

# Dental Benefits Matrix



## Important information

- X-rays and chart notes must accompany your request for Prior Authorization.
- Emergency dental services do not require Prior Authorization.
- Please refer to the AHCCCS Uniform Warranty List located under AHCCCS' Guides and Manuals to determine the frequency a restoration or other services can be replaced.
- All NON-PAR providers require Prior Authorization for any services, except emergency services.
- Post-op treatment for services rendered within 3 months of original service is not billable.
- Members age 21 and older have a 1k emergent benefit and prior authorization is not needed if it meets AHCCCS criteria.
- Members age 21 and older that qualify for an emergent root canal may have a crown placed to complete the care. Otherwise, permanent crowns are not a covered benefit.
- Prior authorization is not a guarantee of payment.

## Mail Prior Authorization to:

Mercy Care RBHA Dental Prior Authorization  
4755 S. 44<sup>th</sup> Place  
Phoenix, AZ 85040

**Email Prior Authorizations:** [dental@mercycareaz.org](mailto:dental@mercycareaz.org)

**Fax: 602-431-7155**

**Most dental claims will not require X-rays with submission. However, if your claim requires additional attachments and you need to submit X-rays, chart notes, etc., the claim must be mailed to Mercy Care RBHA. These claims cannot be submitted electronically to us. Please mail these claims to the address below:**

## DENTAL CLAIMS – MAIL TO:

Mercy Care RBHA dental claims  
PO Box 62978  
Phoenix, AZ 85082-2979

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

# MERCY CARE – REGIONAL BEHAVIORAL HEALTH AUTHORITY (MC RBHA)

CDT 2020 Procedure Code	Procedure Description	Coverage Category (0 -20 years)	Additional Documentation Required for Prior Authorization (0-20 years)	Emergent Benefit-Policy 310-D1-covered if it meet AHCCCS criteria (21 years & older)
D0120	Periodic oral examination (2 per year; 6 months plus 1 day apart)	C		N
D0140	Limited oral evaluation-problem focused <b>** May not be billed with D0120,D0150,D0160 or D0170</b>	C		C-policy 310-D1-covered if it meets criteria
D0150	Comprehensive oral evaluation – new or established patient <b>(only billable one time per member/per provider)</b>	C		N
D0160	Detailed and extensive oral evaluation - problem based	C	Include Narrative	N
D0171	Re-evaluation post-operative office visit	C		N
D0180	Comprehensive periodontal evaluation – new or established patient	C-PA	Include Narrative	N
D0190	Screening of a patient	C- One of (D0190, D0191) per 12 Month(s)	Include Narrative	N
D0191	Assessment of a patient	C --One of (D0190, D0191) per 12 Month(s)	Include Narrative	C- policy 310-D1-covered if it meets criteria
D0210	Intraoral - complete series (including bitewings)	C	1 series in a 3 year period	N
D0220	Intraoral - periapical - first film	C		C policy 310-D1-covered if it meets criteria
D0230	Intraoral - periapical - each additional film	C		C- policy 310-D1-covered if it meets criteria
D0240	Intraoral - occlusal film	C		N

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D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	C-PA		N
D0251	Extra-oral posterior dental radiographic	C		N
D0270	Bitewing - single film	C	2 per year; 6 months plus 1 day apart	C- policy 310-D1-covered if it meets criteria
D0272	Bitewings - two films	C	2 per year; 6 months plus 1 day apart	C- policy 310-D1-covered if it meets criteria
D0273	Bitewings – three films	C		C- policy 310-D1-covered if it meets criteria
D0274	Bitewings - four films	C	2 per year; 6 months plus 1 day apart	C- policy 310-D1-covered if it meets criteria
D0277	Vertical bitewings 7 – 8 films	C	1 per 36 month(s)	C- policy 310-D1-covered if it meets criteria
D0310	Sialography	C-PA	Include Narrative	N
D0320	Temporomandibular joint arthrogram, including injection	C-PA	Include Narrative	N
D0321	Other temporomandibular joint films, by report	C-PA	Include Narrative	N
D0330	Panoramic film	C	1 in a 3 year period	C- policy 310-D1-covered if it meets criteria
D0340	Cephalometric film	C-PA		N
D0350	Oral/facial images (includes intra and extra oral images)	C-PA	Include Narrative	N
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	C-PA		N
D0393	Treatment simulation using 3D image volume	C-PA	Include Narrative	N
D0470	Diagnostic casts	C-PA	Include Narrative	N
D0502	Other oral pathology procedures, by report	C-PA	Include Narrative	N
D0999	Unspecified diagnostic procedure, by report	C-PA	Include Narrative	N
D1110	Prophylaxis - adult (ages 14+) (2 per year; 6 months plus 1 day apart)	C	2 per year; 6 months plus 1 day apart	N
D1206	Topical Application of Fluoride Varnish	C	2 per year; 6 months plus 1 day apart	N

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D1208	Topical Application of Fluoride	C	2 per year; 6 months plus 1 day apart	N
D1354	Interim caries arresting medicament application- per tooth	C		N
D1510	Space maintainer-fixed-unilateral	C-PA	Include Narrative	N
D1516	Space maintainer- fixed-bilateral, maxillary	C-PA	Include Narrative	N
D1517	Space maintainer- fixed-bilateral, mandibular	C-PA	Include Narrative	N
D1520	Space maintainer- removable- unilateral	C-PA	Include Narrative	N
D1526	Space maintainer- removable-bilateral, maxillary	C-PA	Include Narrative	N
D1527	Space maintainer- removable-bilateral, mandibular	C-PA	Include Narrative	N
D1551	Re-cementation of bilateral space maintainer, maxillary	C	Include Narrative- with claims submission	N
D1552	Re-cement of bilateral space maintainer, mandibular	C	Include Narrative- with claims submission	N
D1553	Re-cement unilateral space maintainer-per quadrant	C	Include Narrative- with claims submission	N
D1556	Removal of fixed unilateral space maintainer-per quadrant	C	Include Narrative- with claims submission	N
D1557	Removal of fixed bilateral space maintainer, maxillary (done by dentist or practice that did not place appliance)	C	Include Narrative- with claims submission	N
D1558	Removal of fixed bilateral space maintainer, mandibular (done by dentist or practice that did not place appliance)	C	Include Narrative- with claims submission	N
D1575	Distal shoe space maintainer-fixed-unilateral	C-PA	Include Narrative	N
D1999	Unspecified preventive procedure, by report	C-PA	Include Narrative	N
D2140	Amalgam - one surface, primary or permanent	C		N
D2150	Amalgam - two surfaces, primary or permanent	C		N
D2160	Amalgam - three surfaces, primary or permanent	C		N
D2161	Amalgam - four or more surfaces, primary or permanent	C		N
D2330	Resin - one surface, anterior	C		C- policy 310-D1-covered if it meets criteria
D2331	Resin - two surfaces, anterior	C		C- policy 310-D1-covered if it meets criteria
D2332	Resin - three surfaces, anterior	C		C- policy 310-D1-covered if it meets criteria

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D2335	Resin - four or more surfaces OR involving the incisal angle, anterior	C		C- policy 310-D1-covered if it meets criteria
D2390	Resin – based composite crown, anterior	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D2391	Resin – based composite – 1 surface, posterior	C		N
D2392	Resin – based composite – 2 surfaces, posterior	C		N
D2393	Resin – based composite – 3 surfaces, posterior	C		N
D2394	Resin – based composite – 4 or more surfaces, posterior	C		N
D2740	Crown---porcelain/ceramic substrate	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2750	Crown – porcelain fused to high noble metal	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2751	Crown – porcelain fused to predominantly base metal	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2752	Crown – porcelain fused to noble metal	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2753	Crown-porcelain fused to titanium and titanium alloys	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2790	Crown – full cast high noble metal	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2791	Crown – full cast predominantly base metal	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2792	Crown – Full cast noble metal	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2794	Crown- titanium	C-PA - Ages 18-20 Endo Tx Teeth Only	Documentation of seated crown and x-ray required with claim	C- policy 310-D1-covered if it meets criteria-narrative with pre and post op x-rays
D2910	Re-cement inlay, onlay, or partial coverage restoration	C	Include Narrative	C- Policy 310-D1-covered if it meets criteria
D2915	Re-cement cast or prefabricated post and core	C	Include Narrative	C- policy 310-D1-covered if it meets criteria

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D2920	Re-cement crown	C	Include Narrative	C- policy 310-D1-covered if it meets criteria
D2921	Reattachment of tooth fragment, incisial edge or cusp	C	Include Narrative	N
D2929	Prefabricated porcelain/ceramic crown-primary tooth	C-PA	Include Narrative	N
D2930	Prefabricated stainless steel crown - primary tooth	C-PA	Include Narrative	N
D2931	Prefabricated stainless steel crown - permanent tooth	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D2932	Prefabricated resin crown	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D2933	Prefabricated stainless steel crown with resin window	C-PA Anterior teeth only	Include Narrative	C- policy 310-D1-covered if it meets criteria
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	C-PA Anterior teeth only	Include Narrative	N
D2940	Protective restoration –Sedative filling	C-PA	Sedative fillings and permanent restorations on the same tooth may not be billed on the same date of service. Sedative fillings and pulpotomy or RCT may not be billed on the same tooth (primary or permanent) for the same date of service. Sedative fillings not covered on primary teeth without narrative.	C- policy 310-D1-covered if it meets criteria
D2941	Interim therapeutic restoration---primary dentition	C-PA	Include Narrative	N
D2950	Core build-up, including any pins	C-PA	Claims for core build-ups must be accompanied by a narrative describing that greater than ½ of the tooth structure is absent. <b>Not covered on primary teeth.</b>	C- policy 310-D1-covered if it meets criteria
D2951	Pin retention - per tooth, in addition to restoration	C-PA	Include Narrative	N
D2952	Post and core in addition to crown	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D2954	Prefabricated post and core in addition to crown	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D2999	Unspecified restorative procedure, by report	C-PA	Include Narrative	N

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D3110	Pulp cap – direct (excluding final restoration)	C	Direct pulp caps are covered only on permanent teeth. Direct pulp caps and permanent fillings may not be billed on the same tooth on the same date of service. This is considered part of the restoration fee.	C- policy 310-D1-covered if it meets criteria
D3120	Pulp cap - indirect (excluding final restoration)	C	Indirect pulp caps are covered only on permanent teeth. Indirect pulp caps and permanent fillings may not be billed on the same tooth on the same date of service. This is considered part of the restoration fee.	C- policy 310-D1-covered if it meets criteria
D3220	Therapeutic pulpotomy (excluding final restoration), primary and permanent teeth	C-PA	not to be used for apexogenesis	C- policy 310-D1-covered if it meets criteria
D3221	Pulpal debridement, primary and permanent teeth	C		C- policy 310-D1-covered if it meets criteria
D3222	Partial Pulpotomy for apexogenesis--permanent tooth with incomplete root development	C-PA	Include X-ray & narrative	N
D3230	Pulpal therapy (restorable filling)-anterior, primary tooth	C-PA	Excluding final restoration	N
D3240	Pulpal therapy (restorable filling)-posterior, primary tooth	C-PA	Excluding final restoration	N
D3310	Anterior	C-PA	Excluding final restoration	C- policy 310-D1-covered if it meets criteria
D3320	Bicuspid	C-PA	Excluding final restoration	C- policy 310-D1-covered if it meets criteria
D3330	Molar	C-PA	Excluding final restoration	C- policy 310-D1-covered if it meets criteria
D3331	Treatment of root canal obstruction; non-surgical access	C-PA	Include X-ray & Narrative	C- policy 310-D1-covered if it meets criteria
D3332	Incomplete endodontic therapy; inoperable or fractured.	C-PA	Include X-ray & narrative	N
D3333	Internal root repair or perforation defects.	C-PA	Include X-ray & narrative	N
D3346	Retreatment of previous root canal therapy - anterior	C-PA	Include X-ray & narrative	C- policy 310-D1-covered if it meets criteria
D3347	Retreatment of previous root canal therapy – bicuspid	C-PA	Include X-ray & narrative	C- policy 310-D1-covered if it meets criteria
D3348	Retreatment of previous root canal therapy - molar	C-PA	Include X-ray & narrative	C- policy 310-D1-covered if it meets criteria

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D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	C-PA	Include X-ray & narrative	N
D3352	Apexification/recalcification - interim medication (apical closure/calcific repair of perforations, root resorption, etc.)	C-PA	Include X-ray & narrative	N
D3353	Apexification/recalcification - final visit (includes completed root canal therapy)	C-PA	Include X-ray & narrative	N
D3410	Apicoectomy/periradicular surgery - anterior	C-PA	Include X-ray	C- policy 310-D1-covered if it meets criteria
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	C-PA	Include X-ray	C- policy 310-D1-covered if it meets criteria
D3425	Apicoectomy/periradicular surgery - molar (first root)	C-PA	Include X-ray	C- policy 310-D1-covered if it meets criteria
D3426	Apicoectomy/periradicular surgery - each additional root	C-PA	Include X-ray	C- policy 310-D1-covered if it meets criteria
D3430	Retrograde filling - per root	C-PA	Include X-ray & narrative	C- policy 310-D1-covered if it meets criteria
D3450	Root amputation - per root	C-PA	Include X-ray	N
D3920	Hemisection (including any root removal), not including root canal therapy	C-PA	Include X-ray	N
D3999	Unspecified endodontic procedure, by report	C-PA	Include Narrative	N
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart	N
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart	N
D4240	Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart, medical necessity	N
D4241	Gingival flap procedure, including root planing – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart	N
D4249	Clinical crown lengthening – hard tissue	C-PA	Include Narrative, Perio Chart	N
D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth or bounded teeth spaces per quadrant	C-PA	Include Narrative, Perio Chart	N
D4261	Osseous surgery (including flap entry and closure) – 1 to 3 teeth per quadrant	C-PA	Include Narrative, Perio Chart	N
D4263	Bone replacement graft--first site in quadrant	C-PA	Include Narrative	N
D4264	Bone replacement graft—each additional site in quadrant	C-PA	Include Narrative	N

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D4265	Biologic materials to aid in soft and osseous tissue regeneration	C-PA	Include Narrative	N
D4266	Guided tissue regeneration—restorable barrier—per site	C-PA	Include Narrative	N
D4267	Guided tissue regeneration—Non-restorable barrier—per site	C-PA	Include Narrative	N
D4270	Pedicle soft tissue graft procedure	C-PA	Include Narrative	N
D4273	Sub-epithelial connective tissue graft procedures, per tooth	C-PA	Include Narrative	N
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	C-PA	Include Narrative	N
D4275	Soft tissue allograft	C-PA	Include Narrative	N
D4276	Combined connective tissue and double pedicle graft---- per tooth	C-PA	Include Narrative	N
D4320	Provisional splinting---intra-coronal	C-PA	Include Narrative	N
D4321	Provisional splinting---extra-coronal	C-PA	Include Narrative	N
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	C-PA	Include Narrative, Perio Chart, X-rays	N
D4342	Periodontal scaling and root planing – 1 to 3 teeth, per quadrant	C-PA	Include Narrative, Perio Chart, X-rays	N
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth after evaluation	C-PA	Include Narrative, Perio Chart, X-rays	N
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	C-PA	Include Narrative, Perio chart	N
D4910	Periodontal maintenance procedures -following active periodontal therapy—	C-PA	Include Narrative & Perio chart	N
D4920	Unscheduled dressing change (by someone other than the treating dentist)	C-PA		N
D4999	Unspecified periodontal procedure, by report	C-PA	Include Narrative	N
D5110	Complete denture maxillary	C-PA	Include Narrative	N
D5120	Complete denture mandibular	C-PA	Include Narrative	N
D5130	Immediate denture maxillary	C-PA	Include Narrative	N
D5140	Immediate denture mandibular	C-PA	Include Narrative	N
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N

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D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N
D5221	Immediate maxillary partial denture-resin base(including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N
D5222	Immediate mandibular partial denture- resin base(including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N
D5224	Immediate mandibular partial denture-cast metal framework with resin dentures bases (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N
D5282	Removable unilateral partial denture, one-piece cast metal, (including clasp and teeth), maxillary	C-PA	Include Narrative	N
D5283	Removable unilateral partial denture, one-piece cast metal, (including clasp and teeth), mandibular	C-PA	Include Narrative	N
D5284	Removable unilateral partial denture-one-piece flexible base (including clasps and teeth) -per quadrant	C-PA	Include Narrative	N
D5286	Removable unilateral partial denture-one-piece resin (including clasps and teeth)-per quadrant	C-PA	Include Narrative	N
D5410	Adjust complete denture - maxillary	C-PA	Include Narrative	N
D5411	Adjust complete denture - mandibular	C-PA	Include Narrative	N
D5421	Adjust partial denture - maxillary	C-PA	Include Narrative	N
D5422	Adjust partial denture - mandibular	C-PA	Include Narrative	N
D5511	Repair broken complete denture base, mandibular	C-PA	Include Narrative	N
D5512	Repair broken complete denture base, maxillary	C-PA	Include Narrative	N
D5520	Replace missing or broken teeth - complete denture (each tooth)	C-PA	Include Narrative	N
D5611	Repair resin denture base, mandibular	C-PA	Include Narrative	N
D5612	Repair resin denture base, maxillary	C-PA	Include narrative	N
D5620	Repair cast framework	C-PA	Include Narrative	N
D5621	Repair cast metal framework, mandibular	C-PA	Include Narrative	N
D5622	Repair cast metal framework, maxillary	C-PA	Include Narrative	N

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D5630	Repair or replace broken clasp	C-PA	Include Narrative	N
D5640	Replace broken teeth	C-PA	Include Narrative	N
D5650	Add tooth to existing partial denture	C-PA	Include Narrative	N
D5660	Add clasp to existing partial denture	C-PA	Include Narrative	N
D5710	Rebase complete maxillary denture	C-PA	Include Narrative	N
D5711	Rebase complete mandibular +C224 denture	C-PA	Include Narrative	N
D5720	Rebase maxillary partial denture	C-PA	Include Narrative	N
D5721	Rebase mandibular partial denture	C-PA	Include Narrative	N
D5730	Reline maxillary complete denture (chairside)	C-PA	Include Narrative	N
D5731	Reline mandibular complete denture (chairside)	C-PA	Include Narrative	N
D5740	Reline maxillary partial denture (chairside)	C-PA	Include Narrative	N
D5741	Reline mandibular partial denture (chairside)	C-PA	Include Narrative	N
D5750	Reline maxillary complete denture (laboratory)	C-PA	Include Narrative	N
D5751	Reline mandibular complete denture (laboratory)	C-PA	Include Narrative	N
D5760	Reline maxillary partial denture (laboratory)	C-PA	Include Narrative	N
D5761	Reline mandibular partial denture (laboratory)	C-PA	Include Narrative	N
D5820	Maxillary Interim Partial Denture (use for anterior flipper)	C-PA	Include Narrative & X-ray	N
D5821	Mandibular Interim Partial Denture (use for anterior flipper)	C-PA	Include Narrative & X-ray	N
D5850	Maxillary Tissue conditioning	C-PA	Include Narrative	N
D5851	Mandibular Tissue conditioning	C-PA	Include Narrative	N
D5876	Add metal substructure to acrylic full denture (per arch)	C-PA	Include Narrative	N
D5899	Unspecified removable prosthodontic procedure	C-PA	Include narrative	N
D5911	Facial moulage (sectional)	C-PA	Include Narrative	N
D5912	Facial moulage (complete)	C-PA	Include Narrative	N
D5913	Nasal prosthesis	C-PA	Include Narrative	N
D5914	Auricular prosthesis	C-PA	Include Narrative	N
D5915	Orbital prosthesis	C-PA	Include Narrative	N
D5916	Ocular prosthesis	C-PA	Include Narrative	N
D5919	Facial prosthesis	C-PA	Include Narrative	N
D5922	Nasal septal prosthesis	C-PA	Include Narrative	N
D5923	Ocular prosthesis, interim	C-PA	Include Narrative	N
D5924	Cranial prosthesis	C-PA	Include Narrative	N
D5925	Facial augmentation implant prosthesis	C-PA	Include Narrative	N
D5926	Nasal prosthesis, replacement	C-PA	Include Narrative	N
D5927	Auricular prosthesis, replacement	C-PA	Include Narrative	N

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D5828	Orbital prosthesis, replacement	C-PA	Include Narrative	N
D5929	Facial prosthesis, replacement	C-PA	Include Narrative	N
D5931	Obturator prosthesis, surgical	C-PA	Include Narrative	N
D5932	Obturator prosthesis, definitive	C-PA	Include Narrative	N
D5933	Obturator prosthesis, modification	C-PA	Include Narrative	N
D5934	Mandibular resection prosthesis with guide flange	C-PA	Include Narrative	N
D5935	Mandibular resection prosthesis without guide flange	C-PA	Include Narrative	N
D5936	Obturator/prosthesis, interim	C-PA	Include Narrative	N
D5937	Trismus appliance (not for TMD treatment)	C-PA	Include Narrative	N
D5951	Feeding aid	C-PA	Include Narrative	N
D5952	Speech aid prosthesis, pediatric	C-PA	Include Narrative	N
D5953	Speech aid prosthesis, adult	C-PA	Include Narrative	N
D5954	Palatal augmentation prosthesis	C-PA	Include Narrative	N
D5955	Palatal life prosthesis, definitive	C-PA	Include Narrative	N
D5958	Palatal lift prosthesis, interim	C-PA	Include Narrative	N
D5959	Palatal lift prosthesis, modification	C-PA	Include Narrative	N
D5960	Speech aid prosthesis, modification	C-PA	Include Narrative	N
D5982	Surgical stent	C-PA	Include Narrative	N
D5983	Radiation carrier	C-PA	Include Narrative	N
D5984	Radiation shield	C-PA	Include Narrative	N
D5985	Radiation cone locator	C-PA	Include Narrative	N
D5986	Fluoride gel carrier	C-PA	Include Narrative	N
D5987	Commissure splint	C-PA	Include Narrative	N
D5988	Surgical splint	C-PA	Include Narrative	N
D5991	Vesiculobullous disease medicament carrier	C-PA	Include Narrative	N
D5999	Unspecified maxillofacial prosthesis, by report	C-PA	Include Narrative	N
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	C-PA	Include narrative, pre-op x-ray(s), perio charting <b>(Not to be performed in conjunction of D1110, D4910, D4346)</b>	N
D6930	Re-cement fixed partial denture	C-PA	Narrative required with claims submission	N
D6999	Unspecified fixed prosthodontic procedure, by report	C-PA	Include narrative	N

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

\*Extractions of naturally exfoliating teeth are not a covered benefit.  
 \*\*Extractions are covered for ages 0-20 if:  
 1. Tooth (teeth) is symptomatic and/or exhibits pathology.  
 2. Extraction (s) in NOT for orthodontic purposes  
 3. Extraction (s) is NOT for the prophylactic extraction of 3<sup>rd</sup> molars  
 4. Prior Authorization is submitted for ALL 3<sup>rd</sup> molar extractions  
 \*\*Claims for ALL extractions must be accompanied by X-ray and/or treatment notes.

D7111	Coronal remnants – deciduous tooth	C-PA		C- policy 310-D1-covered if it meets criteria
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	C-PA		C- policy 310-D1-covered if it meets criteria
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth including cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure	C-PA		C- policy 310-D1-covered if it meets criteria
D7220	Removal of impacted tooth - soft tissue – occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation	C-PA	Include X-ray, Narrative	C- policy 310-D1-covered if it meets criteria
D7230	Removal of impacted tooth - partially bony – part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal	C-PA	Include X-ray, Narrative	C- policy 310-D1-covered if it meets criteria
D7240	Removal of impacted tooth - completely bony – most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal	C-PA	Include X-ray, Narrative	C- policy 310-D1-covered if it meets criteria
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications – most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position	C-PA	Include X-ray, Narrative	C- policy 310-D1-covered if it meets criteria
D7250	Surgical removal of residual tooth roots (cutting procedure) includes cutting of soft tissue and bone, removal of tooth surface and closure (completely submerged in bone)	C-PA	Include X-ray, Narrative	C- policy 310-D1-covered if it meets criteria
D7251	Coronectomy—intentional partial tooth removal	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria

C- Covered Service      N-Non-covered Service      C-PA - Covered only with prior authorization

D7260	Oral antral fistula closure	C-PA		C- policy 310-D1-covered if it meets criteria
D7261	Primary closure of a sinus perforation	C-PA		C- policy 310-D1-covered if it meets criteria
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	C-PA	Narrative required with claims submission	C- policy 310-D1-covered if it meets criteria
D7280	Surgical access of an unerupted tooth	C-PA	Include X-ray, Narrative	N
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	C-PA	Include X-ray, Narrative	N
D7283	Placement of device to facilitate eruption of impacted tooth	C-PA	Include X-ray, Narrative	N
D7285	Biopsy of oral tissue – hard	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7286	Biopsy of oral tissue – soft	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7292	Surgical placement: Temporary anchorage device (screw retained plate requiring surgical flap)	C-PA	Include X-ray, Narrative	N
D7293	Surgical placement: Temporary anchorage device requiring surgical flap	C-PA	Include X-ray, Narrative	N
D7294	Surgical placement: Temporary anchorage device without surgical flap	C-PA	Include X-ray, Narrative	N
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant	C-PA	Include X-ray , Narrative	C- policy 310-D1-covered if it meets criteria
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	C-PA	Include X-ray , Narrative	C- policy 310-D1-covered if it meets criteria
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	C-PA	Include X-ray , Narrative	C- policy 310-D1-covered if it meets criteria
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	C-PA	Include X-ray , Narrative	C- policy 310-D1-covered if it meets criteria
D7410	Excision of benign lesion up to 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7411	Excision of benign lesion greater than 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7412	Excision of benign lesion – complicated	C-PA	Include Narrative	N
D7413	Excision of malignant lesion up to 1.25 cm	C-PA	Include Narrative	N
D7414	Excision of malignant lesion greater than 1.25 cm	C-PA	Include Narrative	N

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

D7415	Excision of malignant lesion, complicated	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7465	Destruction of lesion(s) by physical or chemical methods, by report	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7471	Removal of lateral exostosis (maxilla or mandible)	C-PA	Include Narrative	N
D7472	Removal of torus palatinus	C-PA	Include Narrative	N
D7473	Removal of torus mandibularis	C-PA	Include Narrative	N
D7485	Surgical reduction of osseous tuberosity	C-PA	Include Narrative	N
D7490	Radical resection of mandible with bone graft	C-PA	Include Narrative	N
D7510	Incision and drainage of abscess - intraoral soft tissue	C	Narrative required with claims submission	C- policy 310-D1-covered if it meets criteria
D7511	Incision and drainage of abscesses – intraoral soft tissue – complicated (multiple fascial spaces) ** Narrative required with claims submission	C	Narrative required with claims submission	C- policy 310-D1-covered if it meets criteria
D7520	Incision and drainage of abscess - extraoral soft tissue ** Narrative required with claims submission	C	Narrative required with claims submission	C- policy 310-D1-covered if it meets criteria
D7521	Incision and drainage of abscesses – extraoral soft tissue – complicated (multiple fascial spaces) **Incision and drainage of abscesses and extractions may not be billed on the same date of service for the same tooth unless a narrative accompanying claim documents use of drain/stent placement.	C	Narrative required with claims submission	C- policy 310-D1-covered if it meets criteria
D7530	Removal of foreign body from mucosa, skin, or subcutaneous areolar tissue	C	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7540	Removal of reaction-producing foreign bodies - musculoskeletal system	C	Include Narrative	C- policy 310-D1-covered if it meets criteria

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

D7550	Partial ostectomy - sequestrectomy for removal of non-vital bone	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
<b>TREATMENT OF FRACTURES (WHEN MEDICALLY NECESSARY)</b>				
D7610	Maxilla - open reduction (teeth immobilized if present)	C-PA		N
D7620	Maxilla - closed reduction (teeth immobilized if present)	C-PA		N
D7630	Mandible - open reduction (teeth immobilized if present)	C-PA		N
D7640	Mandible - closed reduction (teeth immobilized if present)	C-PA		N
D7650	Malar and/or zygomatic arch – open reduction	C-PA		N
D7660	Malar and/or zygomatic arch – closed reduction	C-PA		N
D7670	Alveolus – closed reduction, may include stabilization of teeth	C-PA		N
D7671	Alveolus – open reduction, may include stabilization of teeth	C-PA		N
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	C-PA		N
D7710	Maxilla – open reduction	C-PA		N
D7720	Maxilla - closed reduction	C-PA		N
D7730	Mandible - open reduction	C-PA		N
D7740	Mandible - closed reduction	C-PA		N
D7750	Malar and/or zygomatic arch - open reduction	C-PA		N
D7760	Malar and/or zygomatic arch - closed reduction	C-PA		N
D7770	Alveolus – open reduction stabilization of teeth	C-PA		N
D7771	Alveolus – closed reduction stabilization of teeth	C-PA		N
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	C-PA		N
<b>REDUCTION OF DISCLOCTION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTION (WHEN MEDICALLY NECESSARY)</b>				
D7810	Open Reduction of dislocation	C-PA	Include Narrative	N
D7820	Closed Reduction of dislocation	C-PA	Include Narrative	N
D7830	Manipulation under anesthesia	C-PA	Include Narrative	N
D7840	Condylectomy	C-PA	Include Narrative	N
D7850	Surgical discectomy with/without implant	C-PA	Include Narrative	N

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization



D7852	Disc repair	C-PA	Include Narrative	N
D7854	Synovectomy	C-PA	Include Narrative	N
D7856	Myotomy	C-PA	Include Narrative	N
D7858	Joint reconstruction	C-PA	Include Narrative	N
D7860	Arthrotomy	C-PA	Include Narrative	N
D7865	Arthroplasty	C-PA	Include Narrative	N
D7870	Arthrocentesis	C-PA	Include Narrative	N
D7871	Non-arthroscopy lysis and lavage	C-PA	Include Narrative	N
D7872	Arthroscopy - diagnosis, with or without biopsy	C-PA	Include Narrative	N
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	C-PA	Include Narrative	N
D7874	Arthroscopy - surgical - disc repositioning and stabilization	C-PA	Include Narrative	N
D7875	Arthroscopy – surgical: synovectomy	C-PA	Include Narrative	N
D7876	Arthroscopy - surgical - synovectomy	C-PA	Include Narrative	N
D7877	Arthroscopy - surgical - debridement	C-PA	Include Narrative	N
D7880	Occlusal orthotic appliance	C-PA	Include Narrative	N
D7899	Unspecified TMD therapy, by report	C-PA	Include Narrative	N
<b>REPAIR OF TRAUMATIC WOUNDS</b>				
D7910	Suture of recent small wounds - up to 5 cm**	C-PA		N
D7911	Complicated suture - up to 5 cm**	C-PA		N
D7912	Complicated suture - greater than 5 cm**	C-PA		N
D7920	Skin graft (identify defect covered, location, and type of graft)	C-PA	Include Narrative	N
D7940	Osteoplasty - for orthognathic deformities	C-PA	Include Narrative	N
D7941	Osteotomy - ramus, closed	C-PA	Include Narrative	N
D7943	Osteotomy - ramus, open with bone graft	C-PA	Include Narrative	N
D7944	Osteotomy - segmented or subapical (report by range of tooth numbers within segment)	C-PA	Include Narrative	N
D7945	Osteotomy - body of mandible	C-PA	Include Narrative	N
D7946	LeFort I (maxilla - total)	C-PA	Include Narrative	N
D7947	LeFort I (maxilla - segmented)	C-PA	Include Narrative	N
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	C-PA	Include Narrative	N
D7949	LeFort II or LeFort III - with bone graft	C-PA	Include Narrative	N
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla- autogenous or non-autogenous, by report	C-PA	Include Narrative	N

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	C-PA	Include Narrative	N
D7953	Bone replacement graft for ridge preservation – per site	C-PA	Include Narrative	N
D7955	Repair of maxillofacial soft and hard tissue defect	C-PA	Include Narrative	N
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	C-PA	Include Narrative	N
D7963	Frenuloplasty	C-PA	Include Narrative	N
D7970	Excision of hyperplastic tissue - per arch	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7971	Excision of pericoronal gingiva	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7972	Surgical reduction of fibrous tuberosity	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7979	Non-surgical sialolithotomy	C-PA	Include Narrative	N
D7980	Sialolithotomy	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7981	Excision of salivary gland, by report	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7982	Sialodochoplasty	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7983	Closure of salivary fistula	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D7990	Emergency tracheotomy	C-PA	Include Narrative	N
D7991	Coronoidectomy	C-PA	Include Narrative	N
D7995	Synthetic graft - mandible or facial bones, by report	C-PA	Include Narrative	N
D7996	Implant - mandible for augmentation purposes (excluding alveolar + C8 ridge), by report	C-PA	Include Narrative	N
D7997	Appliance removal (not by dentist who placed the appliance), includes removal of archbar	C-PA	Include Narrative	N
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	C-PA	Include Narrative	N
D7999	Unspecified oral surgery procedure, by report	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
<b>ORTHODONTICS (WHEN MEDICALLY NECESSARY)</b>				
D8010	Limited orthodontic treatment of the primary dentition	C-PA	Include Narrative	N
D8020	Limited orthodontic treatment of the transitional dentition	C-PA	Include Narrative	N

C- Covered Service      N-Non-covered Service      C-PA - Covered only with prior authorization

D8030	Limited orthodontic treatment of the adolescent dentition	C-PA	Include Narrative	N
D8040	Limited orthodontic treatment of the adult dentition	C-PA	Include Narrative	N
D8050	Interceptive orthodontic treatment of the primary dentition	C-PA	Include Narrative	N
D8060	Interceptive orthodontic treatment of the transitional dentition	C-PA	Include Narrative	N
D8070	Comprehensive orthodontic treatment of the transitional dentition	C-PA	Include Narrative	N
D8080	Comprehensive orthodontic treatment of adolescent dentition	C-PA	Include Narrative	N
D8090	Comprehensive orthodontic treatment of the adult dentition	C-PA	Include Narrative	N
D8210	Removable appliance therapy	C-PA	Include Narrative	N
D8220	Fixed appliance therapy	C-PA	Include Narrative	N
D8660	Pre-orthodontic treatment visit	C-PA	Include Narrative	N
D8670	Periodic orthodontic treatment visit (as part of contract)	C-PA	Include Narrative	N
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	C-PA	Include Narrative	N
D8690	Orthodontic treatment (alternative billing to a contract fee, services provided by dentists other than original treating dentist)	C-PA	Include Narrative	N
D8695	Removal of fixed orthodontic appliance(s) - other than at the conclusion of treatment.	C-PA	Include Narrative	N
D8696	Repair of orthodontic appliance, maxillary	C-PA	Include Narrative	N
D8697	Repair of orthodontic appliance, mandibular	C-PA	Include Narrative	N
D8698	Re-cement fixed retainer, maxillary	C-PA	Include Narrative	N
D8699	Re-cement fixed retainer, mandibular	C-PA	Include Narrative	N
D8701	Repair of fixed retainer, includes reattachment, maxillary	C-PA	Include Narrative	N
D8702	Repair of fixed retainer, includes reattachment, mandibular	C-PA	Include Narrative	N
D8703	replacement of lost or broken retainer, maxillary	C-PA	Include Narrative	N
D8704	replacement of lost or broken retainer, mandibular	C-PA	Include Narrative	N

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

D8999	Unspecified orthodontic procedure, by report	C-PA	Include Narrative	N
<b>ADJUNCTIVE GENERAL SERVICES</b>				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	C	Narrative required with claims submission May not be billed with D0140 on same date of service	N
D9120	Fixed Partial Denture Sectioning	C-PA		N
<b>ANESTHESIA</b>				
D9210	Local anesthesia not in conjunction with operative or surgical procedures	C-PA	Include Narrative	N
D9222	Deep sedation/general anesthesia- 1 <sup>st</sup> 15 minutes	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D9223	Deep sedation/general anesthesia – each subsequent 15 min increments	C-PA	Include Narrative May not be billed with behavior management, D9920, D9248 or D9230	C- policy 310-D1-covered if it meets criteria
D9230	Analgesia	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D9239	Intravenous moderate(conscious) – 1 <sup>st</sup> 15 minutes	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D9243	Intravenous moderate(conscious) sedation/analgesia- each subsequent 15 minute increments	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
D9248	Non-intravenous moderate conscious sedation	C-PA	Include Narrative	C- policy 310-D1-covered if it meets criteria
<b>PROFESSIONAL CONSULTATION</b>				
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	C	Include Narrative	N
<b>PROFESSIONAL VISITS</b>				
D9410	House/Extended care facility call	C-PA	Include Narrative	N
D9420	Hospital call	C-PA	Include Narrative	
D9430	Office visit for observation (during regularly scheduled hours), no other services performed	C	Include Narrative	N

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

D9440	Office visit - after regularly scheduled hours	C	Narrative required with claims submission	N
D9610	Therapeutic parenteral drug, single administration	C-PA	Include Narrative	N
D9612	Therapeutic parenteral drugs, two or more administrations, different medications **Therapeutic parenteral drug codes should not be used to report administration of sedatives, anesthetic or reversal agents	C-PA	Include Narrative	N
D9930	Treatment of complications (post-surgical)	C	Narrative required with claims submission	N
D9944	Occlusal guard, hard appliance, full arch	C-PA	Include Narrative, X-ray	N
D9945	Occlusal guard, soft appliance, full arch	C-PA	Include Narrative, X-ray	N
D9946	Occlusal guard, hard appliance, partial arch	C-PA	Include Narrative, X-ray	N
D9951	Occlusal adjustment – limited	C-PA	Include Narrative, X-ray	N
D9999	Unspecified adjunctive procedure, by report	C-PA	Include Narrative, X-ray	N

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization