

Dental Benefit Limitations & Authorization Guide

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TYPE	CDT Codes	Procedure Code Description	AUTH REQUIRED?	LIMITATIONS/NOTES
DIAGNOSTIC	D0120	Periodic oral evaluation – established patient	NO	Once every 6 months and after 6 months have elapsed following comprehensive oral eval (D0150), per provider. Not a benefit when provided on same DOS with: D0140, D0150, D0160, D0170, D9430 (office visit for observation during regularly scheduled hours and no other services performed)
DIAGNOSTIC	D0150	Comprehensive oral Evaluation – new or established patient	NO	Once per patient per provider for initial exam. After 36 months from last D0120 or D0150 per patient per provider. Not covered when provided on same DOS with D0140, D0160, D0170. D0120 and D9430 not covered when provided on same DOS as D0150.
DIAGNOSTIC	D0160	Detailed and extensive oral evaluation – problem focused, by report	NO	1. Written documentation for payment – shall include documentation of findings that supports the existence of one of the following: a. Dento-facial anomalies, b. Complicated perio-prosthetic conditions, c. Complex temporomandibular dysfunction, d. Facial pain of unknown origin, e. Severe systemic diseases requiring multi-disciplinary consultation. 2. A benefit once per patient per provider. 3. The following procedures are not a benefit when provided on the same date of service with D0160: a. Periodic oral evaluation – established patient (D0120), b. Limited oral evaluation – problem focused (D0140), c. Comprehensive oral evaluation- new or established patient (D0150), d. Re-evaluation-limited, problem focused (established patient; not post-operative visit) (D0170), e. Office visit for observation (during regularly scheduled hours-no other services performed (D9430).
DIAGNOSTIC	D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	NO	1. Written documentation for payment – shall include an evaluation and diagnosis justifying the medical necessity. 2. A benefit for the ongoing symptomatic care of temporomandibular joint dysfunction: a. Up to six times in a three-month period. b. Up to a maximum of 12 in a 12-month period. 3. This procedure is not a benefit when provided on the same date of service with a detailed and extensive oral evaluation (D0160). 4. The following procedures are not a benefit when provided on the same date of service with procedure D0170: a. Periodic oral evaluation – established patient (D0120), b. Limited oral evaluation – problem focused (D0140), c. Comprehensive oral evaluation-new or established patient (D0150), d. Office visit for observation (during regularly scheduled hours) – no other services performed (D9430).
DIAGNOSTIC	D0171	Re-evaluation post-operative office visit	NO	This procedure can only be billed as palliative (emergency) treatment of dental pain- minor procedure (D9110) or office visit for observation (during regularly scheduled hours) – no other services performed (D9430) and is not payable separately.
DIAGNOSTIC	D0180	Comprehensive periodontal evaluation – new or established patient	NO	This procedure can only be billed as comprehensive oral evaluation – new or established patient (D0150) and is not payable separately.
DIAGNOSTIC	D0210	Intraoral – complete series of radiographic images	NO	1. Submission of radiographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit; a. Once per provider every 36 months. b. Only for patients age 21-64 3. Not a benefit to the same provider within six months of bitewings (D0272 and D0274). 4. A complete series shall be at least: a. Ten (10) periapicals (D0230) and bitewings (D0272 or D0274), or b. Eight (8) periapicals (D0230), two (2) occlusals (D0240) and bitewings (D0272 or D0274), or c. A panoramic radiographic image (D0330) plus bitewings (D0272 or D0274) and a minimum of two (2) periapicals (D0230). 5. When multiple radiographs are taken on the same date of service, or if an intraoral-complete series of radiographic images (D0210) has been paid in the last 36 months, the maximum payment shall not exceed the total fee allowed for an intraoral complete series.
DIAGNOSTIC	D0220	Intraoral – periapical first radiographic image	NO	1. Submission of radiographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit to a maximum of 20 periapicals in a 12-month period by the same provider, in any combination of the following: intraoral-periapical first radiographic image (D0220) and intraoral – periapical each additional radiographic image (D0230). Periapicals taken as part of an intraoral-complete series of radiographic images (D0210) are not considered against the maximum of 20 periapicals in a 12-month period. 3. This procedure is payable once per provider per date of service. All additional periapicals shall be billed as intraoral-periapical each additional radiographic image (D0230). 4. Periapicals taken in conjunction with bitewings, occlusal or panoramic radiographs shall be billed as intraoral-periapical each additional radiographic image (D0230).
DIAGNOSTIC	D0230	Intraoral – periapical each additional radiographic image	NO	1. Submission of radiographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit to a maximum of 20 periapicals in a 12-month period to the same provider, in any combination of the following: intraoral-periapical first radiographic image (D0220) and intraoral – periapical each additional radiographic image (D0230). Periapicals taken as part of an intraoral complete series of radiographic images (D0210) are not considered against the maximum of 20 periapical films in a 12-month period. 3. Periapicals taken in conjunction with bitewings, occlusal or panoramic radiographs shall be billed as intraoral-periapical each additional radiographic image (D0230).
DIAGNOSTIC	D0240	Intraoral – occlusal radiographic image	NO	Max of 2 in a 6-month period per provider. If any film size other than 2 1/4" x 3" (57mm x 76mm) is used for an intraoral – occlusal radiographic image (D0240), it shall be billed as a intraoral-periapical first radiographic image (D0220) or intraoral- periapical each additional radiographic image (D0230) as applicable.

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DIAGNOSTIC	D0250	Extra-oral – 2D projection radiographic image created using a stationary Radiation source, and detector	NO	One per DOS. *Only payable for CMSP members age 21-64 who are not otherwise exempt when the procedure is appropriately rendered in conjunction with another FRADS (Federally required adult dental services).
DIAGNOSTIC	D0270	Bitewing – single radiographic image	NO	One per DOS. Not a benefit totally for edentulous area.
DIAGNOSTIC	D0272	Bitewings – two radiographic images	NO	Once every 6 months per provider. Not covered within 6 months of D0210 from same provider and not covered for totally edentulous area.
DIAGNOSTIC	D0273	Bitewings – three radiographic images	NO	Can only be billed as D0270 and D0272.
DIAGNOSTIC	D0274	Bitewings – four radiographic images	NO	Once every 6 months per provider. Not covered within 6 months of D0210 from same provider and not covered for totally edentulous area.
DIAGNOSTIC	D0277	Vertical bitewings – 7 to 8 radiographic images	NO	Can only be billed as D0274. Max payment is for 4 bitewings.
DIAGNOSTIC	D0310	Sialography	NO	Submit radiology report or radiograph(s) for payment.
DIAGNOSTIC	D0320	Temporomandibular joint Arthrogram, including injection	NO	A benefit for the survey of trauma or pathology and for a max of 3 per DOS.
DIAGNOSTIC	D0322	Tomographic survey	NO	1. Written documentation for payment-shall include the radiographic findings and diagnosis to justify the medical necessity. 2. The tomographic survey shall be submitted for payment. 3. A benefit twice in a 12-month period per provider. 4. This procedure shall include three radiographic views of the right side and three radiographic views of the left side representing the rest, open and closed positions.
DIAGNOSTIC	D0330	Panoramic radiographic image	NO	1. Submission of radiographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit once in a 36-month period per provider, except when documented as essential for a follow-up/ post-operative exam (such as after oral surgery). 3. Not a benefit, for the same provider, on the same date of service as an intraoral-complete series of radiographic images (D0210). 4. This procedure shall be considered part of an intraoral- complete series of radiographic images (D0210) when taken on the same date of service with bitewings (D0272 or D0274) and a minimum of two (2) intraoral-periapicals each additional radiographic image (D0230).
DIAGNOSTIC	D0340	2D Cephalometric radiographic image – Acquisition, measurement and analysis	NO	1. Submission of radiographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit once in a 24-month period per provider.
DIAGNOSTIC	D0350	2D Oral/Facial photographic image obtained intra-orally or extra orally	NO	1. Photographs shall be submitted, with the claim or Treatment Authorization Request (TAR) for the procedure that it supports, for payment. 2. A benefit up to a maximum of four per date of service. 3. Not a benefit when used for patient identification, multiple views of the same area, treatment progress and post-operative photographs. 4. Photographs shall be necessary for the diagnosis and treatment of the specific clinical condition of the patient that is not readily apparent on radiographs. 5. Photographs shall be of diagnostic quality, labeled with the date the photograph was taken, the provider's name, the provider's billing number, the patient's name and with the tooth/quadrant/area (as applicable) clearly indicated. 6. This procedure is included in the fee for pre-orthodontic treatment visit (D8660) and comprehensive orthodontic treatment of the adolescent dentition (D8080) and is not payable separately.
DIAGNOSTIC	D0460	Pulp vitality tests	NO	This procedure is included in the fees for diagnostic, restorative, endodontic and emergency procedures and is not payable separately.
DIAGNOSTIC	D0502	Other oral pathology procedures, by report	NO	Requires submission of pathology report. Benefit only when provided by a CMSP certified oral pathologist. Procedure should only be billed for histopathological exam.
DIAGNOSTIC	D0701	Panoramic radiographic Image – image capture only	NO	This procedure can only be billed as panoramic radiographic image D0330 and is not payable separately.
DIAGNOSTIC	D0702	2-D cephalometric Radiographic image –image capture only	NO	This procedure can only be billed as 2D cephalometric radiographic image D0340 and is not payable separately.
DIAGNOSTIC	D0703	2-D oral/facial photographic image obtained intra-orally or Extra-orally – image capture only	NO	This procedure can only be billed as 2D oral/facial photographic image obtained intra-orally or extra-orally D0350 and is not payable separately.
DIAGNOSTIC	D0706	Intraoral - occlusal Radiographic image –image capture only	NO	This procedure can only be billed as intraoral- occlusal radiographic image D0240 and is not payable separately.
DIAGNOSTIC	D0707	Intraoral - periapical Radiographic image – image capture only	NO	This procedure can only be billed as intraoral- periapical first radiographic image D0220 and intra-oral periapical each additional radiographic image D0230 and is not payable separately.
DIAGNOSTIC	D0708	Intraoral - bitewing Radiographic image –image capture only	NO	This procedure can only be billed as bitewing – single radiographic image D0270 and bitewings – two radiographic images D0272 and is not payable separately
DIAGNOSTIC	D0709	Intraoral - complete series of radiographic images – image capture only	NO	This procedure can only be billed as intraoral- complete series of radiographic images D0210 and is not payable separately.

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DIAGNOSTIC	D0999	Unspecified diagnostic procedure, by report	NO	<ol style="list-style-type: none"> This procedure does not require prior authorization. Radiographs for payment - submit radiographs as applicable for the type of procedure. Photographs for payment - submit photographs as applicable for the type of procedure. Written documentation for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed or actual treatment. Procedure D0999 shall be used: <ol style="list-style-type: none"> For a procedure which is not adequately described by a CDT code, or For a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
PREVENTATIVE	D1110	Prophylaxis – adult	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once in a 12-month period for patients age 21-64 Frequency limitations shall apply toward prophylaxis procedure D1120. Not a benefit when performed on the same date of service with: <ol style="list-style-type: none"> Gingivectomy or gingivoplasty (D4210 and D4211). Osseous surgery (D4260 and D4261). Periodontal scaling and root planing (D4341 and D4342). Not a benefit to the same provider who performed periodontal maintenance (D4910) in the same calendar quarter.
PREVENTATIVE	D1206	Topical application of fluoride varnish - adult 21 and over	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once in a 12-month period for patients age 21-64 Frequency limitations shall apply toward topical application of fluoride (D1206). Payable as a full mouth treatment regardless of the number of teeth treated.
PREVENTATIVE	D1208	Topical application of fluoride - excluding varnish - adult	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once in a 12-month period for patients age 21-64 Frequency limitations shall apply toward topical application of fluoride varnish (D1206). Payable as a full mouth treatment regardless of the number of teeth treated.
PREVENTATIVE	D1310	Nutritional counseling for control of dental disease	NO	<p>Must be performed and billed with D0601, D0602, or D0603 concurrently as part of the Caries Risk Assessment Bundle to receive payment. This procedure is to be performed in conjunction with diagnostic, preventive, and periodontal procedures and is not payable separately.</p>
PREVENTATIVE	D1320	Tobacco counseling for the control and prevention of oral disease	NO	<ol style="list-style-type: none"> Submission of dental record documenting tobacco counseling is not required for payment. A benefit only in conjunction with periodic oral evaluation- established patient (D0120) or comprehensive oral evaluation - new or established patient (D0150). Documentation in the provider record of a face-to-face encounter shall include: <ol style="list-style-type: none"> The five A's of tobacco dependence. The five A's are the following: <ul style="list-style-type: none"> Ask – Ask the patient about tobacco use at every visit and document the response. Advise – Advise the patient to quit in a clear and personalized manner. Assess – Assess the patient's willingness to make a quit attempt at this time. Assist – Assist the patient to set a quit date and make a quit plan Arrange – Arrange to follow up with the patient within the first week, either in person or by phone and take appropriate action to assist them. Document patient's expressed roadblocks if unwilling/unable to quit. Refer the patient to the Department of Public Health's California Tobacco Control Program.
PREVENTATIVE	D1330	Oral hygiene instructions	NO	<p>This procedure is to be performed in conjunction with diagnostic, preventive, and periodontal procedures and is not payable separately.</p>
PREVENTATIVE	D1354	Application of caries arresting medicament – per tooth	NO	<ol style="list-style-type: none"> Radiographs and photographs for payment: <ol style="list-style-type: none"> For patients age 21-64, in addition to a current intraoral photograph, submit a current, diagnostic periapical radiograph and document the underlying conditions that exist which indicate that nonrestorative caries treatment is optimal. Requires a tooth code. A benefit: <ol style="list-style-type: none"> For patients age 21-64 when documentation shows underlying conditions such that nonrestorative caries treatment may be optimal. Once every six months, up to ten teeth per visit, for a maximum of four treatments per tooth. Not a benefit: <ol style="list-style-type: none"> When the prognosis of the tooth is questionable due to nonrestorability. When a tooth is near exfoliation.
PREVENTATIVE	D1556	Removal of fixed unilateral space maintainer – per quadrant	NO	<ol style="list-style-type: none"> This procedure does not require prior authorization. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. Requires a quadrant code. Not a benefit to the original provider who placed the space maintainer.
PREVENTATIVE	D1557	Removal of fixed bilateral space maintainer – maxillary	NO	<ol style="list-style-type: none"> This procedure does not require prior authorization. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. Requires an arch code. Not a benefit to the original provider who placed the space maintainer.
PREVENTATIVE	D1558	Removal of fixed bilateral space maintainer – mandibular	NO	<ol style="list-style-type: none"> This procedure does not require prior authorization. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. Requires an arch code. Not a benefit to the original provider who placed the space maintainer.

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PREVENTATIVE	D1999	Unspecified preventive procedure, by report	NO	1. This procedure does not require prior authorization. 2. Radiographs for payment – submit radiographs as applicable for the type of procedure. 3. Photographs for payment – submit photographs as applicable for the type of procedure. 4. Written documentation for payment shall describe the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. 5. Procedure D1999 shall be used: a. For a procedure which is not adequately described by a CDT code, or b. For a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
RESTORATIVE	D2140	Amalgam – one surface, primary or permanent	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2150	Amalgam – two surfaces, primary or permanent	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2160	Amalgam – three surfaces, primary or permanent	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2161	Amalgam – four or more Surfaces, primary or permanent	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2330	Resin-based composite – one surface, anterior	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2331	Resin-based composite – two surfaces, anterior	NO	Requires radiographs for payment, requires tooth code and surface code. Each unique tooth surface is only payable once per tooth per DOS. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2332	Resin-based composite – three surfaces, anterior	NO	Requires radiographs for payment, requires tooth code and surface code. Each unique tooth surface is only payable once per tooth per DOS. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2335	Resin-based composite – four or more surfaces or Involving incisal angle (anterior)	NO	Requires radiographs for payment, requires tooth code and surface code. Each unique tooth surface is only payable once per tooth per DOS. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2390	Resin-based composite crown, anterior	NO	Requires radiographs for payment, requires tooth code. At least 4 surfaces should be involved. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2391	Resin-based composite – one surface, posterior	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2392	Resin-based composite – two surfaces, posterior	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2393	Resin-based composite – three surfaces, posterior	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2394	Resin-based composite – Four or more surfaces, posterior	NO	Requires radiographs for payment, requires tooth code and surface code. Permanent Teeth: Covered once in a 36-month period.
RESTORATIVE	D2710	Crown – resin - based composite (indirect)	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit: a. Once in a five-year period. b. For any resin based composite crown that is indirectly fabricated. 5. Not a benefit: a. For patients under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture. c. For use as a temporary crown.
RESTORATIVE	D2712	Crown – 3/4 resin-based composite (indirect)	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit: a. Once in a five-year period. b. For any resin based composite crown that is indirectly fabricated. 5. Not a benefit: a. For patients under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture. c. For use as a temporary crown.
RESTORATIVE	D2721	Crown – resin with predominantly base metal	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once in a five-year period. 5. Not a benefit: a. For patients under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture.
RESTORATIVE	D2740	Crown – porcelain/ceramic	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once in a five-year period. 5. Not a benefit: a. For patients under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture.

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RESTORATIVE	D2751	Crown – porcelain fused to predominantly base metal	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization – submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once in a five-year period. 5. Not a benefit: a. For beneficiaries under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture.
RESTORATIVE	D2781	Crown – 3/4 cast predominantly base metal	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once in a five-year period. 5. Not a benefit: a. For patients under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture.
RESTORATIVE	D2783	Crown – 3/4 porcelain/ceramic	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once in a five-year period. 5. Not a benefit: a. For patients under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture.
RESTORATIVE	D2791	Crown – full cast predominantly base metal	YES	Permanent anterior teeth and permanent posterior teeth (ages 21-64): 1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once in a five-year period. 5. Not a benefit: a. For patients under the age of 21. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture.
RESTORATIVE	D2910	Re-cement or re-bond inlay, onlay, veneer or Partial coverage restoration	NO	Requires tooth code. Covered once in a 12-month period per provider.
RESTORATIVE	D2915	Recement or re-bond indirectly fabricated or Prefabricated post and core	NO	This procedure is to be performed in conjunction with the re-cementation of an existing crown or of a new crown and is not payable separately.
RESTORATIVE	D2920	Recement or re-bond crown	NO	Requires tooth code. Original provider responsible for re-cementations within the first 12 months following initial placement of prefabricated or lab processed crowns. Not a benefit within 12 months of a previous re-cementation by the same provider.
RESTORATIVE	D2931	Prefabricated stainless Steel crown – permanent tooth	NO	Required radiographs for payment and tooth code. Covered once in a 36-month period. Not a benefit for third molars unless the third molar occupies the first or second molar composition.
RESTORATIVE	D2932	Prefabricated resin crown	NO	Permanent teeth: 1. This procedure does not require prior authorization. 2. Radiographs for payment-refer to Restorative General Policies for specific requirements. 3. Requires a tooth code. 4. A benefit once in a 36-month period. 5. Not a benefit for third molars, unless the third molar occupies the first or second molar position.
RESTORATIVE	D2933	Prefabricated stainless steel crown with resin window	NO	Permanent teeth: 1. This procedure does not require prior authorization. 2. Radiographs for payment- refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 3. Requires a tooth code. 4. A benefit once in a 36-month period. 5. Not a benefit for third molars, unless the third molar occupies the first or second molar position. 6. This procedure includes the placement of a resin-based composite.
RESTORATIVE	D2940	Protective restoration	NO	1. This procedure cannot be prior authorized. 2. Radiographs for payment – submit pre-operative radiographs. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements 3. Requires a tooth code. 4. A benefit once per tooth per lifetime. 5. Not a benefit: a. When performed on the same date of service with a permanent restoration or crown, for same tooth. b. On root canal treated teeth. 6. This procedure is for a temporary restoration and is not to be used as a base or liner under a restoration.
RESTORATIVE	D2949	Restorative foundation for an indirect restoration	NO	This procedure is included in the fee for restorative procedures and is not payable separately.
RESTORATIVE	D2950	Core buildup, including any pins when required	NO	This procedure is included in the fee for restorative procedures and is not payable separately.

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RESTORATIVE	D2951	Pin retention – per tooth, in addition to restoration	NO	1. This procedure does not require prior authorization. 2. Radiographs for payment- submit pre-operative radiographs. 3. Requires a tooth code. 4. A benefit: a. For permanent teeth only. b. When billed with an amalgam or composite restoration on the same date of service. c. Once per tooth regardless of the number of pins placed. d. For a posterior restoration when the destruction involves three or more connected surfaces and at least one cusp, or e. For an anterior restoration when extensive coronal destruction involves the incisal angle.
RESTORATIVE	D2952	Post and core in addition to crown, indirectly fabricated	NO	1. This procedure does not require prior authorization. 2. Radiographs for payment- submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit: a. Once per tooth regardless of number of posts placed. b. Only in conjunction with allowable crowns (prefabricated or laboratory processed) on root canal treated permanent teeth. 5. This procedure shall be submitted on the same claim/TAR as the crown request.
RESTORATIVE	D2953	Each additional indirectly Fabricated post – same tooth	NO	This procedure is to be performed in conjunction with D2952 and is not payable separately.
RESTORATIVE	D2954	Prefabricated post and core in addition to crown	NO	1. This procedure does not require prior authorization. 2. Radiographs for payment- submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit: a. Once per tooth regardless of number of posts placed. b. Only in conjunction with allowable crowns (prefabricated or laboratory processed) on root canal treated permanent teeth. 5. This procedure shall be submitted on the same claim/TAR as the crown request.
RESTORATIVE	D2955	Post removal	NO	This procedure is included in the fee for endodontic and restorative procedures and is not payable separately.
RESTORATIVE	D2957	Each additional Prefabricated post – same tooth	NO	This procedure is to be performed in conjunction with D2954 and is not payable separately.
RESTORATIVE	D2971	Additional procedures to customize a crown to fit Under an existing partial denture framework	NO	This procedure is included in the fee for laboratory processed crowns and is not payable separately.
RESTORATIVE	D2980	Crown repair, necessitated by restorative material failure	NO	1. This procedure does not require prior authorization. 2. Radiographs for payment - submit a pre-operative periapical radiograph. 3. Photographs for payment - submit a pre-operative photograph. 4. Written documentation for payment – shall describe the specific conditions addressed by the procedure (such as broken porcelain). 5. Requires a tooth code. 6. A benefit for laboratory processed crowns on permanent teeth. 7. Not a benefit within 12 months of initial crown placement or previous repair for the same provider.
RESTORATIVE	D2999	Unspecified restorative procedure, by report	NO	1. This procedure does not require prior authorization. 2. Radiographs for payment - submit radiographs as applicable for the type of procedure. 3. Photographs for payment - submit photographs as applicable for the type of procedure. 4. Written documentation for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed or actual treatment. 5. Requires a tooth code. 6. Procedure D2999 shall be used: a. For a procedure which is not adequately described by a CDT code, or b. For a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
ENDODONTIC	D3110	Pulp cap – direct (excluding final restoration)	NO	This procedure is included in the fees for restorative and endodontic procedures and is not payable separately.
ENDODONTIC	D3120	Pulp cap – indirect (excluding final restoration)	NO	This procedure is included in the fees for restorative and endodontic procedures and is not payable separately.
ENDODONTIC	D3221	Pulpal debridement, primary and permanent teeth	NO	1. This procedure does not require prior authorization. 2. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 3. Requires a tooth code. 4. A benefit: a. For permanent teeth. b. For over-retained primary teeth with no permanent successor. c. Once per tooth. 5. Not a benefit on the same date of service with any additional services, same tooth. 6. This procedure is for the relief of acute pain prior to conventional root canal therapy and is not a benefit for root canal therapy visits. Subsequent emergency visits, if medically necessary, shall be billed as palliative (emergency) treatment of dental pain- minor procedure (D9110).
ENDODONTIC	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	YES	1. Prior authorization is required for patients age 21-64. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once per tooth for initial root canal therapy treatment. For root canal therapy retreatment use retreatment of previous root canal therapy anterior (D3346). 5. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

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ENDODONTIC	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	YES	1. Prior authorization is required for patients age 21-64. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once per tooth for initial root canal therapy treatment. For root canal therapy retreatment use retreatment of previous root canal therapy-bicuspid (D3347). 5. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.
ENDODONTIC	D3330	Endodontic therapy, molar tooth (excluding final restoration)	YES	1. Prior authorization is required for patients age 21-64. 2. Radiographs for prior authorization - submit arch and periapical radiographs. 3. Requires a tooth code. 4. A benefit once per tooth for initial root canal therapy treatment. For root canal therapy retreatment use retreatment of previous root canal therapy-molar (D3348). 5. Not a benefit for third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests. 6. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.
ENDODONTIC	D3331	Treatment of root canal obstruction; non-surgical Access	NO	This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.
ENDODONTIC	D3333	Internal root repair of perforation defects	NO	This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.
ENDODONTIC	D3346	Retreatment of previous root canal therapy – anterior	YES	1. Prior authorization is required for patients age 21-64. 2. Radiographs for prior authorization – submit arch and periapical radiographs demonstrating the medical necessity for retreatment. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale for retreatment. 4. Requires a tooth code. 5. Not a benefit to the original provider within 12 months of initial treatment. 6. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.
ENDODONTIC	D3347	Retreatment of previous root canal therapy – premolar	YES	1. Prior authorization is required for patients age 21-64. 2. Radiographs for prior authorization – submit arch and periapical radiographs demonstrating the medical necessity for retreatment. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale for retreatment. 4. Requires a tooth code. 5. Not a benefit to the original provider within 12 months of initial treatment. 6. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.
ENDODONTIC	D3348	Retreatment of previous root canal therapy – molar	YES	1. Prior authorization is required for patients age 21-64. 2. Radiographs for prior authorization – submit arch and periapical radiographs demonstrating the medical necessity for retreatment. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale for retreatment. 4. Requires a tooth code. 5. Not a benefit: a. To the original provider within 12 months of initial treatment. b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests. 6. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.
ENDODONTIC	D3410	Apicoectomy – anterior	YES	1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs demonstrating the medical necessity. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale for treatment. 4. Requires a tooth code. 5. A benefit for permanent anterior teeth only. 6. Not a benefit: a. To the original provider within 90 days of root canal therapy except when a medical necessity is documented. b. To the original provider within 24 months of a prior apicoectomy. c. When a periradicular surgery (D3427) has been performed on the same root. 7. The fee for this procedure includes the placement of retrograde filling material and all treatment and post treatment radiographs.
ENDODONTIC	D3421	Apicoectomy – premolar (first root)	YES	1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs demonstrating the medical necessity. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale and the identity of the root that requires treatment. 4. Requires a tooth code. 5. A benefit for permanent bicuspid teeth only. 6. Not a benefit: a. To the original provider within 90 days of root canal therapy except when a medical necessity is documented. b. To the original provider within 24 months of a prior apicoectomy, same root. c. When a periradicular surgery (D3427) has been performed on the same root. 7. The fee for this procedure includes the placement of retrograde filling material and all treatment and post treatment radiographs. 8. If more than one root is treated, use apicoectomy- each additional root (D3426).

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ENDODONTIC	D3425	Apicoectomy – molar (first root)	YES	1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs demonstrating the medical necessity. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale and the identity of the root that requires treatment. 4. Requires a tooth code. 5. A benefit for permanent first and second molar teeth only. 6. Not a benefit: a. To the original provider within 90 days of root canal therapy except when a medical necessity is documented. b. To the original provider within 24 months of a prior apicoectomy, same root. c. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests. d. When a periradicular surgery (D3427) has been performed on the same root. 7. The fee for this procedure includes the placement of retrograde filling material and all treatment and post treatment radiographs. 8. If more than one root is treated, use apicoectomy- each additional root (D3426).
ENDODONTIC	D3426	Apicoectomy – (each additional root)	YES	1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs demonstrating the medical necessity. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale and the identity of the root that requires treatment. 4. Requires a tooth code. 5. A benefit for permanent teeth only. 6. Not a benefit: a. To the original provider within 90 days of root canal therapy except when a medical necessity is documented. b. To the original provider within 24 months of a prior apicoectomy, same root. c. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests. d. When a periradicular surgery (D3427) has been performed on the same root. 7. Only payable the same date of service as procedures D3421 or D3425. 8. The fee for this procedure includes the placement of retrograde filling material and all treatment and post treatment radiographs.
ENDODONTIC	D3430	Retrograde filling – per root	NO	This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.
ENDODONTIC	D3471	Surgical repair of root resorption – anterior	YES	1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs demonstrating the medical necessity. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale for treatment. 4. Requires a tooth code. 5. A benefit for permanent teeth only. 6. Not a benefit: a. To the original provider within 90 days of root canal therapy except when a medical necessity is documented. b. To the original provider within 24 months of a prior surgery. c. When an apicoectomy (D3410, D3421, D3425 and D3426) has been performed on the same root. 7. The fee for this procedure includes the placement of retrograde filling material and all treatment and post treatment radiographs.
ENDODONTIC	D3472	Surgical repair of root resorption – premolar	YES	1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs demonstrating the medical necessity. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale for treatment. 4. Requires a tooth code. 5. A benefit for permanent teeth only. 6. Not a benefit: a. To the original provider within 90 days of root canal therapy except when a medical necessity is documented. b. To the original provider within 24 months of a prior surgery. c. When an apicoectomy (D3410, D3421, D3425 and D3426) has been performed on the same root. 7. The fee for this procedure includes the placement of retrograde filling material and all treatment and post treatment radiographs.
ENDODONTIC	D3473	Surgical repair of root resorption – molar	YES	1. Prior authorization is required. 2. Radiographs for prior authorization - submit arch and periapical radiographs demonstrating the medical necessity. 3. Written documentation for prior authorization - if the medical necessity is not evident on the radiographs, documentation shall include the rationale for treatment. 4. Requires a tooth code. 5. A benefit for permanent teeth only. 6. Not a benefit: a. To the original provider within 90 days of root canal therapy except when a medical necessity is documented. b. To the original provider within 24 months of a prior surgery. c. When an apicoectomy (D3410, D3421, D3425 and D3426) has been performed on the same root. 7. The fee for this procedure includes the placement of retrograde filling material and all treatment and post treatment radiographs.
ENDODONTIC	D3910	Surgical procedure for isolation of tooth with rubber dam	NO	This procedure is included in the fees for restorative and endodontic procedures and is not payable separately.
ENDODONTIC	D3911	Intraorifice barrier	NO	This procedure is included in the fees for endodontic procedures and is not payable separately.

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ENDODONTIC	D3921	Decoronation or submergence of an erupted tooth	YES	Radiographs for prior authorization – submit a current, diagnostic, preoperative radiograph or panoramic radiograph depicting the entire tooth. Written documentation for prior authorization – shall describe the Specific conditions addressed by the procedure and the rationale demonstrating the medical necessity. Requires a tooth code.
ENDODONTIC	D3999	Unspecified endodontic procedure, by report	NO	<ol style="list-style-type: none"> 1. This procedure does not require prior authorization. 2. Radiographs for payment - submit arch and pre-operative periapical radiographs as applicable for the type of procedure. 3. Photographs for payment- submit as applicable for the type of procedure. 4. Written documentation for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the actual treatment. 5. Requires a tooth code. 6. Procedure D3999 shall be used: <ol style="list-style-type: none"> a. For a procedure which is not adequately described by a CDT code, or b. For a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
PERIODONTAL	D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bound spaces per quadrant	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Photographs for prior authorization- submit photographs of the involved areas. 3. Requires a quadrant code. 4. If three or fewer diseased teeth are present in the quadrant, use gingivectomy or gingivoplasty (D4211). 5. A benefit: <ol style="list-style-type: none"> a. For patients age 21-64. b. Once per quadrant every 36 months. 6. This procedure cannot be prior authorized within 30 days following periodontal scaling and root planing (D4341 and D4342) for the same quadrant.
PERIODONTAL	D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Photographs for prior authorization- submit photographs of the involved areas. 3. Requires a quadrant code. 4. If four or more diseased teeth are present in the quadrant, use gingivectomy or gingivoplasty (D4210). 5. A benefit: <ol style="list-style-type: none"> a. For patients age 21-64. b. Once per quadrant every 36 months. 6. This procedure cannot be prior authorized within 30 days following periodontal scaling and root planing (D4341 and D4342) for the same quadrant.
PERIODONTAL	D4249	Clinical crown lengthening – hard tissue	NO	This procedure is included in the fee for a completed restorative service.
PERIODONTAL	D4260	Osseous surgery (including elevation of a full thickness Flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. 3. Requires a quadrant code. 4. If three or fewer diseased teeth are present in the quadrant, use osseous surgery (D4261). 5. A benefit: <ol style="list-style-type: none"> a. For patients age 21-64. b. Once per quadrant every 36 months. 6. This procedure cannot be prior authorized within 30 days following periodontal scaling and root planing (D4341 and D4342) for the same quadrant. 7. This procedure can only be prior authorized when preceded by periodontal scaling and root planing (D4341 and D4342) in the same quadrant within the previous 24 months.
PERIODONTAL	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or Tooth bounded spaces, per quadrant	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. 3. Requires a quadrant code. 4. If four or more diseased teeth are present in the quadrant, use osseous surgery (D4260). 5. A benefit: <ol style="list-style-type: none"> a. For patients age 21-64. b. Once per quadrant every 36 months. 6. This procedure cannot be prior authorized within 30 days following periodontal scaling and root planing (D4341 and D4342) for the same quadrant. 7. This procedure can only be prior authorized when preceded by periodontal scaling and root planing (D4341 and D4342) in the same quadrant within the previous 24 months.
PERIODONTAL	D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	NO	This procedure is included in the fees for other periodontal procedures and is not payable separately.
PERIODONTAL	D4341	Periodontal scaling and root planing – four or more teeth per quadrant	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. See radiograph exemption in Periodontal General Policies (D4000-D4999) c.) (Page 8.1.65). 3. Requires a quadrant code. 4. If three or fewer diseased teeth are present in the quadrant, use periodontal scaling and root planing (D4342). 5. A benefit: <ol style="list-style-type: none"> a. For patients age 21-64. b. Once per quadrant every 24 months. 6. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) cannot be prior authorized within 30 days following this procedure for the same quadrant. 7. Prophylaxis (D1110 and D1120) are not payable on the same date of service as this procedure.

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PERIODONTAL	D4341	Periodontal scaling and root planing – four or more teeth per quadrant	YES	1. Prior authorization is required. 2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. 3. Requires a quadrant code. 4. If three or fewer diseased teeth are present in the quadrant, use periodontal scaling and root planing (D4342). 5. A benefit: a. For patients age 21-64. b. Once per quadrant every 24 months. 6. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) cannot be prior authorized within 30 days following this procedure for the same quadrant. 7. Prophylaxis (D1110 and D1120) are not payable on the same date of service as this procedure.
PERIODONTAL	D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	YES	1. Prior authorization is required. 2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. 3. Requires a quadrant code. 4. If four or more diseased teeth are present in the quadrant, use periodontal scaling and root planing (D4341). 5. A benefit: a. For patients age 21-64. b. Once per quadrant every 24 months. 6. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) cannot be prior authorized within 30 days following this procedure for the same quadrant. 7. Prophylaxis (D1110 and D1120) are not payable on the same date of service as this procedure.
PERIODONTAL	D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	YES	1. Prior authorization is required. 2. Radiographs for prior authorization- submit periapical radiographs of the involved areas and bitewing radiographs. 3. Requires a quadrant code. 4. If four or more diseased teeth are present in the quadrant, use periodontal scaling and root planing (D4341). 5. A benefit: a. For patients age 21-64. b. Once per quadrant every 24 months. 6. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) cannot be prior authorized within 30 days following this procedure for the same quadrants 7. Prophylaxis (D1110 and D1120) are not payable on the same date of service as this procedure.
PERIODONTAL	D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	NO	This procedure can only be billed as prophylaxis – adult (D1110) and is not payable separately.
PERIODONTAL	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	NO	This procedure is included in the fees for other periodontal procedures and is not payable separately.
PERIODONTAL	D4910	Periodontal maintenance	NO	1. This procedure does not require prior authorization. 2. A benefit: a. Only when preceded by a periodontal scaling and root planing (D4341-D4342). b. Only after completion of all necessary scaling and root planings. c. Once in a calendar quarter. d. Only in the 24-month period following the last scaling and root planing. 3. Not a benefit in the same calendar quarter as scaling and root planing. 4. Not payable to the same provider in the same calendar quarter as prophylaxis – adult (D1110) 5. This procedure is considered a full mouth treatment.
PERIODONTAL	D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	NO	1. This procedure cannot be prior authorized. 2. Written documentation for payment –shall include a brief description indicating the medical necessity. 3. A benefit: a. For patients age 21-64. b. Once per patient per provider. c. Within 30 days of the date of service of gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261). 4. Unscheduled dressing changes by the same provider are considered part of and included in the fee for gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261).
PERIODONTAL	D4921	Gingival irrigation- per quadrant	NO	This procedure is included in the fees for other periodontal procedures and is not payable separately.
PERIODONTAL	D4999	Unspecified periodontal procedure, by report	YES	1. Prior authorization is required. 2. Radiographs for prior authorization- submit as applicable for the type of procedure. 3. Photographs for prior authorization- shall be submitted. 4. Written documentation for prior authorization –shall include the specific treatment requested and etiology of the disease or condition. 5. Requires a tooth or quadrant code, as applicable for the type of procedure. 6. A benefit for patients age 21-64. 7. Procedure D4999 shall be used: a. For a procedure which is not adequately described by a CDT code, or b. For a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.

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PROSTHODONTIC (REMOVABLE)	D5110	Complete denture – maxillary	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization – submit radiographs of all opposing natural teeth. 3. A benefit once in a five-year period from a previous complete, immediate or overdenture – complete denture. 4. For an immediate denture, use immediate denture-maxillary (D5130) or overdenture – complete maxillary (D5863) as applicable for the type of procedure. 5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. 6. A laboratory reline (D5750) or chairside reline (D5730) is a benefit 12 months after the date of service for this procedure.
PROSTHODONTIC (REMOVABLE)	D5120	Complete denture – mandibular	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization – submit radiographs of all opposing natural teeth. 3. A benefit once in a five-year period from a previous complete, immediate or overdenture – complete denture. 4. For an immediate denture, use immediate denture-mandibular (D5140) or overdenture – complete mandibular (D5865) as applicable for the type of procedure. 5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. 6. A laboratory reline (D5751) or chairside reline (D5731) is a benefit 12 months after the date of service for this procedure.
PROSTHODONTIC (REMOVABLE)	D5130	Immediate denture – maxillary	NO	<ol style="list-style-type: none"> 1. Prior authorization is not required except when the prosthesis on the opposing arch requires prior authorization. 2. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 3. A benefit once per patient. 4. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture. 5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. 6. A laboratory reline (D5750) or chairside reline (D5730) is a benefit six months after the date of service for this procedure.
PROSTHODONTIC (REMOVABLE)	D5140	Immediate denture – mandibular	NO	<ol style="list-style-type: none"> 1. Prior authorization is not required except when the prosthesis on the opposing arch requires prior authorization. 2. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 3. A benefit once per patient. 4. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture. 5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. 6. A laboratory reline (D5751) or chairside reline (D5731) is a benefit 12 months after the date of service for this procedure.
PROSTHODONTIC (REMOVABLE)	D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization – submit radiographs of all remaining natural teeth and periapical radiographs of abutment teeth. 3. A benefit once in a five-year period. 4. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows: <ol style="list-style-type: none"> a. Five posterior permanent teeth are missing, (excluding third molars), or b. All four first and second permanent molars are missing, or c. The first and second permanent molars and second bicuspid are missing on the same side. 6. Not a benefit for replacing missing third molars. 7. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. 8. Laboratory reline (D5760) is not a benefit for this procedure. 9. Chairside reline (D5740) is a benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for a partial denture that required extractions, or c. 12 months after the date of service for a partial denture that did not require extractions.
PROSTHODONTIC (REMOVABLE)	D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rest and teeth)	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization – submit radiographs of all remaining natural teeth and periapical radiographs of abutment teeth. 3. A benefit once in a five-year period. 4. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows: <ol style="list-style-type: none"> a. Five posterior permanent teeth are missing, (excluding third molars), or b. All four first and second permanent molars are missing, or c. The first and second permanent molars and second bicuspid are missing on the same side. 5. Not a benefit for replacing missing third molars. 6. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. 7. Laboratory reline (D5761) is not a benefit for this procedure. 8. Chairside reline (D5741) is a benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for a partial denture that required extractions, or c. 12 months after the date of service for a partial denture that did not require extractions.

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TYPE	CDT Codes	Procedure Code Description	AUTH REQUIRED?	LIMITATIONS/NOTES
PROSTHODONTIC (REMOVABLE)	D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	YES	<ol style="list-style-type: none"> Prior authorization is required. Radiographs for prior authorization –submit radiographs of all remaining natural teeth and periapical radiographs of abutment teeth. A benefit once in a five-year period. A benefit when opposing a full denture and the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows: <ol style="list-style-type: none"> Five posterior permanent teeth are missing, (excluding third molars), or All four first and second permanent molars are missing, or The first and second permanent molars and second bicuspid are missing on the same side. Not a benefit for replacing missing third molars. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. Laboratory reline (D5760) is a benefit: <ol style="list-style-type: none"> Once in a 12-month period. Six months after the date of service for a cast partial denture that required extractions, or 12 months after the date of service for a cast partial denture that did not require extractions. Chairside reline (D5740) is a benefit: <ol style="list-style-type: none"> Once in a 12-month period. Six months after the date of service for a partial denture that required extractions, or 12 months after the date of service for a partial denture that did not require extractions.
PROSTHODONTIC (REMOVABLE)	D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	YES	<ol style="list-style-type: none"> Prior authorization is required. Radiographs for prior authorization – submit radiographs of all remaining natural teeth and periapical radiographs of abutment teeth. A benefit once in a five-year period. A benefit when opposing a full denture and the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows: <ol style="list-style-type: none"> Five posterior permanent teeth are missing, (excluding third molars), or All four first and second permanent molars are missing, or The first and second permanent molars and second bicuspid are missing on the same side. Not a benefit for replacing missing third molars. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. Laboratory reline (D5761) is a benefit: <ol style="list-style-type: none"> Once in a 12-month period. Six months after the date of service for a cast partial denture that required extractions, or 12 months after the date of service for a cast partial denture that did not require extractions. Chairside reline (D5741) is a benefit: <ol style="list-style-type: none"> Once in a 12-month period. Six months after the date of service for a partial denture that required extractions, or 12 months after the date of service for a partial denture that did not require extractions.
PROSTHODONTIC (REMOVABLE)	D5410	Adjust complete denture – maxillary	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once per date of service provider. Twice in a 12-month period per provider. Not a benefit: <ol style="list-style-type: none"> Same date of service or within six months of the date of service of a complete denture- maxillary (D5110), immediate denture-maxillary (D5130) or overdenture-complete maxillary (D5863). Same date of service or within six months of the date of service of a reline complete maxillary denture (chairside) (D5730), reline complete maxillary denture (laboratory) (D5750) and tissue conditioning, maxillary (D5850). Same date of service or within six months of the date of service of repair broken complete denture base, maxillary (D5512) and replace missing or broken teeth-complete denture (D5520).
PROSTHODONTIC (REMOVABLE)	D5411	Adjust complete denture – mandibular	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once per date of service per provider. Twice in a 12-month period per provider. Not a benefit: <ol style="list-style-type: none"> Same date of service or within six months of the date of service of a complete denture-mandibular (D5120), immediate denture-mandibular (D5140) or overdenture-complete mandibular (D5865). Same date of service or within six months of the date of service of a reline complete mandibular denture (chairside) (D5731), reline complete mandibular denture (laboratory) (D5751) and tissue conditioning, mandibular (D5851). Same date of service or within six months of the date of service of repair broken complete denture base, mandibular (D5511) and replace missing or broken teeth-complete denture (D5520).
PROSTHODONTIC (REMOVABLE)	D5421	Adjust partial denture – maxillary	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once per date of service per provider. Twice in a 12-month period per provider. Not a benefit: <ol style="list-style-type: none"> Same date of service or within six months of the date of service of a maxillary partial – resin base (D5211) or maxillary partial denture – cast metal framework with resin denture bases (D5213). Same date of service or within six months of the date of service of a reline maxillary partial denture (chairside) (D5740), reline maxillary partial denture (laboratory) (D5760) and tissue conditioning, maxillary (D5850). Same date of service or within six months of the date of service of repair resin partial denture base, maxillary (D5612), repair cast partial denture framework, maxillary (D5622), repair or replace broken clasp-per Tooth (D5630), replace broken teeth – per tooth (D5640), add tooth to existing partial denture (D5650) and add clasp to existing partial denture – per tooth (D5660).

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PROSTHODONTIC (REMOVABLE)	D5422	Adjust partial denture – mandibular	NO	1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: a. Once per date of service per provider. b. Twice in a 12-month period per provider. 3. Not a benefit: a. Same date of service or within six months of the date of service of a mandibular partial – resin base (D5212) or mandibular partial denture – cast metal framework with resin denture bases (D5214). b. Same date of service or within six months of the date of service of a reline mandibular partial denture (chairside) (D5741), reline mandibular partial denture (laboratory) (D5761) and tissue conditioning, mandibular (D5851). c. Same date of service or within six months of the date of service of repair resin partial denture base, mandibular (D5611), repair cast partial denture framework, mandibular (D5621), repair or replace broken clasp-per tooth (D5630), replace broken teeth – per tooth (D5640), add tooth to existing partial denture (D5650) and add clasp to existing partial denture – per tooth (D5660).
PROSTHODONTIC (REMOVABLE)	D5511	Repair broken complete denture base, mandibular	NO	1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: a. Once per arch, per date of service per provider. b. Twice in a 12-month period per provider. 3. Not a benefit on the same date of service as reline complete mandibular denture (chairside) (D5731) and reline complete mandibular denture (laboratory) (D5751). 4. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5512	Repair broken complete denture base, maxillary	NO	1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: a. Once per arch, per date of service per provider. b. Twice in a 12-month period per provider. 3. Not a benefit on the same date of service as reline complete maxillary denture (chairside) (D5730) and reline complete maxillary denture (laboratory) (D5750). 4. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5520	Replace missing or broken teeth – complete denture (each tooth)	NO	1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. Requires an arch code. 3. A benefit: a. Up to a maximum of four, per arch, per date of service per provider. b. Twice per arch, in a 12-month period per provider. 4. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5611	Repair resin partial denture base, mandibular	NO	1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: a. Once per arch, per date of service per provider. b. Twice per arch, in a 12-month period per provider. c. For partial dentures only. 3. Not a benefit same date of service as reline mandibular partial denture (chairside) (D5741) and reline mandibular partial denture (laboratory) (D5761). 4. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5612	Repair resin partial denture base, maxillary	NO	1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: a. Once per arch, per date of service per provider. b. Twice per arch, in a 12-month period per provider. c. For partial dentures only. 3. Not a benefit same date of service as reline maxillary partial denture (chairside) (D5740) and reline maxillary partial denture (laboratory) (D5760). 4. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5621	Repair cast partial denture framework, mandibular	NO	Requires lab invoice for payment. Covered once per arch per DOS per provider or twice per arch in a 12-month period per provider. All adjustments made for 6 months after the date of repair by same provider and same arch is included in fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5622	Repair cast partial denture framework, maxillary	NO	Requires lab invoice for payment. Covered once per arch per DOS per provider or twice per arch in a 12-month period per provider. All adjustments made for 6 months after the date of repair by same provider and same arch is included in fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5630	Repair or replace broken Retentive/clasping materials per tooth	NO	Requires arch code. Covered up to max of 3 per DOS per provider or twice per arch in a 12-month period per provider. All adjustments made for 6 months after date of repair by same provider and same arch are included in fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5640	Replace broken teeth – per tooth	NO	1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. Requires an arch code. 3. A benefit: a. Up to a maximum of four, per arch, per date of service per provider. b. Twice per arch, in a 12-month period per provider. c. For partial dentures only. 4. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

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PROSTHODONTIC (REMOVABLE)	D5650	Add tooth to existing partial denture	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. Requires a tooth code. 3. A benefit: <ol style="list-style-type: none"> a. For up to a maximum of three, per date of service per provider. b. Once per tooth. 4. Not a benefit for adding third molars. 5. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5660	Add clasp to existing partial denture – per tooth	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. Requires an arch code. 3. A benefit: <ol style="list-style-type: none"> a. For up to a maximum of three, per date of service per provider. b. Twice per arch, in a 12-month period per provider. 4. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5730	Reline complete maxillary denture (direct)	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for an immediate denture – maxillary (D5130) or overdenture – complete maxillary (D5863) that required extractions, or c. 12 months after the date of service for a complete denture – maxillary (D5110) or overdenture – complete maxillary (D5863) that did not require extractions. 3. Not a benefit within 12 months of a reline complete maxillary denture (laboratory)(D5750). 4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5731	Reline complete mandibular denture (direct)	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for an immediate denture – mandibular (D5140) or overdenture – complete mandibular (D5865) that required extractions, or c. 12 months after the date of service for a complete denture – mandibular (D5120) or overdenture complete mandibular (D5865) that did not require extractions. 3. Not a benefit within 12 months of a reline complete mandibular denture (laboratory)(D5751). 4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5740	Reline maxillary partial denture (direct)	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for maxillary partial denture – resin base (D5211) or maxillary partial denture – cast metal framework with resin denture bases (D5213) that required extractions. c. 12 months after the date of service for maxillary partial denture – resin base (D5211) or maxillary partial denture – cast metal framework with resin denture bases (D5213) that did not require extractions. 3. Not a benefit within 12 months of a reline maxillary partial denture (laboratory) (D5760). 4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5741	Reline mandibular partial denture (direct)	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for mandibular partial denture – resin base (D5212) or mandibular partial denture – cast metal framework with resin denture bases (D5214) that required extractions, or c. 12 months after the date of service for mandibular partial denture – resin base (D5212) or mandibular partial denture – cast metal framework with resin denture bases (D5214) that did not require extractions. 3. Not a benefit within 12 months of a reline mandibular partial denture (laboratory) (D5761). 4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5750	Reline complete maxillary denture (indirect)	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for an immediate denture – maxillary (D5130) or overdenture – complete maxillary (D5863) that required extractions, or c. 12 months after the date of service for a complete denture – maxillary (D5110) or overdenture – complete maxillary (D5863) that did not require extractions. 3. Not a benefit within 12 months of a reline complete maxillary denture (chairside)(D5730). 4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5751	Reline complete mandibular denture (indirect)	NO	<ol style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ol style="list-style-type: none"> a. Once in a 12-month period. b. Six months after the date of service for an immediate denture-mandibular (D5140) or overdenture – complete mandibular (D5865) that required extractions, or c. 12 months after the date of service for a complete denture – mandibular (D5120) or overdenture – complete mandibular (D5865) that did not require extractions. 3. Not a benefit within 12 months of a reline complete mandibular denture (chairside)(D5731). 4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

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PROSTHODONTIC (REMOVABLE)	D5760	Reline maxillary partial denture (indirect)	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once in a 12-month period. Six months after the date of service for maxillary partial denture – cast metal framework with resin denture bases (D5213) that required extractions, or 12 months after the date of service for maxillary partial denture – cast metal framework with resin denture bases (D5213) that did not require extractions. Not a benefit: <ol style="list-style-type: none"> Within 12 months of a reline maxillary partial denture (chairside) (D5740). For a maxillary partial denture – resin base (D5211). All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5761	Reline mandibular partial denture (indirect)	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit: <ol style="list-style-type: none"> Once in a 12-month period. Six months after the date of service for mandibular partial denture – cast metal framework with resin denture bases (D5214) that required extractions, or 12 months after the date of service for mandibular partial denture – cast metal framework with resin denture bases (D5214) that did not require extractions. Not a benefit: <ol style="list-style-type: none"> Within 12 months of a reline mandibular partial denture (chairside) (D5741). For a mandibular partial denture – resin base (D5212). All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROSTHODONTIC (REMOVABLE)	D5850	Tissue conditioning, maxillary	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit twice per prosthesis in a 36-month period. Not a benefit: <ol style="list-style-type: none"> Same date of service as reline complete maxillary denture (chairside) (D5730), reline maxillary partial denture (chairside) (D5740), reline complete maxillary denture (laboratory) (D5750) and reline maxillary partial denture (laboratory) (D5760). Same date of service as a prosthesis that did not require extractions. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. Tissue conditioning is designed to heal unhealthy ridges prior to a more definitive treatment.
PROSTHODONTIC (REMOVABLE)	D5851	Tissue conditioning, mandibular	NO	<ol style="list-style-type: none"> Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. A benefit twice per prosthesis in a 36-month period. Not a benefit: <ol style="list-style-type: none"> Same date of service as reline complete mandibular denture (chairside) (D5731), reline mandibular partial denture (chairside) (D5741), reline complete mandibular denture (laboratory) (D5751) and reline mandibular partial denture (laboratory) (D5761). Same date of service as a prosthesis that did not require extractions. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. Tissue conditioning is designed to heal unhealthy ridges prior to a more definitive treatment.
PROSTHODONTIC (REMOVABLE)	D5862	Precision attachment, by report	NO	This procedure is included in the fee for prosthetic and restorative procedures and is not payable separately
PROSTHODONTIC (REMOVABLE)	D5863	Overdenture – complete maxillary	YES	<ol style="list-style-type: none"> Prior authorization is required. Radiographs for prior authorization –submit all radiographs of remaining natural teeth including periapical radiographs of teeth to be retained. A benefit once in a five-year period. Complete denture laboratory relines (D5750) are a benefit: <ol style="list-style-type: none"> Six months after the date of service for an immediate overdenture that required extractions, or 12 months after the date of service for a complete overdenture that did not require extractions. Complete denture chairside relines (D5730) are a benefit: <ol style="list-style-type: none"> Six months after the date of service for an immediate overdenture that required extractions, or 12 months after the date of service for a complete overdenture that did not require extractions. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. Teeth to be retained are not eligible for preventative, periodontal, endodontic or restorative procedures. Only extractions for the retained teeth shall be a benefit. An overdenture is considered to be a complete denture supported both by mucosa and by a few remaining natural teeth that have been altered to permit the denture to completely fit over them.

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PROSTHODONTIC (REMOVABLE)	D5865	Overdenture – complete mandibular	YES	<ol style="list-style-type: none"> Prior authorization is required. Radiographs for prior authorization –submit all radiographs of remaining natural teeth including periapical radiographs of teeth to be retained. A benefit once in a five-year period. Complete denture laboratory relines (D5751) are a benefit: <ol style="list-style-type: none"> Six months after the date of service for an immediate overdenture that required extractions, or 12 months after the date of service for a complete overdenture that did not require extractions. Complete denture chairside relines (D5731) are a benefit: <ol style="list-style-type: none"> Six months after the date of service for an immediate overdenture that required extractions, or 12 months after the date of service for a complete overdenture that did not require extractions. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. Teeth to be retained are not eligible for preventative, periodontal, endodontic or restorative procedures. Only extractions for the retained teeth shall be a benefit. An overdenture is considered to be a complete denture supported both by mucosa and by a few remaining natural teeth that have been altered to permit the denture to completely fit over them.
PROSTHODONTIC (REMOVABLE)	D5899	Unspecified removable prosthodontic procedure, by report	YES, FOR NON-EMERGENCY PROCEDURES	<ol style="list-style-type: none"> Prior authorization is required for non-emergency procedures. Radiographs for prior authorization or payment – submit radiographs if applicable for the type of procedure. Photographs for prior authorization or payment – submit photographs if applicable for the type of procedure. Written documentation for prior authorization or payment – describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed or actual treatment. Procedure D5899 shall be used: <ol style="list-style-type: none"> For a procedure which is not adequately described by a CDT code, or For a procedure that has a CDT code that is not a benefit, but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
MAXILLOFACIAL PROSTHETIC	D5911	Facial moulage (sectional)	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis.
MAXILLOFACIAL PROSTHETIC	D5912	Facial moulage (complete)	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis.
MAXILLOFACIAL PROSTHETIC	D5913	Nasal prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report.
MAXILLOFACIAL PROSTHETIC	D5914	Auricular prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report.
MAXILLOFACIAL PROSTHETIC	D5915	Orbital prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report.
MAXILLOFACIAL PROSTHETIC	D5916	Ocular prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report. Not covered on same DOS as D5923.
MAXILLOFACIAL PROSTHETIC	D5919	Facial prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis.
MAXILLOFACIAL PROSTHETIC	D5922	Nasal septal prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report.
MAXILLOFACIAL PROSTHETIC	D5923	Ocular prosthesis, interim	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report. Not covered on same DOS as D5916.
MAXILLOFACIAL PROSTHETIC	D5924	Cranial prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report.
MAXILLOFACIAL PROSTHETIC	D5925	Facial augmentation implant prosthesis	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis.
MAXILLOFACIAL PROSTHETIC	D5926	Nasal prosthesis, replacement	NO	Written documentation for payment – shall include the medical necessity for replacement.
MAXILLOFACIAL PROSTHETIC	D5927	Auricular prosthesis, replacement	NO	Written documentation for payment – shall include the medical necessity for replacement.
MAXILLOFACIAL PROSTHETIC	D5928	Orbital prosthesis, replacement	NO	Written documentation for payment – shall include the medical necessity for replacement.
MAXILLOFACIAL PROSTHETIC	D5929	Facial prosthesis, replacement	NO	Written documentation for payment – shall include the medical necessity for replacement.
MAXILLOFACIAL PROSTHETIC	D5931	Obturator prosthesis, surgical	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis. Not covered on same DOS as D5932 and D5936.
MAXILLOFACIAL PROSTHETIC	D5932	Obturator prosthesis, definitive	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis. Not covered on same DOS as D5931 and D5936.
MAXILLOFACIAL PROSTHETIC	D5933	Obturator prosthesis, modification	NO	Written documentation for payment - shall include the medical necessity for the modification. Covered twice in 12-month period. Not covered on same DOS as D5931, D5932, and D5936.
MAXILLOFACIAL PROSTHETIC	D5934	Mandibular resection Prosthesis with guide flange	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis.
MAXILLOFACIAL PROSTHETIC	D5935	Mandibular resection Prosthesis without guide flange	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis.
MAXILLOFACIAL PROSTHETIC	D5936	Obturator prosthesis, interim	NO	Requires written documentation for payment. Documentation should include: etiology of disease and/or condition and description of associated surgery or an operative report and a description of the prosthesis. Not covered on same DOS as D5931 and D5932.
MAXILLOFACIAL PROSTHETIC	D5937	Trismus appliance (not for TMD treatment)	YES	Written documentation for authorization should include etiology of disease and/or condition and description of associated surgery.

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MAXILLOFACIAL PROSTHETIC	D5953	Speech aid prosthesis, adult	NO	Written documentation for payment - shall include the treatment performed
MAXILLOFACIAL PROSTHETIC	D5954	Palatal augmentation prosthesis	NO	Written documentation for payment - shall include the treatment performed
MAXILLOFACIAL PROSTHETIC	D5955	Palatal lift prosthesis, definitive	NO	Written documentation for payment - shall include the treatment performed. Not covered on same DOS as D5958.
MAXILLOFACIAL PROSTHETIC	D5958	Palatal lift prosthesis, interim	YES	Written documentation for prior authorization - shall include the treatment to be performed. Not benefit on same DOS as D5955.
MAXILLOFACIAL PROSTHETIC	D5959	Palatal lift prosthesis, modification	NO	Written documentation for payment - shall include the treatment performed. Covered twice in a 12-month period. Not covered on same DOS as D5955 and D5958.
MAXILLOFACIAL PROSTHETIC	D5960	Speech aid prosthesis, modification	NO	Written documentation for payment - shall include the treatment performed. Covered twice in a 12-month period. Not covered on same DOS as D5952 and D5953
MAXILLOFACIAL PROSTHETIC	D5982	Surgical stent	NO	Written documentation for payment - shall include the treatment performed.
MAXILLOFACIAL PROSTHETIC	D5983	Radiation carrier	NO	Written documentation for payment - shall include the etiology of the disease and/or condition. Requires arch code.
MAXILLOFACIAL PROSTHETIC	D5984	Radiation shield	NO	Written documentation for payment - shall include the etiology of the disease and/or condition
MAXILLOFACIAL PROSTHETIC	D5985	Radiation cone locator	NO	Written documentation for payment - shall include the etiology of the disease and/or condition
MAXILLOFACIAL PROSTHETIC	D5986	Fluoride gel carrier	YES	Written documentation for prior authorization - shall include the etiology of the disease and/or condition and The treatment to be performed. Requires an arch code. Benefit only in conjunction with radiation therapy directed at teeth, jaws, or salivary glands.
MAXILLOFACIAL PROSTHETIC	D5987	Commissure splint	NO	Written documentation for payment - shall include the etiology of the disease and/or condition.
MAXILLOFACIAL PROSTHETIC	D5988	Surgical splint	YES	Radiographs for prior authorization. Written documentation for prior authorization - shall include the medical necessity and the treatment to be performed.
MAXILLOFACIAL PROSTHETIC	D5991	Vesiculobullous Disease Medicament Carrier	NO	Written documentation for payment - shall include the etiology of the disease and/or condition. Requires arch code.
MAXILLOFACIAL PROSTHETIC	D5999	Unspecified maxillofacial prosthesis, by report	YES, FOR NON-EMERGENCY PROCEDURES	<ol style="list-style-type: none"> 1. Prior authorization is required for non-emergency procedures. 2. Radiographs for prior authorization or payment – submit radiographs if applicable for the type of procedure. 3. Photographs for prior authorization or payment – submit photographs if applicable for the type of procedure. 4. Written documentation or operative report for prior authorization or payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed or actual treatment. 5. Procedure D5999 shall be used: <ol style="list-style-type: none"> a. For a procedure which is not adequately described by a CDT code, or b. For a procedure that has a CDT code that is not a benefit, but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
IMPLANT SERVICE	D6010	Surgical placement of implant body: endosteal implant	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6011	Surgical access to an Implant body (second stage implant surgery)	NO	This procedure is included in the fee for implant procedures and is not payable separately.
IMPLANT SERVICE	D6013	Surgical placement of mini implant	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6040	Surgical placement: eposteal implant	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6050	Surgical placement: transosteal implant	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.

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TYPE	CDT Codes	Procedure Code Description	AUTH REQUIRED?	LIMITATIONS/NOTES
IMPLANT SERVICE	D6055	Connecting bar – implant supported or abutment supported	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6056	Prefabricated abutment – includes modification and placement	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6057	Custom fabricated abutment – includes placement	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6058	Abutment supported porcelain/ceramic crown	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6063	Abutment supported cast metal crown (predominantly base metal)	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6065	Implant supported porcelain/ceramic crown	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6068	Abutment supported retainer for porcelain/ceramic FPD	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.

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IMPLANT SERVICE	D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6075	Implant supported retainer for ceramic FPD	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	NO	This procedure is included in the fees for periodontal procedures and is not payable separately.
IMPLANT SERVICE	D6082	Implant supported crown – porcelain fused to predominately base alloys	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6086	Implant supported crown – predominately base alloys	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6090	Repair implant supported prosthesis, by report	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.

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IMPLANT SERVICE	D6092	Recement or re-bond Implant/abutment supported crown	NO	Requires tooth code. Original provider is responsible for all re-cementations within the first 12 months following initial placement of implant/abutment supported crowns. Not a benefit within 12 months of previous re-cementation by same provider.
IMPLANT SERVICE	D6093	Recement or re-bond implant/abutment Supported fixed partial denture	NO	Requires quadrant code. Original provider is responsible for all re-cementations within the first 12 months following initial placement of implant/abutment supported fixed partial dentures. Not a benefit within 12 months of previous re-cementation by same provider.
IMPLANT SERVICE	D6095	Repair implant abutment, by report	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6098	Implant supported retainer – porcelain fused to predominately base alloys	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6100	Surgical removal of implant body	NO	Radiographs for payment – submit a radiograph of the implant to be removed. Written documentation for payment – shall include the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Requires tooth code.
IMPLANT SERVICE	D6105	Removal of implant body Not requiring bone removal nor flap elevation	NO	Radiographs for payment – submit a radiograph of the implant to be removed. Requires tooth code.
IMPLANT SERVICE	D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.

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IMPLANT SERVICE	D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6121	Implant supported retainer for metal FPD – predominately base alloys	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6190	Radiographic/Surgical implant index, by report	YES	This procedure is included in the fee for surgical placement of implant body: endosteal implant (D6010).
IMPLANT SERVICE	D6191	Semi-precision abutment – placement	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6192	Semi-precision attachment – placement	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
IMPLANT SERVICE	D6199	Unspecified implant procedure, by report	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. 2. Prior authorization is required. 3. Radiographs for prior authorization - submit arch and pre-operative periapical radiographs. 4. Photographs for prior authorization - submit as applicable for the type of procedure. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 6. Requires a tooth or arch code, as applicable for the type of procedure.
FIXED PROSTHETIC	D6211	Pontic – cast predominantly base metal	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: <ol style="list-style-type: none"> a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). c. Only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791). 6. Not a benefit for patients under the age of 21.

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FIXED PROSTHETIC	D6241	Pontic – porcelain fused to predominantly base metal	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). c. Only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6245	Pontic – porcelain/ceramic	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). c. Only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6251	Pontic – resin with predominantly base metal	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). c. Only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6721	Retainer Crown – resin with predominantly base metal	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6740	Retainer Crown – porcelain/ceramic	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6751	Retainer Crown – porcelain fused to predominantly base metal	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6781	Retainer Crown – 3/4 cast predominantly base metal	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6783	Retainer Crown – 3/4 porcelain/ceramic	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). 6. Not a benefit for patients under the age of 21.

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FIXED PROSTHETIC	D6791	Retainer Crown – full cast predominantly base metal	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit arch and periapical radiographs. 3. Written documentation for prior authorization- shall be submitted for employment or medical reasons. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 4. Requires a tooth code. 5. A benefit: a. Once in a five-year period. b. Only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214). 6. Not a benefit for patients under the age of 21.
FIXED PROSTHETIC	D6930	Re-cement or re-bond fixed partial denture	NO	1. This procedure does not require prior authorization. 2. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 3. Requires a quadrant code. 4. The original provider is responsible for all re-cementations within the first 12 months following the initial placement of a fixed partial denture. 5. Not a benefit within 12 months of a previous re-cementation by the same provider.
FIXED PROSTHETIC	D6980	Fixed partial denture repair, necessitated by restorative material failure	NO	1. This procedure does not require prior authorization. 2. Radiographs for payment –submit pre-operative radiographs of the retainers. 3. Photographs for payment –submit a pre-operative photograph. 4. Written documentation for payment- shall describe the specific conditions addressed by the procedure. 5. Submit a laboratory invoice, if applicable for the type of procedure, for payment. 6. Requires a tooth code. 7. Not a benefit within 12 months of initial placement or previous repair, same provider.
FIXED PROSTHETIC	D6999	Unspecified fixed prosthodontic procedure, by report	YES	1. Prior authorization is required. 2. Radiographs for prior authorization –submit periapical radiographs. 3. Photographs for prior authorization – submit photographs if applicable for the type of procedure. 4. Written documentation for prior authorization – describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 5. Requires a tooth code. 6. Not a benefit within 12 months of initial placement, same provider. 7. Procedure D6999 shall be used: a. For a procedure which is not adequately described by a CDT code, or b. For a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
ORAL & MAXILLOFACIAL SURGERY	D7140	Extraction, erupted tooth Or exposed root (elevation and/or forceps removal)	NO	Requires tooth code. Not a benefit to the same provider who performed the initial tooth extraction.
ORAL & MAXILLOFACIAL SURGERY	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, AND including elevation of Mucoperiosteal flap if indicated	NO	Radiographs for payment –submit a current, diagnostic preoperative periapical or panoramic radiograph depicting the entire tooth. Requires tooth code. Benefit when the removal of any erupted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone or sectioning of the tooth.
ORAL & MAXILLOFACIAL SURGERY	D7220	Removal of impacted tooth – soft tissue	NO	Radiographs for payment –submit a current, diagnostic preoperative periapical or panoramic radiograph depicting the entire tooth. Requires tooth code. Benefit when the major portion or the entire occlusal surface is covered by mucogingival soft tissue
ORAL & MAXILLOFACIAL SURGERY	D7230	Removal of impacted tooth – partially bony	NO	Radiographs for payment –submit a current, diagnostic preoperative periapical or panoramic radiograph depicting the entire tooth. Requires tooth code. A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone. One of the proximal heights of contour of the crown shall be covered by bone.
ORAL & MAXILLOFACIAL SURGERY	D7240	Removal of impacted tooth – completely bony	NO	Radiographs for payment –submit a current, diagnostic preoperative periapical or panoramic radiograph depicting the entire tooth. Requires tooth code. A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone covering most or all of the crown.
ORAL & MAXILLOFACIAL SURGERY	D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	NO	Radiographs for payment –submit a current, diagnostic preoperative periapical or panoramic radiograph depicting the entire tooth. Written documentation for payment – shall justify the unusual surgical complication. Requires tooth code. A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone covering most or all of the crown. Difficulty or complication shall be due to factors such as nerve dissection or aberrant tooth position.
ORAL & MAXILLOFACIAL SURGERY	D7250	Removal of residual tooth roots (cutting procedure)	NO	Radiographs for payment –submit a current, diagnostic preoperative periapical or panoramic radiograph depicting the entire root. Requires a tooth code. A Benefit when root is completely covered by alveolar bone. Not a benefit to same provider who performed initial tooth extraction.
ORAL & MAXILLOFACIAL SURGERY	D7251	Coronectomy – intentional partial tooth removal	YES	Requires a tooth code. Radiographs for prior authorization – submit a current, diagnostic, preoperative radiograph or panoramic radiograph depicting the entire tooth. Written documentation for prior authorization – Shall describe the specific conditions addressed by the procedure and the rationale demonstrating the medical necessity. Requires tooth code.
ORAL & MAXILLOFACIAL SURGERY	D7260	Oroantral fistula closure	NO	1. Radiographs for payment – submit a current, diagnostic preoperative radiograph. 2. Written documentation or operative report for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. Requires a quadrant code. 4. A benefit for the excision of a fistulous tract between the maxillary sinus and oral cavity. 5. Not a benefit in conjunction with extraction procedures (D7111 – D7250).
ORAL & MAXILLOFACIAL SURGERY	D7261	Primary closure of a sinus perforation	NO	1. This procedure cannot be prior authorized. 2. Radiographs for payment – submit a current, diagnostic preoperative radiograph. 3. Operative report for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. Requires a tooth code. 5. A benefit in the absence of a fistulous tract requiring the repair or immediate closure of the oroantral or oral nasal communication, subsequent to the removal of a tooth.

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ORAL & MAXILLOFACIAL SURGERY	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	NO	1. Radiographs for payment –submit a preoperative periapical radiograph. 2. Written documentation for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the tooth/teeth reimplanted. 3. Requires an arch code. 4. A benefit: a. Once per arch regardless of the number of teeth involved, and b. For permanent anterior teeth only. 5. The fee for this procedure includes splinting and/or stabilization, postoperative care and the removal of the splint or stabilization, by the same provider.
ORAL & MAXILLOFACIAL SURGERY	D7285	Incisional Biopsy of oral tissue – hard (bone, tooth)	NO	1. Radiographs for payment –submit a pre-operative radiograph. 2. A pathology report from a certified pathology laboratory is required for payment. 3. Requires an arch code. 4. A benefit: a. For the removal of the specimen only. b. Once per arch, per date of service regardless of the areas involved. 5. Not a benefit with an apicoectomy/periradicular surgery (D3410-D3427), an extraction (D7111-D7250) and an excision of any soft tissues or intraosseous lesions (D7410-D7461) in the same area or region on the same date of service.
ORAL & MAXILLOFACIAL SURGERY	D7286	Incisional Biopsy of oral tissue – soft	NO	1. Written documentation for payment – shall include the area or region and individual areas biopsied. 2. A pathology report from a certified pathology laboratory is required for payment. 3. A benefit: a. For the removal of the specimen only. b. Up to a maximum of three per date of service. 4. Not a benefit with an apicoectomy/periradicular surgery (D3410-D3427), an extraction (D7111-D7250) and an excision of any soft tissues or intraosseous lesions (D7410-D7461) in the same area or region on the same date of service.
ORAL & MAXILLOFACIAL SURGERY	D7310	Alveoplasty in conjunction with extractions - four or more Teeth or tooth spaces, per quadrant	NO	Radiographs for payment – submit radiographs of the involved areas. Requires quadrant code. A benefit on the same date of service with two or more extractions (D7140-D7250) in the same quadrant. Not a benefit when only one tooth is extracted in the same quadrant on the same date of service.
ORAL & MAXILLOFACIAL SURGERY	D7311	Alveoplasty in conjunction with extractions - one to three Teeth or tooth spaces, per quadrant	NO	This procedure can only be billed as alveoplasty in conjunction with extractions- four or more teeth or tooth spaces, per quadrant (D7310).
ORAL & MAXILLOFACIAL SURGERY	D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	NO	1. Radiographs for payment- submit radiographs of the involved areas if photographs do not demonstrate the medical necessity. 2. Photographs for payment- submit photographs of the involved areas. 3. Requires a quadrant code. 4. A benefit regardless of the number of teeth or tooth spaces. 5. Not a benefit within six months following extractions (D7140-D7250) in the same quadrant, for the same provider.
ORAL & MAXILLOFACIAL SURGERY	D7321	Alveoplasty not in conjunction with extractions – one to three Teeth or tooth spaces, per quadrant	NO	This procedure can only be billed as alveoplasty not in conjunction with extractions- four or more teeth or tooth spaces, per quadrant (D7320).
ORAL & MAXILLOFACIAL SURGERY	D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit radiographs. 3. Photographs for prior authorization – submit photographs. 4. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed prosthodontic treatment. 5. Requires an arch code. 6. A benefit once in a five-year period per arch. 7. Not a benefit: a. On the same date of service with a vestibulopathy – ridge extension (D7350) same arch. b. On the same date of service with extractions (D7111-D7250) same arch.
ORAL & MAXILLOFACIAL SURGERY	D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit radiographs. 3. Photographs for prior authorization – submit photographs. 4. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed prosthodontic treatment. 5. Requires an arch code. 6. A benefit once per arch. 7. Not a benefit: a. On the same date of service with a vestibulopathy – ridge extension (D7340) same arch. b. On the same date of service with extractions (D7111-D7250) same arch.
ORAL & MAXILLOFACIAL SURGERY	D7410	Excision of benign lesion up to 1.25 cm	NO	Written documentation for payment – shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. A pathology report from a certified pathology laboratory is required for payment. This procedure is included in the fee for an apicoectomy (D3410, D3421, D3425 and D3426) and periradicular surgery (D3427) and is not payable separately.
ORAL & MAXILLOFACIAL SURGERY	D7411	Excision of benign lesion greater than 1.25 cm	NO	Written documentation for payment – shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. A pathology report from certified pathology laboratory is required for payment. Procedure is included in fee for an apicoectomy (D3410, D3421, D3425 and D3426) and periradicular surgery (D3427) and is not payable separately.
ORAL & MAXILLOFACIAL SURGERY	D7412	Excision of benign lesion, complicated	NO	Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Pathology report from a certified pathology laboratory is required for payment. A benefit when there is extensive undermining with advancement or rotational flap closure.
ORAL & MAXILLOFACIAL SURGERY	D7413	Excision of malignant lesion up to 1.25 cm	NO	Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. A pathology report from a certified pathology laboratory is required for payment.

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ORAL & MAXILLOFACIAL SURGERY	D7414	Excision of malignant Lesion greater than 1.25 cm	NO	Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. A pathology report from a certified pathology laboratory is required for payment.
ORAL & MAXILLOFACIAL SURGERY	D7415	Excision of malignant lesion, complicated	NO	Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. A pathology report from a certified pathology laboratory is required for payment. A benefit when there is extensive undermining with advancement or rotational flap closure.
ORAL & MAXILLOFACIAL SURGERY	D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	NO	Radiographs for payment- submit a radiograph of the tumor. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Pathology report from a certified pathology laboratory is required for payment.
ORAL & MAXILLOFACIAL SURGERY	D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	NO	Radiographs for payment- submit a radiograph of the tumor. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Pathology report from a certified pathology laboratory is required for payment.
ORAL & MAXILLOFACIAL SURGERY	D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	NO	Radiographs for payment- submit a radiograph of the cyst or tumor. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Pathology report from a certified pathology laboratory is required for payment.
ORAL & MAXILLOFACIAL SURGERY	D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	NO	Radiographs for payment- submit a radiograph of the cyst or tumor. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Pathology report from a certified pathology laboratory is required for payment.
ORAL & MAXILLOFACIAL SURGERY	D7460	Removal of benign nonodontogenic cyst or Tumor – lesion diameter up to 1.25 cm	NO	Radiographs for payment- submit a radiograph of the cyst or tumor. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Pathology report from a certified pathology laboratory is required for payment.
ORAL & MAXILLOFACIAL SURGERY	D7461	Removal of benign nonodontogenic cyst or Tumor – lesion diameter greater than 1.25 cm	NO	Radiographs for payment- submit a radiograph of the cyst or tumor. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Pathology report from a certified pathology laboratory is required for payment.
ORAL & MAXILLOFACIAL SURGERY	D7465	Destruction of lesion(s) by physical or chemical method, by report	NO	Photographs for payment –submit a pre-operative photograph. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Examples include using cryo, laser or electro surgery.
ORAL & MAXILLOFACIAL SURGERY	D7471	Removal of lateral exostosis (maxilla or mandible)	NO	Photographs for payment –submit pre-operative photographs. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed prosthodontic treatment. Requires quadrant code. A benefit once per quadrant and for removal of buccal or facial exostosis only.
ORAL & MAXILLOFACIAL SURGERY	D7472	Removal of torus palatinus	NO	Photographs for payment – submit pre-operative photographs. Written documentation for payment – shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed prosthodontic treatment. Benefit once in the patient's lifetime.
ORAL & MAXILLOFACIAL SURGERY	D7473	Removal of torus mandibularis	NO	Photographs for payment – submit pre-operative photographs. Written documentation for payment – shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed prosthodontic treatment. Requires a quadrant code. A benefit once per quadrant.
ORAL & MAXILLOFACIAL SURGERY	D7485	Surgical reduction of osseous tuberosity	NO	Photographs for payment – submit pre-operative photographs. Written documentation for payment – shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed prosthodontic treatment. Requires a quadrant code. A benefit once per quadrant.
ORAL & MAXILLOFACIAL SURGERY	D7490	Radical resection of maxilla or mandible	NO	Photographs for payment – submit pre-operative photographs. Written documentation for payment – shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed prosthodontic treatment.
ORAL & MAXILLOFACIAL SURGERY	D7510	Incision and drainage of abscess – intraoral soft tissue	NO	Written documentation for payment – shall include the tooth involved, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Requires a quadrant code. A benefit once per quadrant, same date of service. Not a benefit when any other definitive treatment is performed in the same quadrant on the same date of service, except necessary radiographs and/or photographs. The fee for this procedure includes the incision, placement and removal of a surgical draining device.
ORAL & MAXILLOFACIAL SURGERY	D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	NO	Written documentation for payment – shall include the tooth involved, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Requires a quadrant code. A benefit once per quadrant, same date of service. Not a benefit when any other definitive treatment is performed in the same quadrant on the same date of service, except necessary radiographs and/or photographs. The fee for this procedure includes the incision, placement and removal of a surgical draining device.
ORAL & MAXILLOFACIAL SURGERY	D7520	Incision and drainage of abscess – extraoral soft tissue	NO	Written documentation for payment shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. The fee for this procedure includes the incision, placement and removal of a surgical draining device.
ORAL & MAXILLOFACIAL SURGERY	D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	NO	Written documentation for payment shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. The fee for this procedure includes the incision, placement and removal of a surgical draining device.
ORAL & MAXILLOFACIAL SURGERY	D7530	Removal of foreign body from mucosa, skin, or Subcutaneous alveolar tissue	NO	Pre-op radiographs needed for payment; written documentation needed for payment - shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Covered once per DOS. Not covered when associated with removal of tumor, cyst (D7440-D7461) or tooth (D7111-D7250).
ORAL & MAXILLOFACIAL SURGERY	D7540	Removal of reaction producing foreign bodies, musculoskeletal system	NO	Pre-op radiographs needed for payment; written documentation needed for payment - shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Covered once per DOS. Not covered when associated with removal of tumor, cyst (D7440-D7461) or tooth (D7111-D7250).

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ORAL & MAXILLOFACIAL SURGERY	D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	NO	Pre-op radiographs needed for payment; written documentation needed for payment - shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Requires quadrant code. A benefit once per quadrant per DOS, only for removal or loose or sloughed off dead bone caused by infection or reduced blood supply. Not a benefit within 30 days of an associated extraction (D7111-D7250).
ORAL & MAXILLOFACIAL SURGERY	D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	NO	Pre-op radiographs needed for payment; written documentation needed for payment - shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Not covered when a tooth fragment or foreign body is retrieved from tooth socket.
ORAL & MAXILLOFACIAL SURGERY	D7610	Maxilla – open reduction (teeth immobilized, if present)	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit when necessary for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7620	Maxilla – closed reduction (teeth immobilized, if present)	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit when necessary for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7630	Mandible – open reduction (teeth immobilized, if present)	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7640	Mandible – closed reduction (teeth immobilized, if present)	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7650	Malar and/or zygomatic arch – open reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7660	Malar and/or zygomatic arch – closed reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7670	Alveolus – closed reduction, may include stabilization of teeth	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. Requires an arch code. 4. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 5. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7671	Alveolus – open reduction, may include stabilization of teeth	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. Requires an arch code. 4. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 5. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. A benefit for the treatment of simple fractures. 4. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 5. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7710	Maxilla – open reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

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ORAL & MAXILLOFACIAL SURGERY	D7720	Maxilla – closed reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7730	Mandible – open reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7740	Mandible – closed reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7750	Malar and/or zygomatic arch – open reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7760	Malar and/or zygomatic arch – closed reduction	NO	1. Radiographs for payment – submit a postoperative radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7770	Alveolus – open reduction stabilization of teeth	NO	1. Radiographs for payment – submit a radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7771	Alveolus, closed reduction stabilization of teeth	NO	1. Radiographs for payment – submit a radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 4. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7780	Facial bones – complicated reduction with fixation and multiple approaches	NO	1. Radiographs for payment – submit a radiograph. 2. Operative report for payment – shall include a copy of the operative report, which describes the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 3. A benefit for the treatment of compound fractures. 4. The fee for this procedure includes the placement and removal of wires, bands, splints and arch bars. 5. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
ORAL & MAXILLOFACIAL SURGERY	D7810	Open reduction of dislocation	NO	Written documentation or operative report for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7820	Closed reduction of dislocation	NO	Written documentation or operative report for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7830	Manipulation under anesthesia	NO	1. Written documentation or operative report for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 2. Anesthesia procedures (D9222-D9248) are a separate benefit, when necessary.
ORAL & MAXILLOFACIAL SURGERY	D7840	Condylectomy	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7850	Surgical discectomy, with/without implant	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7852	Disc repair	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.

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ORAL & MAXILLOFACIAL SURGERY	D7854	Synovectomy	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7856	Myotomy	NO	Written documentation or operative report for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7858	Joint reconstruction	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7860	Arthrotomy	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7865	Arthroplasty	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7870	Arthrocentesis	NO	Written documentation or operative report for payment – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7871	Non-arthroscopic lysis and lavage	NO	This procedure is included in the fee for other procedures and is not payable separately.
ORAL & MAXILLOFACIAL SURGERY	D7872	Arthroscopy – diagnosis, with or without biopsy	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment. 5. This procedure includes the fee for any biopsies performed.
ORAL & MAXILLOFACIAL SURGERY	D7873	Arthroscopy – lavage and lysis of adhesions	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7874	Arthroscopy – disc repositioning and stabilization	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7875	Arthroscopy – synovectomy	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7876	Arthroscopy – discectomy	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7877	Arthroscopy – debridement	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall describe the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, the location (left or right) and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7880	Occlusal orthotic device, by report	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit tomograms or a radiological report. 3. Written documentation for prior authorization – shall include the specific TMJ conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. A benefit for diagnosed TMJ dysfunction. 5. Not a benefit for the treatment of bruxism.
ORAL & MAXILLOFACIAL SURGERY	D7881	Occlusal Orthotic Device Adjustment	NO	This procedure is included in the fee for occlusal orthotic device, by report (D7880) and is not payable separately.
ORAL & MAXILLOFACIAL SURGERY	D7899	Unspecified TMD therapy, by report	YES, FOR NON-EMERGENCY PROCEDURES	1. Prior authorization is required for non-emergency procedures. 2. Radiographs for prior authorization – submit radiographs and/or tomograms, if applicable, for the type of procedure. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. Not a benefit for procedures such as acupuncture, acupressure, biofeedback and hypnosis.
ORAL & MAXILLOFACIAL SURGERY	D7910	Suture of recent small wounds up to 5 cm	NO	1. Written documentation or operative report for payment – shall include the specific conditions addressed by the procedure and the length of the wound. 2. Not a benefit for the closure of surgical incisions.

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ORAL & MAXILLOFACIAL SURGERY	D7911	Complicated suture – up to 5 cm	NO	1. Written documentation or operative report for payment – shall include the specific conditions addressed by the procedure and the length of the wound. 2. Not a benefit for the closure of surgical incisions.
ORAL & MAXILLOFACIAL SURGERY	D7912	Complicated suture – greater than 5 cm	NO	1. Written documentation or operative report for payment – shall include the specific conditions addressed by the procedure and the length of the wound. 2. Not a benefit for the closure of surgical incisions.
ORAL & MAXILLOFACIAL SURGERY	D7920	Skin graft (identify defect covered, location and type of graft)	NO	1. Written documentation or operative report for payment – shall include the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the actual treatment. 2. Not a benefit for periodontal grafting.
ORAL & MAXILLOFACIAL SURGERY	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	NO	This procedure is included in the fee for surgical procedures and is not payable separately.
ORAL & MAXILLOFACIAL SURGERY	D7940	Osteoplasty – for orthognathic deformities	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7941	Osteotomy – mandibular rami	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7944	Osteotomy – segmented or subapical	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. Requires a quadrant code. 5. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7945	Osteotomy – body of mandible	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7946	Lefort I (maxilla – total)	NO	1. Radiographs for payment – submit a pre-operative radiograph. 2. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7947	Lefort I (maxilla – segmented)	NO	1. Radiographs for payment – submit a pre-operative radiograph. 2. An operative report shall be submitted for payment. 3. When reporting asurgically assisted palatal expansion without downfracture, use unspecified oral surgery procedure, by report (D7999).
ORAL & MAXILLOFACIAL SURGERY	D7948	Lefort II or lefort III (osteoplasty of facial bones for midface Hypoplasia or retrusion) – without bone graft	NO	1. Radiographs for payment – submit a pre-operative radiograph. 2. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7949	Lefort II or lefort III – with bone graft	NO	1. Radiographs for payment – submit a pre-operative radiograph. 2. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 4. Not a benefit for periodontal grafting. 5. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. A benefit only for patients with authorized implant services. 5. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7952	Sinus augmentation via a vertical approach	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. A benefit only for patients with authorized implant services. 5. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7955	Repair of maxillofacial soft and/or hard tissue defect	YES	1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment. 4. Not a benefit for periodontal grafting. 5. An operative report shall be submitted for payment.

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ORAL & MAXILLOFACIAL SURGERY	D7961	Buccal/labial frenectomy (frenulectomy)	NO	<ol style="list-style-type: none"> 1. Photographs for payment – submit a pre-operative photograph. 2. Written documentation for payment – shall include the rationale demonstrating the medical necessity and the specific area the treatment was performed. 3. Requires an arch code. 4. A benefit: <ol style="list-style-type: none"> a. Once per arch per date of service. b. Only when the permanent incisors and cuspids have erupted.
ORAL & MAXILLOFACIAL SURGERY	D7962	Lingual frenectomy (frenulectomy)	NO	<ol style="list-style-type: none"> 1. Photographs for payment – submit a pre-operative photograph. 2. Written documentation for payment – shall include the rationale demonstrating the medical necessity and the specific area the treatment was performed. 3. Requires an arch code. 4. A benefit: <ol style="list-style-type: none"> a. Once per arch per date of service. b. Only when the permanent incisors and cuspids have erupted.
ORAL & MAXILLOFACIAL SURGERY	D7963	Frenuloplasty	NO	<ol style="list-style-type: none"> 1. Photographs for payment – submit a pre-operative photograph. 2. Written documentation for payment – shall include the rationale demonstrating the medical necessity and the specific area the treatment was performed. 3. Requires an arch code. 4. A benefit: <ol style="list-style-type: none"> a. Once per arch per date of service. b. Only when the permanent incisors and cuspids have erupted.
ORAL & MAXILLOFACIAL SURGERY	D7970	Excision of hyperplastic tissue – per arch	NO	<ol style="list-style-type: none"> 1. Photographs for payment – submit a pre-operative photograph. 2. Written documentation for payment – shall include the rationale demonstrating the medical necessity and the specific area the treatment was performed. 3. Requires an arch code. 4. A benefit once per arch per date of service. 5. Not a benefit for drug induced hyperplasia or where removal of tissue requires extensive gingival recontouring. 6. This procedure is included in the fees for other surgical procedures that are performed in the same area on the same date of service.
ORAL & MAXILLOFACIAL SURGERY	D7971	Excision of pericoronal gingiva	NO	<ol style="list-style-type: none"> 1. Radiographs for payment – submit a pre-operative periapical radiograph. 2. Photographs for payment – submit a pre-operative photograph only when the radiograph does not adequately demonstrate the medical necessity. 3. Written documentation for payment – shall include the rationale demonstrating the medical necessity. 4. Requires a tooth code. 5. This procedure is included in the fee for other associated procedures that are performed on the same tooth on the same date of service.
ORAL & MAXILLOFACIAL SURGERY	D7972	Surgical reduction of fibrous tuberosity	NO	<ol style="list-style-type: none"> 1. Photographs for payment – submit a pre-operative photograph. 2. Written documentation for payment – shall include the rationale demonstrating the medical necessity and the actual or proposed prosthodontic treatment. 3. Requires a quadrant code. 4. A benefit once per quadrant per date of service. 5. This procedure is included in the fees for other surgical procedures that are performed in the same quadrant on the same date of service.
ORAL & MAXILLOFACIAL SURGERY	D7979	Non-surgical Sialolithotomy	NO	<ol style="list-style-type: none"> 1. Radiographs for payment – submit a pre-operative radiograph. 2. Written documentation or operative report for payment – shall include the area or region the treatment was performed, the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7980	Surgical Sialolithotomy	NO	<ol style="list-style-type: none"> 1. Radiographs for payment – submit a pre-operative radiograph. 2. Written documentation or operative report for payment – shall include the area or region the treatment was performed, the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7981	Excision of salivary gland, by report	NO	Operative report for payment – shall include the area or region the treatment was performed, the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7982	Sialodochoplasty	NO	Operative report for payment – shall include the area or region the treatment was performed, the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7983	Closure of salivary fistula	NO	Operative report for payment – shall include the area or region the treatment was performed, the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history.
ORAL & MAXILLOFACIAL SURGERY	D7990	Emergency tracheotomy	NO	Operative report for payment – shall include the specific conditions addressed by the procedure.
ORAL & MAXILLOFACIAL SURGERY	D7991	Coronoidectomy	YES	<ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization – submit a radiograph. 3. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 4. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7993	Surgical placement of craniofacial implant – extra oral	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment.
ORAL & MAXILLOFACIAL SURGERY	D7994	Surgical placement: zygomatic implant	YES	<ol style="list-style-type: none"> 1. Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to the provider operations manual at cmsp.amm.cc/providers for specific requirements. 2. Prior authorization is required. 3. Radiographs for prior authorization – submit arch, pre-operative periapical and/or panoramic radiographs as applicable. 4. Photographs for prior authorization – submit as applicable. 5. Written documentation for prior authorization – shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment.

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ORAL & MAXILLOFACIAL SURGERY	D7995	Synthetic graft – mandible or facial bones, by report	YES	<ol style="list-style-type: none"> Prior authorization is required. Radiographs for prior authorization – submit a radiograph. Written documentation for prior authorization – shall include the specific conditions to be addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Not a benefit for periodontal grafting. An operative report shall be submitted for payment.
ORAL & MAXILLOFACIAL SURGERY	D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	NO	<ol style="list-style-type: none"> Radiographs for payment – submit a pre-operative radiograph. Written documentation for payment – shall include the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. Requires an arch code. A benefit: <ol style="list-style-type: none"> Once per arch per date of service. For the removal of appliances related to surgical procedures only. Not a benefit for the removal of orthodontic appliances and space maintainers.
ORAL & MAXILLOFACIAL SURGERY	D7999	Unspecified oral surgery procedure, by report	NO	<ol style="list-style-type: none"> Radiographs for payment – submit radiographs if applicable for the type of procedure. Photographs for payment – submit photographs if applicable for the type of procedure. Written documentation or operative report – describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the actual treatment. Procedure D7999 shall be used: <ol style="list-style-type: none"> For a procedure which is not adequately described by a CDT code, or For a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
ADJUNCTIVE SERVICE	D9110	Palliative (emergency) treatment of dental pain – minor procedure	NO	<ol style="list-style-type: none"> This procedure cannot be prior authorized. Written documentation for payment – shall include the tooth/area, condition and specific treatment performed. A benefit once per date of service per provider regardless of the number of teeth and/or areas treated.
ADJUNCTIVE SERVICE	D9120	Fixed partial denture sectioning	NO	<ol style="list-style-type: none"> This procedure does not require prior authorization. Radiographs for payment- submit pre-operative radiographs. Requires a tooth code for the retained tooth. A benefit when at least one of the abutment teeth is to be retained.
ADJUNCTIVE SERVICE	D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	NO	This procedure is only payable as Unspecified TMD Therapy, By Report (D7899).
ADJUNCTIVE SERVICE	D9210	Local anesthesia not in conjunction with operative or surgical procedures	NO	<ol style="list-style-type: none"> This procedure cannot be prior authorized. Written documentation for payment – shall include the medical necessity for the local anesthetic injection. A benefit: <ol style="list-style-type: none"> Once per date of service per provider. Only for use in order to perform a differential diagnosis or as a therapeutic injection to eliminate or control a disease or abnormal state. Not a benefit when any other treatment is performed on the same date of service, except when radiographs/photographs are needed of the affected area to diagnose and document the emergency condition.
ADJUNCTIVE SERVICE	D9211	Regional block anesthesia	NO	This procedure is included in the fee for other procedures and is not payable separately.
ADJUNCTIVE SERVICE	D9212	Trigeminal division block anesthesia	NO	This procedure is included in the fee for other procedures and is not payable separately.
ADJUNCTIVE SERVICE	D9215	Local anesthesia in conjunction with operative Or surgical procedures	NO	This procedure is included in the fee for other procedures and is not payable separately.
ADJUNCTIVE SERVICE	D9219	Evaluation for moderate sedation, deep sedation or General anesthesia	NO	Evaluation for anesthesia procedures is included in the fees for anesthesia and oral evaluation procedures and is not payable separately.
ADJUNCTIVE SERVICE	D9222	Deep sedation/general anesthesia – first 15 minutes	YES	<ol style="list-style-type: none"> Prior authorization is required. Written documentation for authorization–see the criteria in the provider operations manual at cmisp.amm.cc/providers. An anesthesia record that indicates the anesthetic agent(s) and the anesthesia time shall be submitted for payment. The quantity, in 15-minute increments, that was necessary to complete the treatment shall be indicated on the claim. Not a benefit: <ol style="list-style-type: none"> On the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide (D9230), intravenous moderate (conscious) sedation/analgesia (D9239 and D9243) or non-intravenous conscious sedation (D9248). When all associated procedures on the same date of service by the same provider are denied.
ADJUNCTIVE SERVICE	D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	YES	<ol style="list-style-type: none"> Prior authorization is required. Written documentation for authorization–see the criteria under the provider operations manual at cmisp.amm.cc/providers. An anesthesia record that indicates the anesthetic agent(s) and the anesthesia time shall be submitted for payment. The quantity, in 15-minute increments, that was necessary to complete the treatment shall be indicated on the claim. Not a benefit: <ol style="list-style-type: none"> On the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide (D9230), intravenous moderate (conscious) sedation/analgesia (D9239 and D9243) or non-intravenous conscious sedation (D9248). When all associated procedures on the same date of service by the same provider are denied.

Dental Benefit Limitations & Authorization Guide

Note: Members with Share of Cost (SOC) must meet SOC for claims to be eligible for reimbursement.

TYPE	CDT Codes	Procedure Code Description	AUTH REQUIRED?	LIMITATIONS/NOTES
ADJUNCTIVE SERVICE	D9230	Inhalation of nitrous oxide/anxiolysis analgesia	NO	<ol style="list-style-type: none"> This procedure does not require prior authorization. Written documentation for payment for patients age 21-64- shall indicate the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment. Extensive dental treatment shall also be documented for consideration for payment. A benefit: <ol style="list-style-type: none"> For patients age 21-64 when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment. Extensive dental treatment shall also be documented for consideration for payment. Not a benefit: <ol style="list-style-type: none"> On the same date of service as deep sedation/general anesthesia (D9222 and D9223), intravenous moderate (conscious) sedation/analgesia (D9239 and D9243) or non-intravenous conscious sedation (D9248). When all associated procedures on the same date of service by the same provider are denied.
ADJUNCTIVE SERVICE	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	YES	<ol style="list-style-type: none"> Prior authorization is required. Written documentation for authorization – see the criteria under the provider operations manual at cmosp.amm.cc/providers e). An anesthesia record that indicates the anesthetic agent(s) and the anesthesia time shall be submitted for payment. The quantity, in 15-minute increments, that was necessary to complete the treatment shall be indicated on the claim. Not a benefit: <ol style="list-style-type: none"> On the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide (D9230), deep sedation/general anesthesia (D9222 and D9223) or non-intravenous conscious sedation (D9248). When all associated procedures on the same date of service by the same provider are denied.
ADJUNCTIVE SERVICE	D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	YES	<ol style="list-style-type: none"> Prior authorization is required. Written documentation for authorization – see the criteria under the provider operations manual at cmosp.amm.cc/providers e). An anesthesia record that indicates the anesthetic agent(s) and the anesthesia time shall be submitted for payment. The quantity, in 15-minute increments, that was necessary to complete the treatment shall be indicated on the claim. Not a benefit: <ol style="list-style-type: none"> On the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide (D9230), deep sedation/general anesthesia (D9222 and D9223) or non-intravenous conscious sedation (D9248). When all associated procedures on the same date of service by the same provider are denied.
ADJUNCTIVE SERVICE	D9248	Non-intravenous conscious sedation	NO	<ol style="list-style-type: none"> This procedure does not require prior authorization. Written documentation for payment for patients of all ages- shall indicate the specific anesthetic agent administered and the method of administration. Written documentation for payment for patients age 21-64- shall indicate the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment. A benefit: <ol style="list-style-type: none"> For patients age 21-64 when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment. For oral, patch, intramuscular or subcutaneous routes of administration. Once per date of service. Not a benefit: <ol style="list-style-type: none"> On the same date of service as deep sedation/general anesthesia (D9222 and D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230) or intravenous moderate (conscious) sedation/analgesia (D9239 and D9243). When all associated procedures on the same date of service by the same provider are denied.
ADJUNCTIVE SERVICE	D9310	Consultation diagnostic service provided by dentist or physician other than Requesting dentist or physician	NO	This procedure shall only be billed as diagnostic procedures D0120, D0140, D0150, or D0160.
ADJUNCTIVE SERVICE	D9410	House/Extended care facility call	NO	<ol style="list-style-type: none"> Written documentation for payment – shall include the name, phone number, and address of the facility. When requesting treatment for a patient who cannot leave their private residence due to a medical condition, the patient's physician shall submit a letter on their professional letterhead with the following information documented: <ol style="list-style-type: none"> The patient's specific medical condition, and The reason why the patient cannot leave their private residence, and The length of time the patient will be homebound. A benefit: <ol style="list-style-type: none"> Once per patient per date of service. Only in conjunction with procedures that are payable. When this procedure is submitted for payment without associated procedures, the medical necessity for the visit shall be documented and justified.
ADJUNCTIVE SERVICE	D9420	Hospital or ambulatory surgical center call	NO	<ol style="list-style-type: none"> The operative report for payment – shall include the total time in the operating room or ambulatory surgical center. A benefit for each hour or fraction thereof as documented on the operative report. Not a benefit: <ol style="list-style-type: none"> For an assistant surgeon. For time spent compiling the patient history, writing reports or for post-operative or follow up visits. Pre-operative examinations, processing, transportation and set up fees are included in the fee for D9420 and are not payable separately.
ADJUNCTIVE SERVICE	D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	NO	<ol style="list-style-type: none"> This procedure cannot be prior authorized. A benefit once per date of service per provider. Not a benefit for visits to patients residing in a house/extended care facility.

Dental Benefit Limitations & Authorization Guide

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TYPE	CDT Codes	Procedure Code Description	AUTH REQUIRED?	LIMITATIONS/NOTES
ADJUNCTIVE SERVICE	D9440	Office visit – after regularly scheduled hours	NO	1. This procedure cannot be prior authorized. 2. Written documentation for payment – shall include justification of the emergency (chief complaint) and be specific to an area or tooth. The time and day of the week shall also be documented. 3. A benefit: a. Once per date of service per provider. b. Only with treatment that is a benefit. 4. This procedure is to compensate providers for travel time back to the office for emergencies outside of regular office hours.
ADJUNCTIVE SERVICE	D9610	Therapeutic parenteral drug, single administration	NO	1. Written documentation for payment – shall include the specific drug name and classification. 2. A benefit for up to a maximum of four injections per date of service. 3. Not a benefit: a. For the administration of an analgesic or sedative when used in conjunction with deep sedation/general anesthesia (D9222 and D9223), inhalation of nitrous oxide/analgesia, anxiolysis (D9230), intravenous moderate (conscious) sedation/analgesia (D9239 and D9243) or non-intravenous conscious sedation (D9248). b. When all associated procedures on the same date of service by the same provider are denied.
ADJUNCTIVE SERVICE	D9612	Therapeutic parenteral drug, two or more Administrations, different medications	NO	This procedure can only be billed as therapeutic parenteral drug, single administration (D9610).
ADJUNCTIVE SERVICE	D9910	Application of desensitizing medicament	NO	Considered to be emergency treatment only. Written documentation for payment –shall include the tooth/teeth and the specific treatment performed. A benefit once per DOS per provider regardless of number of teeth and/or areas treated, for permanent teeth only. Not a benefit when any other treatment is performed on the same date of service, except when radiographs/photographs are needed of the affected area to diagnose and document the emergency condition.
ADJUNCTIVE SERVICE	D9912	Pre-visit patient screening	NO	This procedure is included in the fee for another procedure and is not payable separately.
ADJUNCTIVE SERVICE	D9920	Behavior management, by report	NO	Written documentation for payment shall include documentation that the patient is a special needs patient that requires additional time for a dental visit. Special needs patients are defined as those patients who have a physical, behavioral, developmental or emotional condition that prohibits them from adequately responding to a provider's attempts to perform a dental visit. Documentation shall include the patient's medical diagnosis of such a condition and the reason for the need of additional time for a dental visit. A benefit for 4 visits in a 12-month period to compensate the provider for additional time needed for providing services to special needs patients, only in conjunction with procedures that are payable.
ADJUNCTIVE SERVICE	D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	NO	Written documentation for payment – shall include the tooth, condition and specific treatment performed. Requires tooth code. A benefit once per DOS per provider, for the treatment of a dry socket or excessive bleeding within 30 days of the DOS of an extraction, for removal of bony fragments within 30 days of DOS of an extraction. Not a benefit for removal of bony fragments on same DOS as extraction, for routine post op visits.
ADJUNCTIVE SERVICE	D9950	Occlusion analysis – mounted case	YES	Written documentation for prior authorization – shall describe the specific symptoms with a detailed history and diagnosis. A benefit once in a 12-month period, for diagnosed TMJ dysfunction, for permanent dentition. Not a benefit for bruxism only. Fee for this procedure includes face bow, interocclusal record tracings, diagnostic wax up and diagnostic casts.
ADJUNCTIVE SERVICE	D9951	Occlusal adjustment – limited	NO	Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. Requires quadrant code. A benefit once in a 12-month period per quadrant per provider, For natural teeth only. Not a benefit within 30 days following definitive restorative, endodontic, removal and fixed prosthodontic treatment in the same or opposing quadrant.
ADJUNCTIVE SERVICE	D9952	Occlusal adjustment – complete	YES	Written documentation for prior authorization – submit interocclusal record tracings that demonstrate the medical necessity to eliminate destructive occlusal forces. A benefit once in a 12-month period following D9950, for diagnosed TMJ dysfunction only, for permanent dentition. Not a benefit in conjunction with D7880. D9950 must precede D9952.
ADJUNCTIVE SERVICE	D9995	Teledentistry – Synchronous; real-time encounter	NO	Written documentation for payment shall include the number of minutes that the transmission occurred. Payable once per DOS per patient per provider up to a max of 90 minutes.
ADJUNCTIVE SERVICE	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review * Transmission costs associated with store and forward are not payable	NO	Transmission costs associated with store and forward are not payable.
ADJUNCTIVE SERVICE	D9999	Unspecified adjunctive procedure, by report	YES, FOR NON-EMERGENCY PROCEDURES	Submit radiographs and/or photographs (if applicable) for type of procedure for prior auth or payment. Written documentation for prior authorization or payment – shall include a full description of the proposed or actual treatment and the medical necessity. D9999 should be used for procedure which is not adequately described by a CDT code or for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.