Medicaid provider fraud and abuse:

(701) 328-4024
(800) 755-2604

Send written inquiries to:

Fraud and Abuse
Surveillance/Utilization Review
Medical Services
ND Dept. of Human Services
Dept 325
600 E Boulevard Ave
Bismarck ND 58505-0250

Or e-mail inquiries to:

medicaidfraud@nd.gov

SHS Inquiries and to obtain forms

Special Health Services
ND Department of Health
Dept 401
600 E Boulevard Ave
Bismarck ND 58505-0200
(701) 328-2436

Service Authorization

For questions and inquiries:

dhsserviceauth@nd.gov

INTRODUCTION

This billing manual is designed to aid providers in billing the North Dakota Medicaid and Special Health Services (SHS) programs. Included are general items of interest to providers, specific claim form billing instructions and procedures to follow when voiding and replacing a claim.

When filing claims with the ND Medicaid program, the provider agrees to accept ND Medicaid payment as payment in full. The provider **CANNOT BILL** the recipient for any part of the bill unless the remittance advice indicates a recipient liability applies to the services, or it is a non-covered service.

Please contact the Medical Services office with questions. Addresses and telephone numbers are listed in the Key Contacts section of this manual.

Any disputes or questions on claims should be directed to provider relations at 701-328-7098.

THIRD PARTY LIABILITY (TPL)

Please refer to the General Provider Manual.

SERVICES TO AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY

Individuals with a developmental disability (DD) may require an extra amount of time and a greater number of personnel in order to provide routine dental care. The Department will provide additional compensation to dentists who treat individuals who need extra care; therefore, providers will receive the standard fee for the dental services provided plus a special payment for the extra time needed.

The policy does require providers to document the extra time and extra staff required to provide services to DD recipients. The provider is to use procedure code D9920 and enter the extra usual and customary charge associated with the services provided to the DD recipient. Procedure Code D9920 does require a service authorization (SA) effective October 1, 2015. The Department will pay the extra charge based on the established fee schedule.

If the provider provides a service to an individual with a developmental disability who requires extra time, the dental provider must submit the [Request for Extra Time Individuals with Developmental Disabilities](#) form (SFN 64). The form must be signed by the DD provider, guardian or caregiver. The Medical Services Division will reach out to verify the information. The form is available on our website at <http://www.nd.gov/eforms>. The form may be downloaded for provider use.

This service is only allowed/reimbursed when performed in an office setting.

Any additional questions regarding this policy can be addressed by contacting Provider Relations at (701) 328-7098.

ANESTHESIA GUIDELINES

North Dakota Medicaid will reimburse anesthesia for the surgical dental procedures of D7210 – D7999.

Anesthesia for codes D7111 and D7140 require a service authorization.

North Dakota Medicaid will reimburse procedure codes:

- D9222 deep sedation/general anesthesia – first 15 minutes
- D9223 deep sedation/general anesthesia – each 15 minute increment
- D9239 intravenous moderate (conscious) sedation/analgesia – first 15 minutes
- D9243 intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
- D9223 and D9243 are allowed up to eight units and must all be billed on one line

This policy does not apply to recipients with a developmental disability who have been approved for D9920 – extra time.

Documentation in the anesthesia record should support the start and stop times for units billed.

North Dakota Medicaid does not reimburse for code D9248 (Non-intravenous conscious sedation).

CRNA services must be billed on a CMS-1500 claim form.

DENTAL SERVICE AUTHORIZATION (SA)

A service authorization (SA) must be obtained for procedures for ND Medicaid eligible recipients before services are started. The Department may refuse payment for any covered service or procedures for which a SA is required but not obtained. Retro service authorizations may be submitted for consideration up to 90 days from the date of service.

1. Since endodontics could be an emergency service, no prior treatment request is required for recipients under 21. X - rays should accompany the retro authorization.
2. All SA forms submitted must use appropriate codes, procedures and usual and customary fees.
3. If a web-based SA is submitted, all supporting documentation must be attached to the SA electronically.
4. When information is needed to determine approval or denial is not submitted with a request, it will be returned to the provider for the required information.
5. No payment for dental services which require a service authorization will be made unless a dental SA is on file with the Department PRIOR to the date the service is started showing that the work plan was approved for the codes and procedures submitted on the claim.
6. Once the SA is submitted, the Department's dental consultant will review the plan and either approve or deny the services listed on the SA. LIST ONLY THE SERVICES THAT NEED PRIOR APPROVAL. The SA will then be returned to the provider with an approval/denial notation. When the services are approved, specific time limits within which the approved services must be performed will be entered in the remarks section of the SA. Also included will be a service authorization number.
7. Approval of the SA is only for the dental treatment plan. THIS APPROVAL DOES NOT GUARANTEE PAYMENT OR ENSURE THE ELIGIBILITY OF THE INDIVIDUAL AT THE TIME DENTAL PROCEDURES ARE COMPLETED. Payment will be based on the fee schedule on the date of service.
8. The North Dakota Department of Human Services reserves final authority to approve or deny any submitted dental treatment plan.

9. Approval for services that apply to frequency limitations must be submitted with documentation. Documentation must include patient medical condition, probing depths, and recall of visits. These authorizations will be approved for a minimum of five years and must be re-authorized by the dental office.

10. Submit completed SA to: Dental Consultant
 Medical Services Division
 Department of Human Services
 600 E Boulevard Ave; Dept 325
 Bismarck ND 58505-0250

CLINICAL ORAL EXAMINATIONS

If oral examinations exceed frequency limitations, then service authorization is required. Frequency limitations include one exam per calendar year for recipients 21 and over and two exams per calendar year for recipients under the age of 21. Exams D0120, D0145, D0150, D0160, and D0180 apply to the frequency limitations. Exam D0160 requires documentation.

DIAGNOSTIC IMAGING

ND Medicaid covers one panoramic radiographic image (D0330) every five years. A service authorization must be submitted if more than one panoramic radiographic image is needed within a five-year time frame.

DENTAL PROPHYLAXIS

If dental prophylaxis exceeds frequency limitations, then service authorization is required. Frequency limitations include one prophy per calendar year for recipients 21 and over and two prophylaxis per calendar year for recipients under the age of 21. Codes D1110, D1120, D1206, D1208 and D4910 apply to the frequency limitations.

* This service will not be allowed to be billed for individuals with upper and lower dentures.

CROWNS-SINGLE RESTORATION ONLY

Crowns for all recipients, except stainless steel crowns, must be service authorized.

For children, those under age 21, crowns may be prior approved without endodontic therapy based on medical necessity.

For adults, ND Medicaid covers anterior crowns only and there must be a root canal on the tooth for consideration of a crown. A radiograph and a SA must be sent for all crowns except stainless steel crowns.

D2950, D2952 and D2954, if needed, must be submitted on the same SA as a crown even if the crown doesn't require a SA. A core build up and a post and core should never be performed on the same tooth.

ENDODONTIC THERAPY

Service authorization is required for root canals for adults 21 and over. Only anterior root canals (D3310) for adults 21 and over are covered by ND Medicaid. For adults ND Medicaid covers re-treatments of anterior teeth (D3346) and does require service authorization. For recipients under the age of 21, ND Medicaid covers re-treatment of bicuspid root canals and molar root canals (D3347 and D3348).

NON-SURGICAL PERIODONTAL SERVICE

Periodontal scaling, four or more teeth, per quadrant (D4341) or one to three teeth, per quadrant (D4342) requires service authorization. When submitting a service authorization please submit probing depths and radiographs, probing depths must be 5 millimeters or greater. Periodontal scaling cannot be billed in addition to a prophylaxis on the same date of service.

Periodontal maintenance (D4910) applies to frequency limitations and requires a service authorization if the recipient's frequency limitations have been met or exceeded. Full mouth debridement (D4355) cannot be billed in addition to D0150, D0160 and D0180 on the same date of service.

DENTURES (complete and partials)

Lost

If an adult (ages 21 and over) loses his or her denture prior to the seven-year limitation, Medicaid will not cover another pair. Exceptions to this may be granted to DD patients if documentation on the SA justifies the exception.

If lost in a facility (i.e. hospital or nursing home) it is the responsibility of the facility to replace them.

Stolen

A SA must include a copy of the police report.

Breaks

A SA must indicate why the denture was not repairable.

*All dentures should be billed on the date of final impression.

Complete Dentures

Immediate dentures (D5130 and D5140 – lifetime limit of 1) require a service authorization. North Dakota Medicaid considers immediate dentures a final denture.

If the dentures being placed are replacement dentures, a service authorization is

required. There is a 7-year limitation to replace dentures. ALL claims for replacement dentures must indicate the age of the current denture and the reason for replacement.

D5110 and D5120 always require a service authorization.

D5130 and D5140 should not be billed for replacement.

When submitting an SA for immediate and initial dentures, radiographs are required.

Partial Dentures

All partial dentures must be service authorized. There is a 7-year limitation on replacement of partial dentures. Replacement of partial dentures before the 7-year time limit requires a service authorization. ALL claims for replacement partial dentures must indicate the age of the current partial denture and the reason for replacement. The service authorization must also indicate the teeth included in the partial denture. ND Medicaid does not cover missing posterior teeth. In order for partial dentures to be covered for adults, the partial denture must include at least one anterior tooth.

When submitting an SA for partial dentures, radiographs are required.

INTERIM PROSTHESIS

Flippers are covered once every 7 years. These must be service authorized and must include at least one anterior tooth.

Interim complete dentures are non-covered by ND Medicaid.

PROSTHODONTICS, FIXED

These require a service authorization for recipients under the age of 21 and are non-covered for adults age 21 and over.

DENTAL EXTRACTIONS

Dental extractions that are attempted but unable to be completed must be billed under dental code D7999 with a tooth number and dental record documentation.

ORTHODONTICS

Orthodontic treatment requires a service authorization and is only allowed/reimbursed for recipients under the age of 21.

ORTHODONTIC PROCEDURES

The Department does not reimburse interceptive or comprehensive orthodontic treatment unless referred by ND Health Tracks, EPSDT.

Dentists must submit a service authorization requests for interceptive or comprehensive orthodontia services. It is recommended that orthodontia services must be billed at the time brackets are placed.

The Department has defined treatment options for orthodontia services in order to clarify those options and reimbursement for those services by ND Medicaid. They are as follows:

- (1) Interceptive orthodontic treatment under the ND Medicaid program will include only treatment of anterior or posterior crossbite and minor treatment for tooth guidance in the transitional dentition. Interceptive treatment is not part of the comprehensive treatment plan. Treatment typically begins at age 6 or older. This service is to be prior authorized and billed under code D8060.
- (2) Comprehensive orthodontic treatment includes treatment of transitional or adolescent dentition; requires 20 or more points on an evaluation; and is begun when a child is approximately 10 years old or older but no older than 20 years of age. Treatment may incorporate several phases with specific objectives at various stages of dentofacial development. Treatment is to be prior authorized and billed under code D8090.
 - Special consideration may be given if the points are between 18 and 20.
 - X-rays and a narrative description of the malocclusion are required for review.
 - Codes D8070 and D8080 should only be used if recipient is in the middle of treatment. These will be considered on a case by case basis.
 - Maxillary and mandibular retainers are included in the reimbursement.
 - Replacement of lost/broken maxillary or mandibular retainers are allowed once per lifetime, with service authorization for those under age 21.
 - Code D8670 is included in D8090.

As with all services, the child must be eligible at the beginning of each treatment or service.

PROVIDERS MUST USE THE MALOCCLUSION INDEX TO EVALUATE THE NEED FOR ORTHODONTIC TREATMENT OF ND MEDICAID RECIPIENTS.

The [Health Tracks Comprehensive Orthodontic Screening](#) form (SFN 61) is available online at <http://www.nd.gov/eforms>.

The SFN 61 form must be completed in its entirety when submitting for service authorization. The form must be signed in ink, by the screener, dated the date the orthodontia screening took place, and the name and Medicaid ID number should match the service authorization request.

The Orthodontic Screening Guide can be found online at www.ndhealth.gov/oralhealth/orthodontics.htm.

GENERAL TIPS FOR BILLING

1. Bill usual and customary charges for each service.
2. It is important that all pertinent blocks on the claim form be completed. Omission of data may result in claim processing denials, delays or return of the claim.
3. Insure that all information on a claim form is **LEGIBLE**.
4. All monetary amounts must be entered without dollar signs, decimal points, or spaces. The amounts must be shown as dollars and cents. EX: Twenty dollars would be shown as 2000.
5. Strive for accuracy. Careful erasing is acceptable. Correction tapes can be used. Do not overlap information from one column to another. **DO NOT USE RED PEN, INK OR HIGHLIGHTERS.**
6. All dates entered should be entered as MMDDCCYY (month, day, year). EX: January 1, 2010 should be shown as 01012010. Do not use hyphens, dashes, or spaces between segments.
7. Claims **MUST** be filed with the Department within one year from the date of service.
8. For unspecified services use code D9999 and attach a report.
9. PLEASE CHECK BLOCK 1, DENTIST'S STATEMENT OF ACTUAL SERVICES TO DIFFERENTIATE THE BILLING FORM FROM THE PRETREATMENT ESTIMATE FORM.
10. Insurance payments must be deducted from the total charges billed in the appropriate block and an Explanation of Benefits (EOB) must be sent with the claim or claim will be denied.
11. If billing for a service that was service authorized, the authorization number must be on the claim or the claim will be denied.
12. If a claim spans to two forms please label each page (ex. Page 1 of 2 and Page 2 of 2).

GENERAL TIPS FOR VOIDING AND REPLACING A CLAIM

ADA - Dental Claim Form Instructions April 2017

Replacing a Claim

A claim replacement may be submitted to modify a previously paid claim. Timely filing limits apply. To submit a claim replacement, complete the claim form fields below:

- Field 35: Enter the Resubmission Code of 7 and then enter the claim's Transaction Control Number (TCN) or Internal Control Number (ICN).
 - If replacing a claim processed in the ND Health Enterprise MMIS, enter the 17-digit TCN for the previously processed claim.
 - If replacing a claim processed in the ND Legacy MMIS insert the century code in the 3rd and 4th positions of the ICN. Enter the 15-digit ICN for the previously processed claim.

Example:

Legacy ICN: 1015015320010

Replaced Legacy ICN: 102015015320010

Voiding a Claim

Voiding a claim reverses a previously processed Medicaid claim. Timely filing limits apply. To submit a claim void, complete the claim form fields below:

- Field 35: Enter the Resubmission Code of 8 and then enter the claim's Transaction Control Number (TCN) or Internal Control Number (ICN).
 - If voiding a claim processed in the ND Health Enterprise MMIS, enter the 17-digit TCN for the previously processed claim.
 - If voiding a claim processed in the ND Legacy MMIS insert the century code in the 3rd and 4th positions of the ICN. Enter the 15-digit ICN for the previously processed claim.

Example:

Legacy ICN: 1015015320010

Replaced Legacy ICN: 102015015320010

AUTOMATED VOICE RESPONSE SYSTEM (AVRS)

The North Dakota Medicaid Automated Voice Response System (AVRS) permits enrolled providers to readily access detailed information on a variety of topics using a touch-tone telephone. AVRS options available include:

- ▽ Member Inquiry
- ▽ Payment Inquiry
- ▽ Service Authorization Inquiry
- ▽ Claims Status

AVRS Access Telephone Numbers (available 24/7)
Toll Free: 877-328-7098
Local: 701-328-7098

Providers are granted access to the Automated Voice Response System (AVRS) by entering the new ND Health Enterprise MMIS issued 7-digit provider Medicaid ID number. A six-digit PIN number is also required for verification and access to secure information. One PIN number is assigned to each Medicaid ID number.

| Touch Tone Phone Entry | Function |
|-------------------------------|---|
| * | Repeat the options |
| 9 (nine) | Return to main menu |
| 0 (zero) | Transfer to Provider Call Center (M-F 8am – 5pm CT) –or- Leave voicemail message (after hours, holidays, and weekends) |

Callers may choose to exit the AVR system at any point to speak with a Provider Call Center customer service representative. The call center is available during regular business hours from 8am to 5pm Central Time, Monday through Friday, and observes the same holidays as the State of North Dakota. Providers may also elect to leave a voicemail message at any time when the call center is not available. Except during heavy call times, provider voice mail messages will be responded to in the order received on the following business day during regular business hours.

| AVRS Options | Secondary Selections |
|--|--|
| Option 1: Member Inquiry | Callers may select any of the following options: <ul style="list-style-type: none"> ▪ Eligibility/Recipient Liability ▪ Primary Care Provider (PCP) ▪ Coordinated Services Program (CSP) enrollment ▪ Third Party Liability (TPL) ▪ Vision ▪ Dental ▪ Service Authorizations |
| Option 2: Payment | Remittance Advice payment information is available for the specific time frame entered. |
| Option 3: Claims Status | Claim information is available based upon the Member ID number entered, including: <ul style="list-style-type: none"> ▪ TCN (Transaction Control Number) ▪ Billed Amount ▪ Claim Submit Date ▪ Date(s) of Service ▪ Claim Status (paid, denied, suspended) ▪ Paid Amount (if applicable) |
| Option 4: Service Authorization Inquiry | Service Authorization information is available based upon the Member ID number entered, including: <ul style="list-style-type: none"> ▪ Service Authorization (SA) Number ▪ Date(s) of Service ▪ Authorization Status |

FEES

Fee schedules can be accessed by clicking on the following link:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>

GENERAL PRINCIPLES OF DENTAL RECORD DOCUMENTATION

1. The dental record should be complete and legible.
2. The dental record should include:
 - a. Patient name and demographic information (patient name must be identified on each page)
 - b. Medical and dental history, including medication prescription history
 - c. Progress and treatment notes
 - d. Diagnostic records and radiographs
 - e. Treatment plan
 - f. Patient complaints and resolutions
3. The information in the dental record should be dated, signed and handwritten in ink by the person rendering the service. It can also be computer printed.
4. Appropriate health risk factors should be identified.
5. The patient's progress, response to and changes in treatment and revision of diagnosis should be documented.
6. The information contained in the dental record should not contain many abbreviations.
7. The identifying practitioner should be clearly noted in the dental record.
8. The CPT, CDT and ICD-10 codes reported on the CMS-1500 claim form, ADA dental claim form or UB-04 claim form must be supported by the documentation in the dental record.
9. Any services rendered in the outpatient hospital or ambulatory surgical center must be supported by an operative report showing medical necessity of the services performed.

Source: ada.org

CDT CODE ON DENTAL PROCEDURES AND NOMENCLATURE

| <u>CATEGORY OF SERVICE</u> | <u>CODE SERIES</u> |
|--------------------------------------|---------------------------|
| I. Diagnostic | D0100-D0999 |
| II. Preventive | D1000-D1999 |
| III. Restorative | D2000-D2999 |
| IV. Endodontics | D3000-D3999 |
| V. Periodontics | D4000-D4999 |
| VI. Prosthodontics, removable | D5000-D5899 |
| VII. Maxillofacial Prosthetics | D5900-D5999 |
| VIII. Oral and Maxillofacial Surgery | D7000-D7999 |
| XI. Orthodontics | D8000-D8999 |
| XII. Adjunctive General Services | D9000-D9999 |

PROCEDURES WITH TIME LIMITATIONS

The following procedures are limited as to the frequency they are paid for by the North Dakota Medicaid program. Exceptions may be granted by our dental consultant based on medical necessity. Providers must submit a service authorization request form prior to treatment and indicate the medical reason.

| | | |
|------------------------------------|---|-----------------------------|
| D0120, D0145, D0150, D0160 & D0180 | Child | 2 per year |
| D0120, D0150, D0160 & D0180 | Adult | 1 per year only |
| D0330 | panoramic radiographic image - child | Once per 5 years |
| D0330 | panoramic radiographic imagine - adult | Once per 5 years |
| D1110 & D4910 | prophylaxis - adult | 1 per year |
| D1110, D1120 & D4910 | prophylaxis - child | 2 per year |
| D1206 | topical application of fluoride varnish | two times per year under 21 |
| D1208 | topical application of fluoride - excluding varnish | two times per year |
| D5110 & D5120 | replacement dentures | Once per 7 years |
| D5130 | immediate denture - maxillary | Lifetime of limit of 1 |
| D5140 | immediate denture – mandibular | Lifetime of limit of 1 |
| D5211-D5283 | partial dentures | Once per 7 years |
| D5730-D5761 | reline of immediate/emergency denture | 1 per year |
| | reline of other dentures | Once per 2 years |
| D5820 & D5821 | flippers | Once per 7 years |

Restrictions/limits for certain codes are identified by the symbols “*” immediately following the code number.

EXPLANATION OF SYMBOLS

- ◆ Requires service authorization
- * Frequency limits
- ^ Service covered for individuals under 21 years of age only
- ✦ These codes are included with extractions and cannot be billed separately.

BILLING CODES

Providers must bill their usual and customary charges.

I. D0100 – D0999 DIAGNOSTIC

| Clinical Oral Examinations | |
|-----------------------------------|--|
| Code | Description |
| D0120 * | periodic oral examination – established patient |
| D0140 | limited oral evaluation – problem focused |
| D0145* | oral evaluation for a patient under three years of age and counseling with primary caregiver |
| D0150 * | comprehensive oral evaluation - new or established patient |
| D0160 * | detailed and extensive oral evaluation – problem focused, by report |
| D0170 | re-evaluation – limited, problem focused (established patient; not post-operative visit) |
| D0171 | re-evaluation – post-operative office visit |
| D0180* | comprehensive periodontal evaluation – new or established patient |
| Radiographs | |
| D0210 | intraoral – complete series of radiographic images |
| D0220 | intraoral – periapical first radiographic image |
| D0230 | intraoral – periapical each additional radiographic image (max of 5) |
| D0240 | intraoral – occlusal radiographic image (max of 2) |
| D0270 | bitewing – single radiographic image |
| D0272 | bitewings – two radiographic images |
| D0273 | bitewings – three radiographic images |
| D0274 | bitewings – four radiographic images |
| D0322 | tomographic survey |
| D0330 * | panoramic radiographic image – 1 every 5 years |
| D0340 ^ | 2D cephalometric radiographic image – acquisition, measurement and analysis. |
| D0364 | cone beam CT capture and interpretation with limited field of view – less than one whole jaw |
| D0365 | cone beam CT capture and interpretation with field view of one full dental arch - mandible |
| D0366 | cone beam CT capture and interpretation with field view of one full dental arch – maxilla, with or without cranium |
| D0367 | cone beam CT capture and interpretation with field view of both jaws; with or without cranium |

| | |
|--|--|
| D0368 | cone beam CT capture and interpretation for TMJ series including two or more exposures |
| D0369 ♦ | maxillofacial MRI capture and interpretation |
| D0383 ▲♦ | cone beam CT image capture with field of view of both jaws, with or without cranium |
| Tests and Laboratory Examinations | |
| D0460 ♦ | pulp vitality tests |
| D0470 ♦ | diagnostic casts |

II. D1000 – D1999 PREVENTIVE

| | |
|---|--|
| Dental Prophylaxis | |
| Code | Description |
| D1110 * | prophylaxis – adult – 1 per year (permanent dentition) |
| D1120 * ▲ | prophylaxis – child – 2 per year |
| Topical Fluoride Treatment | |
| Code | Description |
| D1206 * ▲ | topical application of fluoride varnish |
| D1208 * | topical application of fluoride – excluding varnish |
| Other Preventive Services | |
| Code | Description |
| D1351 ▲ | sealant – per tooth |
| D1352 ▲ | preventative resin restoration in a moderate to high caries risk patient – permanent tooth |
| D1353 ▲ | sealant repair – per tooth |
| D1354 | interim carries arresting medicament application |
| D1575 ▲ | distal shoe space maintainer – fixed – unilateral; under 21 only |
| Space Maintenance (Passive Appliances) | |
| Code | Description |
| D1510▲ | space maintainer – fixed, unilateral - per quadrant |
| D1516 | space maintainer – fixed – bilateral, maxillary |
| D1517 | space maintainer – fixed – bilateral, mandibular |
| D1520▲ | space maintainer – removable – unilateral – per quadrant |
| D1526 | space maintainer – removable – bilateral, maxillary |
| D1527 | space maintainer – removable – bilateral, mandibular |
| D1551 | re-cement or re-bond bilateral space maintainer - maxillary |
| D1552 | re-cement or re-bond bilateral space maintainer - mandibular |
| D1553 | re-cement or re-bond unilateral space maintainer – per quadrant |
| D1556 | removal of fixed unilateral space maintainer – per quadrant |
| D1557 | removal of fixed bilateral space maintainer – maxillary |
| D1558 | removal of fixed bilateral space maintainer – mandibular |

III. D2000 - D2999 RESTORATIVE

* Overlapping surfaces are not allowed

| Amalgam Restorations (Including Polishing) | |
|--|---|
| Code | Description |
| D2140 | amalgam – one surface, primary or permanent |
| D2150 | amalgam – two surfaces, primary or permanent |
| D2160 | amalgam – three surfaces, primary or permanent |
| D2161 | amalgam – four or more surfaces, primary or permanent |
| Resin-Based Composite Restorations – Direct | |
| Code | Description |
| D2330 | resin-based composite – one surface, anterior |
| D2331 | resin-based composite – two surfaces, anterior |
| D2332 | resin-based composite – three surfaces, anterior |
| D2335 | resin-based composite – four or more surfaces or involving incisal angle (anterior) |
| D2390 [▲] | resin-based composite crown, anterior |
| D2391 | resin-based composite – one surface, posterior |
| D2392 | resin-based composite – two surfaces, posterior |
| D2393 | resin-based composite – three surfaces, posterior |
| D2394 | resin-based composite – four or more surfaces, posterior |
| Crowns – Single Restorations Only | |
| X-Rays and SA required on all crowns except stainless steel | |
| Code | Description |
| D2710 ♦ | crown – resin-based composite (indirect) |
| D2720 ♦ | crown – resin with high noble metal |
| D2721 ♦ | crown – resin with predominantly base metal |
| D2722 ♦ | crown – resin with noble metal |
| D2740 ♦ | crown – porcelain/ceramic substrate |
| D2750 ♦ | crown – porcelain fused to high noble metal |
| D2751 ♦ | crown – porcelain fused to predominantly base metal |
| D2752 ♦ | crown – porcelain fused to noble metal |
| D2780 ♦ | crown – ¾ cast noble metal |
| D2790 ♦ | crown – full cast high noble meta |
| D2791 ♦ | crown – full cast predominantly base metal |
| D2792 ♦ | crown – full cast noble metal |
| ** No permanent crowns for primary teeth ** | |
| Other Restorative Services | |
| Code | Description |
| D2910 | re-cement or rebond inlay, onlay, veneer or partial coverage restoration |
| D2920 | re-cement or rebond crown |
| D2921 [▲] | reattachment of tooth fragment, incisal edge or cusp |
| D2930 | prefabricated stainless steel crown – primary tooth |
| D2931 | prefabricated stainless steel crown – permanent tooth |
| D2932 [▲] | prefabricated resin crown |
| D2933 | prefabricated stainless steel crown with resin window |
| D2934 [▲] | prefabricated esthetic coated stainless steel crown – primary tooth |
| D2940 | protective restoration |

| | |
|---------|---|
| D2950 ♦ | core buildup, including any pins when required |
| D2951 | pin retention – per tooth, in addition to restoration (5 per tooth) |
| D2952 ♦ | post and core in addition to crown, indirectly fabricated |
| D2954 ♦ | prefabricated post and core in addition to crown |
| D2955 ▲ | post removal |

IV. D3000 - D3999 ENDODONTICS

| | |
|--|---|
| Pulp Capping | |
| Code | Description |
| D3110 | pulp cap – direct (excluding final restoration) |
| Pulpotomy | |
| Code | Description |
| D3220 ▲ | therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament |
| D3221 ▲ | pulpal debridement, primary and permanent teeth |
| Endodontic Therapy on Primary Teeth | |
| Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling | |
| Code | Description |
| D3230 ▲ | pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) |
| D3240 ▲ | pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) |
| Endodontic Therapy (Including Treatment Plan, Clinical Procedures, Follow-Up Care) | |
| Includes primary teeth without succedaneous teeth and permanent teeth. Apicoectomy is not intended for routine treatment, but will be reviewed on a case-by-case basis, where such apicoectomies will result in greater cost effectiveness. | |
| Code | Description |
| D3310 ♦ | endodontic therapy, anterior tooth (excluding final restoration) |
| D3320 ▲ | endodontic therapy, premolar tooth (excluding final restoration) |
| D3330 ▲ | endodontic therapy, molar tooth (excluding final restoration) |
| D3331 ♦ | treatment of root canal obstruction; non-surgical access |
| D3333 ♦ | internal root repair of perforation defects |
| D3346 ♦ | retreatment of previous root canal therapy – anterior |
| D3347 ▲ | retreatment of previous root canal therapy – premolar |
| D3348 ▲ | retreatment of previous root canal therapy – molar |
| D3351 ▲ | apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) |
| D3352 ▲ | apexification/recalcification – interim medication replacement |
| D3353 ▲ | apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) |
| D3410 ♦ | apicoectomy – anterior |
| D3430 ♦ | retrograde filling – per root |

V. D4000 - D4999 PERIODONTICS

* D4341, D4342 and D4910 – the medical record must reflect a probing depth of 5 millimeters or greater in order to be considered medically necessary. The depth chart must be no more than 1 year old and the name and date of service must be legible.

| Code | Description |
|-----------------------------------|---|
| D4210 ♦ | gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4211 ♦ | gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4212 ♦ ▲ | gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth; under 21 only |
| D4341 ♦ | periodontal scaling and root planning – four or more contiguous teeth per quadrant (SA for adults only) |
| D4342 ♦ | periodontal scaling and root planning – one to three teeth per quadrant (SA for adults only) |
| D4346 ♦ | scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation |
| D4355 | full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit |
| Other Periodontal Services | |
| Code | Description |
| D4910 * | periodontal maintenance |

VI. D5000 - D5899 PROSTHODONTICS (REMOVABLE)

| <p>Complete Dentures (Including Routine Post Delivery Care) There is a 7-year time limitation to replace dentures. All dentures do require SA. ALL claims for replacement dentures must indicate the age of the current denture and the reason for replacement on the SA.</p> | |
|--|---|
| Code | Description |
| D5110 ♦ | complete denture – maxillary |
| D5120 ♦ | complete denture – mandibular |
| D5130 ♦ | immediate denture – maxillary; lifetime limit of 1 |
| D5140 ♦ | immediate denture – mandibular; lifetime limit of 1 |
| <p>Partial Dentures (Including Routine Post Delivery Care) There is a seven-year time limitation on replacement partial dentures. Replacement of partial dentures before the 7-year time limit requires prior approval. ALL claims for replacement partial dentures must indicate the age of the current partial denture and the reason for replacement. We do not cover missing posterior teeth. For adults, partial dentures must include at least one anterior tooth.</p> | |
| Code | Description |
| D5211 ♦ | maxillary partial denture – resin base (including retentive clasping materials, rests) |
| D5212 ♦ | mandibular partial denture – resin base (including retentive clasping materials, rests and teeth) |
| D5213 ♦ | maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |

| | |
|---------|--|
| D5214 ♦ | mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5221 ♦ | immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5222 ♦ | immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5223 ♦ | immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5224 ♦ | immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5225 ♦ | maxillary partial denture – flexible base (including any clasps, rests and teeth) |
| D5226 ♦ | mandibular partial denture – flexible base (including any clasps, rests and teeth) |
| D5282 ♦ | removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary |
| D5283 ♦ | removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular |
| D5284 ♦ | removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant |
| D5286 ♦ | removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant |

Adjustments to Dentures

| Code | Description | |
|-------|--------------------------------------|--------------------|
| D5410 | adjust complete denture – maxillary | limit two per year |
| D5411 | adjust complete denture – mandibular | limit two per year |
| D5421 | adjust partial denture – maxillary | limit two per year |
| D5422 | adjust partial denture – mandibular | limit two per year |

Repairs to Complete Dentures

| Code | Description |
|-------|---|
| D5511 | repair broken complete denture base, mandibular |
| D5512 | repair broken complete denture base, maxillary |
| D5520 | replace missing or broken teeth – complete denture (each tooth) * if more than 4 teeth an SA is required. |

| Repairs to Partial Dentures | |
|-----------------------------|--|
| Code | Description |
| D5611 | repair resin partial denture base, mandibular |
| D5612 | repair resin partial denture base, maxillary |
| D5621 | repair cast partial framework, mandibular |
| D5622 | repair cast partial framework, maxillary |
| D5630 | repair or replace broken retentive clasping materials – per tooth * If more than 4 teeth a SA is required. |
| D5640 | replace broken teeth – per tooth * If more than 4 teeth a SA is required. |
| D5650 | add tooth to existing partial denture * If more than 4 teeth a SA is required. |
| D5660 | add clasp to existing partial denture – per tooth * If more than 4 teeth an SA is required. |

| Denture Rebase Procedures | |
|--|---|
| If a denture is rebased a complete denture would not be approved for 7 years from rebase date of service. | |
| Code | Description |
| D5710 ♦ | rebase complete maxillary denture |
| D5711 ♦ | rebase complete mandibular denture |
| D5720 ♦ | rebase maxillary partial denture |
| D5721 ♦ | rebase mandibular partial denture |
| Denture Reline Procedures | |
| There is a one-year time limitation on dentures. EXCEPTIONS on time limitations may be granted based on medical necessity PTAR required and medical reason indicated. | |
| Code | Description |
| D5730 | reline complete maxillary denture (chairside) |
| D5731 | reline complete mandibular denture (chairside) |
| D5740 | reline maxillary partial denture (chairside) |
| D5741 | reline mandibular partial denture (chairside) |
| D5750 | reline complete maxillary denture (laboratory) |
| D5751 | reline complete mandibular denture (laboratory) |
| D5760 | reline maxillary partial denture (laboratory) |
| D5761 | reline mandibular partial denture (laboratory) |
| Interim Prosthesis (Temporary) | |
| Code | Description |
| D5820 ♦ | interim partial denture (maxillary) – flipper once per 7 years |
| D5821 ♦ | interim partial denture (mandibular) – flipper once per 7 years |
| Other Removable Prosthetic Services | |
| Maxillofacial prosthetics section requires a service authorization. | |
| Code | Description |
| D5850 | tissue conditioning, maxillary |
| D5851 | tissue conditioning, mandibular |
| D5863 ♦ | overdenture – complete maxillary |
| D5864 ♦ | overdenture – partial maxillary |
| D5865 ♦ | overdenture – complete mandibular |
| D5866 ♦ | overdenture – partial mandibular |
| D5876 ♦ | add metal substructure to acrylic full denture (per arch) |
| D5986 ♦ | fluoride gel carrier |

VII. D6000 – D6199 IMPLANT SERVICES

| Implants | |
|-----------------|--|
| Code | Description |
| D6096 ♦ | remove broken implant retaining screw |
| D6930 | re-cement or re-bond fixed partial denture |

VIII. D7000 - D7999 ORAL AND MAXILLOFACIAL SURGERY

| Extractions (Includes Local Anesthesia, Suturing, If Needed, And Routine Post Operative Care) | |
|--|---|
| Code | Description |
| D7111 | extraction, coronal remnants – primary tooth |
| D7140 | extraction, erupted tooth or exposed root (evaluation and/or forceps removal) |
| Surgical Extractions (Includes Local Anesthesia Suturing, If Needed, And Routine Post Operative Care) | |
| Code | Description |
| D7210 | extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated |
| D7220 | removal of impacted tooth – soft tissue |
| D7230 | removal of impacted tooth – partially bony |
| D7240 | removal of impacted tooth – completely bony |
| D7241 | removal of impacted tooth – completely bony, with unusual surgical complications |
| D7250 | removal of residual tooth roots (cutting procedure) |
| Other Surgical Procedures | |
| Code | Description |
| D7260 | oroantral fistula closure |
| D7261 | primary closure of a sinus perforation |
| D7270 | tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth |
| D7280 | exposure of an unerupted tooth |
| D7283 | placement of device to facilitate eruption of impacted tooth |
| D7285 | incisional biopsy of oral tissue – hard (bone, tooth) |
| D7286 | incisional biopsy of oral tissue – soft |
| D7290 | surgical repositioning of teeth |
| D7291 | transseptal fiberotomy/supra crestal fiberotomy, by report |
| D7296 | corticotomy – one to three teeth or tooth spaces, per quadrant |
| D7297 | corticotomy – four or more teeth or tooth spaces, per quadrant |

| Alveoloplasty – Surgical Preparation of Ridge For Dentures | |
|---|--|
| Code | Description |
| D7310 | alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant |
| D7311 | alveoloplasty in conjunction with extractions, one to three teeth or tooth spaces, per quadrant |
| D7320 | alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant |
| D7321 | alveoloplasty not in conjunction with extractions, one to three teeth or tooth spaces, per quadrant |
| Vestibuloplasty | |

| Code | Description |
|---|---|
| D7340 | vestibuloplasty – ridge extension (secondary epithelialization) |
| D7350 | vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) |
| Surgical Excision of Soft Tissue Lesions | |
| Code | Description |
| D7410 | excision of benign lesion up to 1.25 cm (1 quadrant per day) |
| D7411 | excision of benign lesion greater than 1.25 cm |
| D7412 | excision of benign lesion, complicated |
| D7413 | excision of malignant lesion up to 1.25 cm |
| D7414 | excision of malignant lesion greater than 1.25 cm |
| D7415 | excision of malignant lesion, complicated |
| Surgical Excision of Intra-Osseous Lesions | |
| Code | Description |
| D7440 | excision of malignant tumor – lesion diameter up to 1.25 cm |
| D7441 | excision of malignant tumor – lesion diameter greater than 1.25 cm |
| D7450 | removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm |
| D7451 | removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm |
| D7460 | removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm |
| D7461 | removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm |
| Excision of Bone Tissue | |
| Code | Description |
| D7471 | removal of lateral exostosis (maxilla or mandible) |
| D7472 | removal of torus palatinus |
| D7473 | removal of torus mandibularis |
| D7485 ♦ | reduction of osseous tuberosity |

| Surgical Incision | |
|--------------------------|---|
| Code | Description |
| D7510 | incision and drainage of abscess – intraoral soft tissue |
| D7511 | incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) |
| D7520 | incision and drainage of abscess – extraoral soft tissue |
| D7521 | incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces) |
| D7530 | removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue |

| | |
|--|--|
| D7540 ♦ | removal of reaction producing foreign bodies, musculoskeletal system |
| D7550 ♦ | partial ostectomy/sequestrectomy for removal of non-vital bone |
| D7560 ♦ | maxillary sinusotomy for removal of tooth fragment or foreign body |
| Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions | |
| Code | Description |
| D7810 thru D7899 | must be submitted on SA and written report prior to treatment |
| D7910 ✦ | suture of recent small wounds up to 5 cm |
| D7911 ✦ | complicated suture – up to 5 cm |
| D7912 ✦ | complicated suture – greater than 5 cm |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site |
| D7960 ♦ | frenulectomy – also known as frenectomy or frenotomy – separate procedures not incidental to another procedure |
| D7963 ♦ | frenuloplasty |
| D7970 ♦ | excision of hyperplastic tissue – per arch |
| D7971 ♦ | excision of pericoronal gingiva |
| D7999 ♦ | unspecified oral surgery procedure, by report |
| ✦ These codes are included with extractions | |

IX. D8000 - D8999 ORTHODONTICS – under 21 only

| | |
|--|---|
| Interceptive Orthodontic Treatment | |
| Code | Description |
| D8060 ♦ | interceptive orthodontic treatment of the transitional dentition |
| Comprehensive Orthodontic Treatment | |
| Code | Description |
| D8070 ♦ | comprehensive orthodontic treatment of the transitional dentition |
| D8080 ♦ | comprehensive orthodontic treatment of the adolescent dentition |
| D8090 ♦ | comprehensive orthodontic treatment of the adult dentition |
| Minor Treatment to Control Harmful Habits | |
| Code | Description |
| D8210 ♦ | removable appliance therapy |
| D8220 ♦ | fixed appliance therapy |
| Other Orthodontic Services | |
| Code | Description |
| D8660 | pre-orthodontic treatment examination to monitor growth and development |
| D8681 | removable orthodontic retainer adjustment included in delivery of service unless over 1 year old or was made by another dentist |

| | |
|---|--|
| D8695 ▲ | removal of fixed orthodontic appliances for reasons other than completion of treatment |
| D8696 | repair of orthodontic appliance – maxillary |
| D8697 | repair of orthodontic appliance – mandibular |
| D8698 | re-cement or re-bond fixed retainer - maxillary |
| D8699 | re-cement or re-bond fixed retainer – mandibular |
| D8701 | repair of fixed retainer, includes reattachment - maxillary |
| D8702 | repair of fixed retainer, includes reattachment - mandibular |
| D8703 | replacement of lost or broken retainer - maxillary |
| D8704 | replacement of lost or broken retainer - mandibular |
| <ul style="list-style-type: none"> D8070 & D8080 are included in this code | |

X. D9000 - D9999 ADJUNCTIVE GENERAL SERVICES

| ANESTHESIA GUIDELINES | |
|-----------------------------------|--|
| *Please refer to guideline above. | |
| Code | Description |
| D9110 | palliative (emergency) treatment of dental pain – minor procedure |
| Anesthesia | |
| Code | Description |
| D9210 | local anesthesia not in conjunction with operative or surgical procedure |
| D9211 | regional block anesthesia |
| D9212 | trigeminal division block anesthesia |
| D9215 | local anesthesia in conjunction with operative or surgical procedures |
| D9222 | deep sedation/general anesthesia – first 15 minutes |
| D9223 | deep sedation/general anesthesia – each subsequent 15 minute increment |
| D9230 | inhalation of nitrous oxide/analgesia, anxiolysis |
| D9239 | intravenous moderate (conscious) sedation/analgesia – first 15 minutes |
| D9243 | intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment |
| Professional Consultation | |
| Code | Description |
| D9310 | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician (telephone consult not covered. If the consulting provider provides the treatment, it will be considered a referral; no consultation fee will be allowed). |
| Professional Visits | |
| Code | Description |
| D9410 | house/extended care facility call |
| D9420 | hospital or ambulatory surgical center |
| D9440 | office visit – after regularly scheduled hours (requires description) |

| Drugs | |
|--------------|--|
| Code | Description |
| D9610 | therapeutic parenteral drug, single administration |

| | |
|-------------------------------|---|
| D9612 | therapeutic parenteral drugs, two or more administrations, different medications |
| D9613 | infiltration of sustained release therapeutic drug – single or multiple sites |
| Miscellaneous Services | |
| Code | Description |
| D9910 | application of desensitizing medicament |
| D9920 ♦ | behavior management, by report (D.D. patients only; if medically necessary) |
| D9930 | treatment of complications (post-surgical) – unusual circumstances, by report |
| D9943 | occlusal guard adjustment. Included in delivery of service unless is over 1 year old or was made by another dentist |
| D9944 | occlusal guard - hard appliance, full arch – 1 per year |
| D9945 | occlusal guard - soft appliance, full arch – 1 per year |
| D9946 | occlusal guard - hard appliance, partial arch – 1 per year |
| D9950 ♦ ▲ | occlusion analysis – mounted case |
| D9951 ♦ ▲ | occlusal adjustment – limited by report |
| D9952 ♦ ▲ | occlusal adjustment – complete by report |
| D9995 | teledentistry – synchronous; real-time encounter |
| D9999 ♦ | unspecified adjunctive procedure, by report |

- ♦ Requires service authorization
- * Frequency limits
- ▲ Service covered for individuals under 21 years of age only
- ✦ These codes are included with extractions and cannot be billed separately.

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