

As required by Executive Order 2009-22, effective for dates of service on and after 07/01/2009, coverage of dental services for beneficiaries age 21 and older is limited to the following emergent/urgent services for the relief of pain and/or infection.

Procedure Code	Short Description
D0140	Limited oral evaluation-problem focused
D0220	Intraoral, periapical, first film
D0230	Intraoral, periapical, each additional film
D7140	Extraction, erupted tooth or exposed root
D7210	Extraction of tooth, erupted
D7220	Extraction of tooth, soft tissue impaction
D7230	Extraction of tooth, partial bony impaction
D7240	Extraction of tooth, complete bony impaction
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7510	Incision and Drainage (intraoral soft tissue)
D9999	Unspecified, adjunctive procedure, by report

Only these services are covered for beneficiaries age 21 and older (including nursing facility residents) unless a beneficiary has a prior authorization on file on or before 06/30/2009. Only prior authorization requests received on or before 06/30/09 will be processed. (per bulletin MSA 09-28)

 = Update - 8/1/2010

PROCEDURE CODES	DESCRIPTION	Covered Benefit CSHCS Only	Covered Benefit (Under 21)	Covered Benefit (21 & Over)	Prior Authorization Required	Report tooth/Number on Claim	Report Tooth Surface on Claim	Report Area of Oral Cavity	Documentation Required w/Claim	Age	Frequency	Fee Under Age 19	Fee Age 19 & Over	CSHCS only Fee
DIAGNOSTIC SERVICES														
CLINICAL ORAL EXAMINATIONS														
D0120	Periodic Oral Examination		X	X						0-99	1 in 6 months	14.89	14.89	
D0140	Limited Oral Evaluation-Problem-focused		X	X								14.89	14.89	
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver		X							0-2	1 in 6 months	14.89		
D0150	Comprehensive Oral Evaluation- New or Established Patient		X	X						0-99	1 in 6 months	18.90	14.89	
RADIOGRAPHS														
D0210	Intraoral - complete series (including Bitewings)		X	X							1 in 5 years	40.95	25.62	
D0220	Intraoral, periapical, first film		X	X								3.63	3.63	
D0230	Intra-oral-periapical, ea. Additional film		X	X								3.15	3.15	
D0240	Intraoral-occlusal film		X									13.23	6.96	
D0270	Bitewing- single film		X	X								10.29	6.93	
D0272	Bitewing radiographs –two films		X	X							1 in 12 months	12.60	9.35	
D0273	Bitewing radiographs-three films		X	X							1 in 12 months	15.12	11.69	
D0274	Bitewing radiographs – four films		X	X							1 in 12 months	17.64	14.02	
D0330	Panoramic film		X	X							1 in 5 years	17.56	17.56	
D0340	Cephalometric Film	X												28.39
PREVENTIVE SERVICES														
DENTAL PROPHYLAXIS														
D1110	Prophylaxis-Adult		X	X						14 and over	1 per 6 months	27.72	22.10	
D1120	Prophylaxis-Child		X							0-13	1 per 6 months	19.53		
FLUORIDE TREATMENTS														
D1203	Topical application of fluoride-child		X							1-15	1 per 6 months	13.23		

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D1206	Topical Fluoride Varnish; therapeutic application for moderate to high caries risk patients		X							0-2	4 per 12 months	9.00		
D1206	Topical Fluoride Varnish; therapeutic application for moderate to high caries risk patients		X							3-15	1 per 6 months	13.23		
	SEALANTS													
D1351	Sealant, per tooth		X			X				5-15		15.12		
	SPACE MAINTAINERS													
D1510	Space maintainer-Fixed, unilateral		X					X		Up thru age 12	1 in 2 years per quadrant	110.25		
D1515	Space maintainer-Fixed, bilateral		X					X		Up thru age 12	1 in 2 years per arch	173.25		
D1550	Recementation of Space maintainer		X					X				21.42		
D1555	Removal of fixed space maintainer		X					X		Up thru age 12		21.42		
	RESTORATIVE TREATMENT													
	AMALGAM RESTORATIONS													
D2140	Amalgam - one surface, primary or permanent		X	X		X	X					38.22	15.59	
D2150	Amalgam - two surfaces, primary or permanent		X	X		X	X					48.41	31.21	
D2160	Amalgam - three surfaces, primary or permanent		X	X		X	X					60.12	41.22	
D2161	Amalgam - four or more surfaces, primary or permanent		X	X		X	X					69.93	48.45	
	RESIN RESTORATIONS													
D2330	Resin - one surface, anterior		X	X		X	X					46.94	25.62	
D2331	Resin - two surfaces, anterior		X	X		X	X					60.48	36.77	
D2332	Resin - three surfaces, anterior		X	X		X	X					74.13	49.02	
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)		X	X		X	X					98.28	59.05	
D2390	Resin-based Composite Crown, Anterior		X			X	X					154.75	131.25	
D2391	Resin-based composite, one surface, posterior		X	X		X	X					38.23	15.59	
D2392	Resin-based composite, two surfaces, posterior		X	X		X	X					48.41	31.21	

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D2393	Resin-based composite, three surfaces, posterior		X	X		X	X					60.12	41.22	
D2394	Resin-based composite, four or more surfaces, posterior		X	X		X	X					66.52	48.45	
CROWNS														
D2710	Crown- Resin-based composite (Indirect)		X		X	X						232.05	175.49	
D2712	Crown-3/4 Resin-based composite (Indirect)		X		X	X						232.05	175.49	
D2740	Crown-Porcelain/ceramic substrate	X			X	X								432.92
D2750	Crown-Porcelain fused high noble metal	X			X	X								411.60
D2751	Crown-Porcelain fused to predominantly base metal	X			X	X								393.23
D2752	Crown-Porcelain fused to noble metal	X			X	X								404.25
D2790	Crown full cast high noble metal	X			X	X								404.25
D2791	Crown full cast predominantly base metal	X			X	X								363.83
D2792	Crown full cast noble metal	X			X	X								367.50
D2794	Crown-Titanium	X			X	X								367.50
D2799	Provisional crown	X			X	X								232.05
OTHER RESTORATIVE SERVICES														
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration		X	X		X						11.69	11.69	
D2915	Recement Cast or Prefabricated Post and Core		X			X						11.69	11.69	
D2920	Recement Crown		X	X		X						11.69	11.69	
D2930	Prefab. Stainless Steel Crown-primary		X			X						84.00	46.80	
D2931	Prefab. Stainless Steel crown-permanent		X			X						85.62	85.62	
D2933	Prefabricated stainless steel crown with resin window		X			X						90.83		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown-Primary Tooth		X			X						90.83		
D2940	Sedative filling		X			X						11.69	11.69	
D2950	Core Buildup, including any pins		X			X						116.13	116.13	
D2951	Pin retention-per tooth, addition to restoration		X	X		X						22.79	22.79	
D2952	Cast post and core in addition to crown		X			X						155.82	155.82	
D2954	Prefabricated post and core in addition to crown		X			X						150.68	150.68	
D2999	Unspecified restorative procedure, by report	X	X	X	X	X			X			0.01	0.01	
ENDODONTICS														

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PULP CAPPING														
D3110	Pulp cap - direct (excluding final restoration)		X			X						18.38	12.82	
PULPOTOMY														
D3220	Therapeutic Pulpotomy (excluding final restoration)		X			X				Up thru age 12		66.15		
D3221	Pulpal Debridement, Primary and Permanent Teeth		X			X				Up thru age 12		66.15		
D3222	Partial pulpotomy for apexogenesis-permanent tooth w/incomplete root development		X			X				5-20		66.15	35.10	
ROOT CANAL THERAPY														
D3230	Pulpal therapy, anterior, primary		X			X				0-7		102.77		
D3240	Pulpal therapy, posterior, primary		X			X				0-12		102.77		
D3310	Anterior (excluding final restoration)		X			X						239.40	134.54	
D3320	Bicuspid (excluding final restoration)		X			X						283.50	157.93	
D3330	Molar root canal (excluding final restoration)		X			X						378.00	204.73	
D3351	Apexification-intial visit		X			X				0-12		63.21		
D3352	Apexification/recalcification –interim medication replacement		X			X				0-12		63.21		
D3353	Apexification-final visit		X			X				0-12		404.25		
PERIAPICAL SERVICES														
D3410	Apicoectomy - anterior		X			X						312.90	81.89	
D3421	Apicoectomy – bicuspid (first root)		X			X						349.13		
D3425	Apicoectomy – molar (first root)		X			X						374.85		
D3426	Apicoectomy – (each additional root)		X			X						374.85		
D3430	Retrograde filling - per root		X			X						73.50		
D3999	Unspecified endodontic procedure, by report		X			X			X			0.01	0.01	
PERIODONTICS														
D4355	Full mouth debridement		X	X						14 and over	1 per 12 months	43.26	43.26	
PROSTHODONTICS, REMOVABLE														
COMPLETE DENTURES														
D5110	Complete Denture-Maxillary		X	X	X						1 per 5 years	341.25	341.25	

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D5120	Complete Denture-Mandibular		X	X	X						1 per 5 years	341.25	341.25	
D5130	Immediate Denture-Maxillary		X	X	X						1 per 5 years	341.25	341.25	
D5140	Immediate Denture-Mandibular		X	X	X						1 per 5 years	341.25	341.25	
PARTIAL DENTURES														
D5211	Maxillary partial denture, resin base		X	X	X						1 per 5 years	157.93	157.93	
D5212	Mandibular partial denture, resin base		X	X	X						1 per 5 years	157.93	157.93	
D5213	Maxillary partial denture, cast metal framework with resin denture bases		X	X	X						1 per 5 years	380.22	380.22	
D5214	Mandibular partial denture, cast metal framework with resin denture bases		X	X	X						1 per 5 years	380.22	380.22	
D5225	Maxillary partial denture-flexible base (including any clasps, rests and teeth)		X	X	X						1 per 5 years	157.93	157.93	
D5226	Mandibular partial denture-flexible base (including any clasps, rests and teeth)		X	X	X						1 per 5 years	157.93	157.93	
ADJUSTMENTS														
D5410	Complete denture adjustment -maxillary		X	X								36.75	36.75	
D5411	Complete denture adjustment -mandibular		X	X								36.75	36.75	
D5421	Partial denture adjustment - maxillary		X	X								36.75	36.75	
D5422	Partial denture adjustment - mandibular		X	X								36.75	36.75	
REPAIRS TO COMPLETE DENTURES														
D5510	Repair broken complete denture base		X	X								66.15	66.15	
D5520	Replace missing or broken teeth-complete denture (each tooth)		X	X		X						70.35	70.35	
REPAIRS TO PARTIAL DENTURES														
D5610	Repair resin denture base		X	X								66.15	66.15	
D5620	Repair cast framework		X	X								70.35	70.35	
D5630	Repair or replace broken clasp		X	X								89.24	89.24	
D5640	Replace broken teeth-per tooth		X	X		X						63.00	63.00	
D5650	Add tooth to existing partial denture		X	X		X						70.35	70.35	
D5660	Add clasp to existing partial denture		X	X								99.75	99.75	

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REBASE AND RELINING														
D5710	Rebase complete maxillary denture		X	X								146.24	146.24	
D5711	Rebase complete mandibular denture		X	X								146.24	146.24	
D5720	Rebase maxillary partial denture		X	X								87.74	87.74	
D5721	Rebase mandibular partial denture		X	X								87.74	87.74	
D5730	Reline complete maxillary denture (chairside)		X	X							1 in 2 years	66.15	66.15	
D5731	Reline complete mandibular denture (chairside)		X	X							1 in 2 years	66.15	66.15	
D5740	Reline maxillary partial denture (chairside)		X	X							1 in 2 years	66.15	66.15	
D5741	Reline mandibular partial denture (chairside)		X	X							1 in 2 years	66.15	66.15	
D5750	Reline complete maxillary denture (laboratory)		X	X							1 in 2 years	105.85	105.85	
D5751	Reline complete mandibular denture (laboratory)		X	X							1 in 2 years	105.85	105.85	
D5760	Reline maxillary partial denture (laboratory)		X	X							1 in 2 years	116.99	116.99	
D5761	Reline mandibular partial denture (laboratory)		X	X							1 in 2 years	116.99	116.99	
OTHER PROSTHETIC SERVICES														
D5810	Interim complete denture (maxillary)		X		X							146.24	146.24	
D5811	Interim complete denture (mandibular)		X		X							146.24	146.24	
D5820	Interim partial denture (maxillary)		X		X							105.28	105.28	
D5821	Interim partial denture (mandibular)		X		X							105.28	105.28	
D5899	Not otherwise classified prosthetic procedures		X	X					X			0.01		
PROSTHODONTICS, FIXED														
BRIDGE PONTICS														
D6053	Implant/Abutment supported removable denture for completely edentulous arch	X			X									0.01
D6054	Implant/Abutment supported removable denture for partially edentulous arch	X			X									0.01
D6094	Abutment Supported Crown (Titanium)	X			X	X								0.01
D6194	Abutment Supported Retainer Crown for FPD-(Titanium)	X			X	X								0.01

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D6205	Pontic-Indirect Resin Based Composite	X			X	X								232.05
D6210	Pontic –cast high noble metal	X			X	X								396.90
D6211	Pontic-cast predominantly base metal	X			X	X								382.20
D6212	Pontic-cast noble metal	X			X	X								389.55
D6214	Pontic-Titanium	X			X	X								422.63
D6240	Pontic-porcelain fused to high noble metal	X			X	X								422.63
D6241	Pontic-porcelain fused to predominantly base metal	X			X	X								374.85
D6242	Pontic-porcelain fused to noble metal	X			X	X								393.23
D6245	Pontic – porcelain/ceramic	X			X	X								417.90
D6253	Provisional Pontic	X			X									232.05
	CROWNS													
D6710	Crown-Indirect Resin Based composite	X			X	X								232.05
D6740	Porcelain/ceramic	X			X	X								417.90
D6750	Porcelain fused to high noble metal	X			X	X								422.63
D6751	Porcelain fused to predominantly base metal	X			X	X								374.85
D6752	Porcelain fused to noble metal	X			X	X								393.23
D6790	Full cast - high noble metal	X			X	X								396.90
D6791	Full cast- predominantly base metal	X			X	X								382.20
D6792	Full cast - noble metal	X			X	X								385.88
D6793	Provisional Retainer Crown	X			X	X								232.05
D6794	Crown-Titanium	X			X	X								422.63
	OTHER FIXED PROSTHETIC SERVICES													
D6930	Recement fixed partial denture		X	X								28.61	28.61	
D6970	Cast post and core in addition to fixed partial denture retainer	X			X	X								168.00
D6971	Cast post as part of fixed partial denture retainer	X			X	X								147.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	X			X	X								128.63
D6973	Core build up for retainer, including any pins	X			X	X								102.90
D6980	Fixed partial denture repair, by report	X			X									0.01
	ORAL SURGERY													
	SIMPLE EXTRACTIONS													

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D7111	Extractions, Coronal Remnants-deciduous tooth		X			X						23.39	23.39	
D7140	Extraction, erupted tooth or exposed root (Elevation and/or forceps removal)		X	X		X						44.47	25.62	
SURGICAL EXTRACTIONS														
D7210	Extraction of tooth, erupted		X	X		X						99.23	33.43	
D7220	Extraction of tooth, soft tissue impaction		X	X		X						117.60	52.65	
D7230	Extraction of tooth, partial bony impaction		X	X		X						158.03	87.74	
D7240	Extraction of tooth, complete bony impaction		X	X		X						190.37	116.99	
D7250	Surgical removal of residual tooth roots (cutting procedure)		X	X		X						43.37	23.39	
OTHER SURGICAL PROCEDURES														
D7260	Oroantral fistula closure		X	X								257.25	257.25	
D7261	Primary closure of a sinus perforation		X	X								171.50	171.50	
D7270	Tooth replantation and/or stabilization		X			X						147.00	147.00	
D7280	Surgical access of an unerupted tooth	X				X								176.40
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	X				X								120.40
D7283	Placement of device to facilitate eruption of impacted tooth	X				X								120.40
D7310	Alveoplasty per quadrant, in conj. with extractions		X	X				X				99.23	99.23	
D7320	Alveoplasty per quadrant -not in conjunctions with extractions		X	X				X				124.95	124.95	
D7471	Removal of lateral exostosis (maxilla or mandible)		X	X				X				87.74	87.74	
D7472	Removal of Torus Palatinus		X	X								113.58	113.58	
D7473	Removal of Torus Mandibularis		X	X								113.58	113.58	
D7485	Surgical reduction of osseous tuberosity		X	X				X				113.58	113.58	
D7510	Incision and Drainage (intraoral soft tissue)		X	X								9.46	9.46	
D7970	Excision of hyperplastic tissue – per arch		X	X				X				113.58	113.58	
D7971	Excision of pericoronal gingiva		X	X		X						55.13	55.13	
D7972	Surgical reduction of fibrous tuberosity		X	X				X				87.74	87.74	
D7999	Unspecified oral surgery procedure, by report		X	X	X				X			0.01	0.01	
ADJUNCTIVE GENERAL SERVICES														
UNCLASSIFIED TREATMENT														
D9110	Palliative treatment		X									13.92	13.92	

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ANESTHESIA														
D9220	Deep Sedation/General Anesthesia – first 30 minutes		X	X								81.11	81.11	
D9221	Deep Sedation/General Anesthesia – each additional 15 minutes		X	X								40.56	40.56	
D9241	IV Conscious Sedation/analgesia- first 30 minutes		X	X								81.11	81.11	
D9242	IV Conscious Sedation/analgesia – each additional 15 minutes		X	X								40.56	40.56	
D9248	Non-intravenous Conscious Sedation		X							0-5		40.56	40.56	
PROFESSIONAL VISITS														
D9310	Consultation (service rendered by provider other than dentist providing treatment)		X	X								29.24	29.24	
D9420	Hospital Calls		X	X								150.00	150.00	
MISCELLANEOUS SERVICES														
D9930	Complication (post surgical - unusual circumstances)		X	X								17.56	17.56	
ORTHODONTICS														
OTHER ORTHODONTIC SERVICES														
D8050	Interceptive orthodontic treatment of the primary dentition	X			X					0-9				1260.00
D8060	Interceptive orthodontic treatment of the transitional dentition	X			X					5-14				1470.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	X			X					5-14				1460.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	X			X					10-17				1775.00
D8090	Comprehensive orthodontic treatment of the adult dentition	X			X					17-20				1880.00
D8660	Pre-orthodontic treatment visit	X												107.09
D8670	Periodic orthodontic treatment visit (as part of Contract)	X			X						1 PA request every 6 months			600.00
D8692	Replacement of lost or broken retainer	X			X						2 per lifetime			78.75
D8999	Unspecified orthodontic procedure, by report	X			X				X					0.01

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