

## Coverage, Limitations and Prior Authorization Requirements for the Nevada Medicaid and Nevada Check Up Dental Program

- Updated April 21, 2017 -

In the following table:

**00** = Prior authorization is not required for EPSDT/Healthy Kids and for adult emergency services.

**01** = Prior authorization is required.

**02** = Prior authorization is required. Covered services are for 1) adjacent/abutment tooth for partials or 2) for a pregnancy-related service (recipients age 21 years or older).

**NC** = This code is not a covered benefit.

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Code	Short Description and Coverage	Service for Persons Up to Age 21	Pregnancy-Related Service	Service for Persons Age 21 Years and Older	Service Limits
<b>DIAGNOSTIC AND PREVENTIVE (D0120-D1575)</b>					
D0120	PERIODIC ORAL EVALUATION	00	00	NC	1 service unit per 11 rolling months.
D0140	LIMIT ORAL EVAL PROBLM FOCUS	00	00	00	3 service units per 6 rolling months
D0145	ORAL EVALUATION PT < 3YRS	00 - 6 months up to the age of 3 years	NC	NC	1 service unit per 6 rolling months.
D0150	COMPREHENSVE ORAL EVALUATION	00	00	NC	1 service unit per 12 rolling months
D0160	EXTENSV ORAL EVAL PROB FOCUS	00	00	00	1 service unit per 6 rolling months
D0170	RE-EVAL,EST PT,PROBLEM FOCUS	00	00	00	1 service unit per 6 rolling months
D0190	SCREENING OF A PATIENT	00	00	00	1 service unit per 6 rolling months
D0191	ASSESSMENT OF A PATIENT	00	00	00	1 service unit per 6 rolling months
D0210	INTRAORAL COMPLETE SERIES OF RADIOGRAPHIC IMAGES	00	00	00	1 service unit (one complete series) per 12 rolling months. D0210 may not be billed on the same date of service as D0220 and/or D0230. Use code D0210 when providing 14 or more intraoral exams on the same date of service.
D0220	INTRAORAL PERIAPICAL FIRST FILM	00	00	00	1 service unit per 12 rolling months. D0220 may not be billed on the same date of service as D0210.

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D0230	INTRAORAL PERIAPICAL EA ADD FILM	00	00	00	12 units per rolling year D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and /or D0230 may be billed within any rolling year.
D0240	INTRAORAL OCCLUSAL FILM	00	00	00	2 units per 12 rolling months
D0270	DENTAL BITEWING SINGLE FILM	00	00	00	1 unit per 6 months
D0272	DENTAL BITEWINGS TWO FILMS	00	00	00	1 unit per 6 months
D0273	BITEWINGS - THREE FILMS	00	00	00	1 unit per 6 months
D0274	DENTAL BITEWINGS FOUR FILMS	00	00	00	1 unit per 6 months
D0277	VERT BITEWINGS-SEV TO EIGHT	00	00	00	1 unit per 6 months
D0290	DENTAL FILM SKULL/FACIAL BON	00	00	00	1 unit per 6 months
D0322	DENTAL TOMOGRAPHIC SURVEY	00	00	00	1 unit per 6 months
D0330	DENTAL PANORAMIC FILM	00	00	00	1 service unit per 3 years
D0340	DENTAL CEPHALOMETRIC FILM	00	00	00	1 unit per 36 months
D0350	ORAL/FACIAL PHOTO IMAGES	00	00	00	1 service unit per 12 rolling months
D0362	CONE BEAM TWO DIMENSIONAL	00	00	00	1 unit per 6 months
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	00	00	00	1 service unit per 6 months
D0415	COLLECTION OF MICROORGANISMS	00	00	00	1 unit per 6 months
D0416	VIRAL CULTURE	00	00	00	1 unit per 6 months
D0460	PULP VITALITY TEST	00	00	00	1 service unit per patient, per day, same provider
D0470	DIAGNOSTIC CASTS	00	NC	NC	1 service unit per 12 rolling months
D0502	OTHER ORAL PATHOLOGY PROCEDU	00	00	00	1 service unit per 12 rolling months
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN AND CEMENTUM	00	00	00	1 service unit per 6 months
D1110	DENTAL PROPHYLAXIS ADULT	NC	02	NC	1 unit per 6 months
D1120	DENTAL PROPHYLAXIS CHILD	00	NC	NC	1 unit per 6 months
D1206	TOPICAL FLUORIDE VARNISH	00	02	NC	1 unit per 6 months
D1208	TOPICAL APP FLUORID EX VRNSH	00	02	NC	1 unit per 6 months

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D1351	DENTAL SEALANT PER TOOTH	00	NC	NC	Once in a lifetime
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH	00	NC	NC	Once in a lifetime per tooth
D1353	SEALANT REPAIR - PER TOOTH	00	NC	NC	Once in a lifetime per tooth
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - SILVER DIAMIDE FLUORIDE APPLICATION	00	NC	NC	1 service unit per 6 months per tooth
D1510	SPACE MAINTAINER FXD UNILAT	00	NC	NC	4 units any provider and 2 units per 12 months
D1515	FIXED BILAT SPACE MAINTAINER	00	NC	NC	4 units any provider and 2 units per 12 months
D1520	REMOVE UNILAT SPACE MAINTAIN	00	NC	NC	4 units any provider and 2 units per 12 months
D1525	REMOVE BILAT SPACE MAINTAIN	00	NC	NC	4 units any provider and 2 units per 12 months
D1550	RECEMENT SPACE MAINTAINER	00	NC	NC	2 units per lifetime
D1555	REMOVE FIX SPACE MAINTAINER	00	NC	NC	1 unit per lifetime
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL	00	NC	NC	4 units any provider and 2 units per 12 months
<b>RESTORATIVE</b>					
<b>(D2140- D2980)</b>					
D2140	AMALGAM ONE SURFACE PERMANEN	00	02	02	1 unit per 36 months per tooth
D2150	AMALGAM TWO SURFACES PERMANE	00	02	02	1 unit per 36 months per tooth
D2160	AMALGAM THREE SURFACES PERMA	00	02	02	1 unit per 36 months per tooth
D2161	AMALGAM 4 OR > SURFACES PERM	00	02	02	1 unit per 36 months per tooth
D2330	RESIN ONE SURFACE-ANTERIOR	00	02	02	1 unit per 36 months per tooth
D2331	RESIN TWO SURFACES-ANTERIOR	00	02	02	1 unit per 36 months per tooth
D2332	RESIN THREE SURFACES-ANTERIO	00	02	02	1 unit per 36 months per tooth
D2335	RESIN 4/> SURF OR W INCIS AN	00	02	02	1 unit per 36 months per tooth
D2390	ANT RESIN-BASED CMPST CROWN	00	02	02	1 unit per 36 months per tooth
D2391	POST 1 SRFC RESINBASED CMPST	00	02	02	1 unit per 36 months per tooth
D2392	POST 2 SRFC RESINBASED CMPST	00	02	02	1 unit per 36 months per tooth
D2393	POST 3 SRFC RESINBASED CMPST	00	02	02	1 unit per 36 months per tooth
D2394	POST >=4SRFC RESINBASE CMPST	00	02	02	1 unit per 36 months per tooth
D2712	CROWN 3/4 RESIN-BASED COMPOS	00	02	02	1 unit per 36 months per tooth
D2721	CROWN RESIN W/ BASE METAL	00	02	02	Once in a lifetime per tooth
D2740	CROWN PORCELAIN/CERAMIC SUBS	00	02	02	Once in a lifetime per tooth
D2751	CROWN PORCELAIN FUSED BASE M	00	02	02	Once in a lifetime per tooth
D2781	CROWN 3/4 CAST BASE METAL	00	02	02	Once in a lifetime per tooth
D2791	CROWN FULL CAST BASE METAL	00	02	02	Once in a lifetime per tooth

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D2910	RECEMENT INLAY ONLY OR PART	00	01	01	1 unit per 12 months per tooth
D2915	RECEMENT CAST OR PREFAB POST	00	NC	NC	Once in a lifetime per tooth
D2920	DENTAL RECEMENT CROWN	00	00	00	1 unit per 12 months per tooth
D2929	PREFABRICATED PORCELAIN / CERAMIC CROWN - PRIMARY TOOTH	00	NC	NC	Once in a lifetime per tooth
D2930	PREFAB STNLSS STEEL CRWN PRI	00	02	02	1 unit per 36 months per tooth
D2931	PREFAB STNLSS STEEL CROWN PE	00	02	02	Once in lifetime per tooth
D2932	PREFABRICATED RESIN CROWN	00	02	02	1 unit per 36 months per tooth
D2933	PREFAB STAINLESS STEEL CROWN	00	02	02	1 unit per 36 months per tooth
D2940	DENTAL SEDATIVE FILLING	00	00	00	2 units per 6 months per tooth
D2950	CORE BUILD-UP INCL ANY PINS	00	02	02	1 unit per 36 months per tooth
D2951	TOOTH PIN RETENTION	00	02	02	2 units per 36 months per tooth
D2952	POST AND CORE CAST + CROWN	00	02	02	Once in a lifetime per tooth
D2953	EACH ADDTNL CAST POST	00	02	02	Once in a lifetime per tooth
D2954	PREFAB POST/CORE + CROWN	00	02	02	Once in a lifetime per tooth
D2955	POST REMOVAL	00	02	02	Once in a lifetime per tooth
D2957	EACH ADDTNL PREFAB POST	00	02	02	Once in a lifetime per tooth
D2960	LAMINATE LABIAL VENEER	01	02	02	Once in a lifetime per tooth
D2961	LAB LABIAL VENEER RESIN	01	02	02	Once in a lifetime per tooth
D2962	LAB LABIAL VENEER PORCELAIN	01	02	02	Once in a lifetime per tooth
D2970	TEMPORARY CROWN [FRACTURED TOOTH]	00	NC	NC	Once in a lifetime per tooth
D2975	COPING	00	NC	NC	Once in a lifetime per tooth
D2980	CROWN REPAIR	00	02	02	Once in a lifetime per tooth
<b>ENDODONTICS (D3110-D3950)</b>					
D3110	PULP CAP DIRECT	00	NC	NC	1 unit per 36 months per tooth
D3120	PULP CAP INDIRECT	00	NC	NC	1 unit per 36 months per tooth
D3220	THERAPEUTIC PULPOTOMY	00	NC	NC	1 unit per 36 months per tooth
D3222	PART PULP FOR APEXOGENESIS	00	NC	NC	Once in a lifetime per tooth
D3230	PULPAL THERAPY ANTERIOR PRIM	00	NC	NC	Once in a lifetime per tooth
D3240	PULPAL THERAPY POSTERIOR PRI	00	NC	NC	Once in a lifetime per tooth
D3310	END THXPY, ANTERIOR TOOTH	00	NC	NC	Once in a lifetime per tooth
D3320	END THXPY, BICUSPID TOOTH	00	NC	NC	Once in a lifetime per tooth
D3330	END THXPY, MOLAR	00	NC	NC	Once in a lifetime per tooth
D3351	APEXIFICATION/RECALC INITIAL	00	NC	NC	Once in a lifetime per tooth

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D3352	APEXIFICATION/RECALC INTERIM	00	NC	NC	Once in a lifetime per tooth
D3353	APEXIFICATION/RECALC FINAL	00	NC	NC	Once in a lifetime per tooth
D3410	APICOECT perIRAD SURG ANTER	00	NC	NC	Once in a lifetime per tooth
D3421	ROOT SURGERY BICUSPID	00	NC	NC	Once in a lifetime per tooth
D3425	ROOT SURGERY MOLAR	00	NC	NC	Once in a lifetime per tooth
D3426	ROOT SURGERY EA ADD ROOT	00	NC	NC	Once in a lifetime per tooth
D3430	RETROGRADE FILLING	00	NC	NC	Once in a lifetime per tooth - multiple roots may be claimed; you must submit a paper claim if multiple roots are involved on the same tooth
D3450	ROOT AMPUTATION	00	NC	NC	Once in a lifetime per tooth
D3460	ENDODONTIC ENDOSSEOUS IMPLAN	00	NC	NC	Once in a lifetime per tooth
D3920	TOOTH SPLITTING	00	NC	NC	Once in a lifetime per tooth
D3950	CANAL PREP/FITTING OF DOWEL	00	NC	NC	Once in a lifetime per tooth
<b>PERIODONTICS (D4210-D4910)</b>					
D4210	GINGIVECTOMY/PLASTY PER QUAD	00	02	NC	4 units per 60 months
D4211	GINGIVECTOMY/PLASTY PER TOOT	00	02	NC	4 units per 60 months
D4230	ANA CROWN EXP 4 OR> PER QUAD	00	NC	NC	4 units per 60 months
D4231	ANA CROWN EXP 1-3 PER QUAD	00	NC	NC	4 units per 60 months
D4240	GINGIVAL FLAP PROC W/ PLANIN	00	NC	NC	4 units per 60 months
D4241	GNGVL FLAP W ROOTPLAN 1-3 TH	00	NC	NC	4 units per 60 months
D4249	CROWN LENGTHEN HARD TISSUE	00	NC	NC	4 units per 60 months
D4260	OSSEOUS SURGERY PER QUADRANT	00	NC	NC	4 units per 60 months
D4261	OSSEOUS SURGL-3TEETHPERQUAD	00	NC	NC	4 units per 60 months
D4263	BONE REPLCE GRAFT FIRST SITE	00	NC	NC	4 units per 60 months
D4264	BONE REPLCE GRAFT EACH ADD	00	NC	NC	4 units per 60 months
D4265	BIO MTRLS TO AID SOFT/OS REG	00	NC	NC	4 units per 60 months
D4266	GUIDED TISS REGEN RESORBLE	00	NC	NC	4 units per 60 months
D4267	GUIDED TISS REGEN NONRESORB	00	NC	NC	4 units per 60 months
D4270	PEDICLE SOFT TISSUE GRAFT PR	00	NC	NC	4 units per 60 months
D4271	FREE SOFT TISSUE GRAFT PROC	00	NC	NC	4 units per 60 months
D4273	SUBEPITHELIAL TISSUE GRAFT	00	NC	NC	4 units per 60 months
D4274	DISTAL/PROXIMAL WEDGE PROC	00	NC	NC	4 units per 60 months
D4320	PROVISION SPLNT INTRACORONAL	00	NC	NC	4 units per 60 months
D4321	PROVISIONAL SPLINT EXTRACORO	00	NC	NC	4 units per 60 months
D4341	PERIODONTAL SCALING & ROOT	00	02	NC	4 units per 12 months
D4342	PERIODONTAL SCALING 1-3TEETH	00	02	NC	4 units per 12 months

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D4346	SCALING PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	00	02	NC	1 unit per 12 rolling months
D4355	FULL MOUTH DEBRIDEMENT	00	00	00	1 unit per 12 rolling months
D4381	LOCALIZED DELIVERY ANTIMICRO	00	NC	NC	1 unit per 12 rolling months
D4910	PERIODONTAL MAINT PROCEDURES	00	02	NC	1 unit per 3 months
<b>PROSTHODONTICS (D5110-D5899)</b>					
D5110	DENTURES COMPLETE MAXILLARY	00	00	00	1 unit per 60 months
D5120	DENTURES COMPLETE MANDIBLE	00	00	00	1 unit per 60 months
D5130	DENTURES IMMEDIAT MAXILLARY	00	00	00	1 unit per 60 months
D5140	DENTURES IMMEDIAT MANDIBLE	00	00	00	1 unit per 60 months
D5211	DENTURES MAXILL PART RESIN	00	00	00	1 unit per 60 months
D5212	DENTURES MAND PART RESIN	00	00	00	1 unit per 60 months
D5213	DENTURES MAXILL PART METAL	00	00	00	1 unit per 60 months
D5214	DENTURES MANDIBL PART METAL	00	00	00	1 unit per 60 months
D5410	DENTURES ADJUST CMPLT MAXIL	00	00	00	1 unit per 6 months
D5411	DENTURES ADJUST CMPLT MAND	00	00	00	1 unit per 6 months
D5421	DENTURES ADJUST PART MAXILL	00	00	00	1 unit per 6 months
D5422	DENTURES ADJUST PART MANDBL	00	00	00	1 unit per 6 months
D5510	DENTUR REPR BROKEN COMPL BAS	00	00	00	1 unit per 60 months
D5520	REPLACE DENTURE TEETH COMPLT	00	00	00	1 unit per 60 months
D5610	DENTURES REPAIR RESIN BASE	00	00	00	Contraindicated any provider, within 91 days
D5620	REP PART DENTURE CAST FRAME	00	00	00	Contraindicated any provider, within 91 days
D5630	REP PARTIAL DENTURE CLASP	00	00	00	Contraindicated any provider, within 91 days
D5640	REPLACE PART DENTURE TEETH	00	00	00	Contraindicated any provider, within 91 days
D5650	ADD TOOTH TO PARTIAL DENTURE	00	00	00	Contraindicated any provider, within 91 days
D5660	ADD CLASP TO PARTIAL DENTURE	00	00	00	Contraindicated any provider, within 91 days
D5670	REPLC TTH&ACRLC ON MTL FRMWK	≥14 yrs old =01	01	01	1 unit per 60 months
D5671	REPLC TTH&ACRLC MANDIBULAR	≥14 yrs old = 01	01	01	1 unit per 60 months
D5730	DENTURE RELN CMPLT MAXIL CH	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5731	DENTURE RELN CMPLT MAND CHR	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5740	DENTURE RELN PART MAXIL CHR	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months

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D5741	DENTURE RELN PART MAND CHR	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5750	DENTURE RELN CMLPT MAX LAB	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5751	DENTURE RELN CMLPT MAND LAB	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5760	DENTURE RELN PART MAXIL LAB	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5761	DENTURE RELN PART MAND LAB	00	00	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5820	DENTURE INTERM PART MAXILL	00	00	00	1 unit per 60 months
D5821	DENTURE INTERM PART MANDBL	00	00	00	1 unit per 60 months
D5850	DENTURE TISS CONDITN MAXILL	00	00	00	1 unit per year
D5851	DENTURE TISS CONDITN MANDBL	00	00	00	1 unit per year
D5862	PRECISION ATTACHMENT	01	01	01	1 unit per 60 months
D5899	REMOVABLE PROSTHODONTIC PROCEDURE (DENTURE IDENTIFICATION IMBEDDING)	00	00	00	2 units per 5 years
<b>MAXILLOFACIAL PROSTHETICS (D5931-D5988)</b>					
D5931	SURGICAL OBTURATOR	01	01	01	Once in a lifetime
D5932	POSTSURGICAL OBTURATOR	01	01	01	Once in a lifetime
D5933	REFITTING OF OBTURATOR	01	01	01	Once in a lifetime
D5936	TEMP OBTURATOR PROSTHESIS	01	01	01	Once in a lifetime
D5983	RADIATION APPLICATOR	01	01	01	1 unit per 12 rolling months
D5984	RADIATION SHIELD	01	01	01	1 unit per 12 rolling months
D5985	RADIATION CONE LOCATOR	01	01	01	1 unit per 12 rolling months
D5988	SURGICAL SPLINT	01	01	01	Once in a lifetime
<b>PROSTHODONTICS, FIXED (D6930)</b>					
D6930	DENTAL RECEMENT BRIDGE	00	00	00	Contraindicated any provider, within 91 days
<b>ORAL AND MAXILLOFACIAL SURGERY (D7111-D7998)</b>					
D7111	EXTRACTION, CORONAL REMNANTS	00	00	00	D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient,

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D7140	EXTRACTION ERUPTED TOOTH/EXR	00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7210	REM IMP TOOTH W MUCOPER FLP	00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7220	IMPACT TOOTH REMOV SOFT TISS	00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7230	IMPACT TOOTH REMOV PART BONY	00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7240	IMPACT TOOTH REMOV COMP BONY	00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7241	IMPACT TOOTH REM BONY W/COMP	00	00	00	Once in lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7250	TOOTH ROOT REMOVAL	00	00	00	Once in a lifetime. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.

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D7260	ORAL ANTRAL FISTULA CLOSURE	00	NC	NC	Contraindicated any provider, within 91 days
D7261	PRIMARY CLOSURE SINUS PERF	00	NC	NC	Contraindicated any provider, within 91 days. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7270	TOOTH REIMPLANTATION	00	NC	NC	Contraindicated any provider, within 91 days
D7280	EXPOSURE IMPACT TOOTH ORTHOD	00	00	00	Once in a lifetime, same tooth
D7283	PLACE DEVICE IMPACTED TOOTH	00	00	00	
D7285	BIOPSY OF ORAL TISSUE HARD	00	NC	NC	
D7286	BIOPSY OF ORAL TISSUE SOFT	00	NC	NC	
D7287	EXFOLIATIVE CYTOLOG COLLECT	00	00	00	
D7288	BRUSH BIOPSY	00	00	00	
D7290	REPOSITIONING OF TEETH	00	NC	NC	
D7291	TRANSSEPTAL FIBEROTOMY	00	00	00	
D7292	SCREW RETAINED PLATE	00	00	00	
D7293	TEMP ANCHORAGE DEV W FLAP	00	00	00	
D7294	TEMP ANCHORAGE DEV W/O FLAP	00	00	00	
D7310	ALVEOPLASTY W/ EXTRACTION	00	00	00	Four in a lifetime, contraindicated any provider within 3286 days
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	00	00	00	
D7320	ALVEOPLASTY W/O EXTRACTION	00	00	00	Four in a lifetime, contraindicated any provider within 3286 days
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	00	01	01	
D7410	RAD EXC LESION UP TO 1.25 CM	00	NC	NC	
D7411	EXCISION BENIGN LESION>1.25C	00	NC	NC	
D7412	EXCISION BENIGN LESION COMPL	00	01	01	
D7440	MALIG TUMOR EXC TO 1.25 CM	00	00	00	
D7441	MALIG TUMOR > 1.25 CM	00	00	00	
D7450	REM ODONTOGEN CYST TO 1.25CM	00	NC	NC	
D7451	REM ODONTOGEN CYST > 1.25 CM	00	NC	NC	
D7460	REM NONODONTO CYST TO 1.25CM	00	NC	NC	
D7461	REM NONODONTO CYST > 1.25 CM	00	NC	NC	
D7465	LESION DESTRUCTION	00	NC	NC	
D7472	REMOVAL OF TORUS PALATINUS	00	00	00	Twice in a lifetime
D7473	REMOVE TORUS MANDIBULARIS	00	00	00	Twice in a lifetime
D7490	MAXILLA OR MANDIBLE RESECTIO	01	01	01	
D7510	I&D ABSC INTRAORAL SOFT TISS	00	00	00	Incidental already part of another procedure

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D7511	INCISION/DRAIN ABSCESS INTRA	00	00	00	
D7520	I&D ABSCESS EXTRAORAL	00	00	00	Incidental already part of another procedure
D7521	INCISION/DRAIN ABSCESS EXTRA	00	00	00	
D7530	REMOVAL FB SKIN/AREOLAR TISS	00	00	00	
D7540	REMOVAL OF FB REACTION	00	00	00	
D7550	REMOVAL OF SLOUGHED OFF BONE	00	00	00	
D7560	MAXILLARY SINUSOTOMY	00	00	00	
D7610	MAXILLA OPEN REDUCT SIMPLE	00	00	00	
D7620	CLSD REDUCT SIMPL MAXILLA FX	00	00	00	
D7630	OPEN RED SIMPL MANDIBLE FX	00	00	00	
D7640	CLSD RED SIMPL MANDIBLE FX	00	00	00	
D7650	OPEN RED SIMP MALAR/ZYGOM FX	00	00	00	Once in a lifetime
D7660	CLSD RED SIMP MALAR/ZYGOM FX	00	00	00	Once in a lifetime
D7670	CLOSD RDUCTN SPLINT ALVEOLUS	00	00	00	
D7671	ALVEOLUS OPEN REDUCTION	00	00	00	
D7680	REDUCT SIMPLE FACIAL BONE FX	00	00	00	
D7710	MAXILLA OPEN REDUCT COMPOUND	00	00	00	
D7720	CLSD REDUCT COMPD MAXILLA FX	00	00	00	
D7730	OPEN REDUCT COMPD MANDBLE FX	00	00	00	
D7740	CLSD REDUCT COMPD MANDBLE FX	00	00	00	
D7750	OPEN RED COMP MALAR/ZYGMA FX	00	00	00	Once in a lifetime
D7760	CLSD RED COMP MALAR/ZYGMA FX	00	00	00	
D7770	OPEN REDUC COMPD ALVEOLUS FX	00	00	00	
D7771	ALVEOLUS CLSD REDUC STBLZ TE	00	00	00	
D7780	REDUCT COMPND FACIAL BONE FX	00	00	00	
D7810	TMJ OPEN REDUCT-DISLOCATION	01	01	01	
D7820	CLOSED TMP MANIPULATION	00	NC	00	
D7840	REMOVAL OF TMJ CONDYLE	00	NC	00	
D7850	TMJ MENISCECTOMY	00	NC	00	
D7852	TMJ REPAIR OF JOINT DISC	00	NC	00	
D7854	TMJ EXCISN OF JOINT MEMBRANE	00	NC	00	
D7858	TMJ RECONSTRUCTION	01	NC	01	
D7860	TMJ CUTTING INTO JOINT	00	NC	00	
D7865	TMJ RESHAPING COMPONENTS	00	NC	00	
D7870	TMJ ASPIRATION JOINT FLUID	00	NC	00	
D7872	TMJ DIAGNOSTIC ARTHROSCOPY	00	NC	00	
D7873	TMJ ARTHROSCOPY LYSIS ADHESN	00	NC	00	

Code	Short Description and Coverage	Service for Persons Up to Age 21	Pregnancy-Related Service	Service for Persons Age 21 Years and Older	Service Limits
D7874	TMJ ARTHROSCOPY DISC REPOSIT	00	NC	00	
D7875	TMJ ARTHROSCOPY SYNOVECTOMY	00	NC	00	
D7876	TMJ ARTHROSCOPY DISCECTOMY	00	NC	00	
D7877	TMJ ARTHROSCOPY DEBRIDEMENT	00	NC	00	
D7880	OCCLUSAL ORTHOTIC APPLIANCE	00	NC	00	
D7910	DENT SUTUR RECENT WND TO 5CM	00	00	00	
D7911	DENTAL SUTURE WOUND TO 5 CM	00	00	00	
D7912	SUTURE COMPLICATE WND > 5 CM	00	00	00	
D7940	RESHAPING BONE ORTHOGNATHIC	01	01	01	Once in a lifetime
D7941	BONE CUTTING RAMUS CLOSED	01	01	01	Once in a lifetime
D7943	CUTTING RAMUS OPEN W/GRAFT	01	01	01	Once in a lifetime
D7944	BONE CUTTING SEGMENTED	01	01	01	
D7945	BONE CUTTING BODY MANDIBLE	01	01	01	Once in a lifetime
D7946	RECONSTRUCTION MAXILLA TOTAL	01	01	01	Once in a lifetime
D7947	RECONSTRUCT MAXILLA SEGMENT	01	01	01	Once in a lifetime
D7948	RECONSTRUCT MIDFACE NO GRAFT	01	01	01	Once in a lifetime
D7949	RECONSTRUCT MIDFACE W/GRAFT	01	01	01	
D7951	SINUS AUG W BONE/BONE SUP	00	00	00	
D7953	BONE REPLACEMENT GRAFT	00	01	01	
D7955	REPAIR MAXILLOFACIAL DEFECTS	01	01	01	1 unit per 24 months
D7960	FRENULECTOMY/FRENULOTOMY	00	00	00	Three in a lifetime
D7963	FRENULOPLASTY	00	NC	NC	
D7970	EXCISION HYPERPLASTIC TISSUE	00	00	00	
D7971	EXCISION PERICORONAL GINGIVA	00	00	00	
D7980	SIALOLITHOTOMY	00	00	00	
D7981	EXCISION OF SALIVARY GLAND	00	00	00	
D7982	SIALODOCHOPLASTY	00	00	00	
D7983	CLOSURE OF SALIVARY FISTULA	00	00	00	
D7990	EMERGENCY TRACHEOTOMY	00	00	00	
D7991	DENTAL CORONOIDECTOMY	00	00	00	Once in a lifetime
D7996	IMPLANT MANDIBLE FOR AUGMENT	01	01	01	
D7998	INTRAORAL PLACE OF FIX DEV	00	00	00	
<b>ORTHODONTICS (D8010-D8693)</b>					
<b>ORTHODONTICS SERVICES ARE PAID AS AN ALL INCLUSIVE PAYMENT EXCLUDING CODE D8660</b>					
D8010	LIMITED DENTAL TX PRIMARY	01	NC	NC	
D8020	LIMITED DENTAL TX TRANSITION	01	NC	NC	Once in a lifetime
D8040	LIMITED DENTAL TX ADULT	01	NC	NC	

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D8080	COMPRES DENTAL TX ADOLESCENT	01	NC	NC	
D8090	COMPRES DENTAL TX ADULT	01	NC	NC	
D8210	ORTHODONTIC REM APPLIANCE TX	00	NC	NC	
D8220	FIXED APPLIANCE THERAPY HAPT	01	NC	NC	
D8660	PREORTHODONTIC TX VISIT	00	NC	NC	
D8670	PERIODIC ORTHODONTIC TX VISIT	01	NC	NC	
D8680	ORTHODONTIC RETENTION	01	NC	NC	
D8691	REPAIR ORTHO APPLIANCE	00	NC	NC	
D8693	REBOND/CEMENT/REPAIR RETAIN	01	NC	NC	
<b>ADJUNCTIVE GENERAL SERVICES (D9110-D9994)</b>					
D9110	TX DENTAL PAIN MINOR PROC	00	00	00	1 service unit per patient, per day, same provider, and 2 units per 6 months
D9120	FIX PARTIAL DENTURE SECTION	01	00	00	1 unit per 5 years
D9210	DENT ANESTHESIA W/O SURGERY	00	00	00	
D9212	TRIGEMINAL BLOCK ANESTHESIA	00	00	00	
D9215	LOCAL ANESTHESIA	00	00	00	
D9223	GENERAL ANESTHESIA, EACH 15 MIN	00	00	00	5 units per day
D9230	ANALGESIA	00	00	00	
D9243	IV SEDATION, EACH 15 MINUTES	00	00	00	5 units per day
D9248	SEDATION (NON-IV)	00	00	00	
D9310	DENTAL CONSULTATION	00	00	00	
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	00	00	00	1 unit per 6 months
D9410	DENTAL HOUSE CALL	00	00	00	
D9420	HOSPITAL CALL	00	00	00	
D9440	OFFICE VISIT AFTER HOURS	00	NC	NC	1 unit per 12 months
D9610	DENT THERAPEUTIC DRUG INJECT	00	00	00	1 unit per 12 months
D9612	THERA PAR DRUGS 2 OR > ADMIN	00	00	00	1 unit per 12 months
D9630	OTHER DRUGS/MEDICAMENTS	00	00	00	
D9930	TREATMENT OF COMPLICATIONS	00	00	00	1 service unit per 12 rolling months
D9940	DENTAL OCCLUSAL GUARD	01	NC	NC	1 unit per 36 months
D9942	REPAIR/RELINING OCCLUSAL GUARD	00	NC	NC	Once in a lifetime
D9950	OCCLUSION ANALYSIS	00	NC	NC	Once in a lifetime
D9951	LIMITED OCCLUSAL ADJUSTMENT	00	NC	NC	Once in a lifetime
D9952	COMPLETE OCCLUSAL ADJUSTMENT	00	NC	NC	Once in a lifetime

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D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	00	00	00	1 unit per 6 months
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	00	00	00	1 unit per 6 months
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	00	00	00	1 unit per 6 months
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	00	00	00	1 unit per 6 months
<b>CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES</b>					
88304	LEVEL III, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAM	00	02	NC	Once in a lifetime service limit. Must be provided by licensed pathologist. Must use modifier 26.
88305	LEVEL IV, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	00	02	NC	Once in a lifetime service limit. Must be provided by licensed pathologist. Must use modifier 26.
88307	LEVEL V, SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	00	02	NC	Once in a lifetime service limit. Must be provided by licensed pathologist. Must use modifier 26.
88311	DECALCIFICATION PROCEDURE	00	02	NC	Once in a lifetime service limit. Must be provided by licensed pathologist. Must use modifier 26.
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E.G., ACID FAST, METHENAMINE SILVER)	00	02	NC	Once in a lifetime service limit. Must be provided by licensed pathologist. Must use modifier 26.
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	00	02	NC	Once in a lifetime service limit. Must be provided by licensed pathologist. Must use modifier 26.
88160	CYTOPATHOLOGY, SCREENING AND INTERPRETATION. WITH MODIFIER 26 (PROFESSIONAL COMPONENT)	00	02	NC	Once in a lifetime service limit. Must be provided by licensed pathologist. Must use modifier 26.