

All prior authorization requests should be mailed to:
4350 E. Cotton Center Blvd. Building D
Phoenix, AZ 85040

Mercy Care Plan
External - Dental Benefits Matrix

All claims should be mailed to:
Post Office Box 61235
Phoenix, AZ 85082-1235

- All treatment plans in excess of \$1,000 require Prior Authorization.
- X-rays must accompany your request for Prior Authorization.
- Emergency dental services do not require Prior Authorization.
- Members age 21 and over are covered for emergency dental services only.

- Referrals and treatment for TMJ are NOT a covered benefit unless medically necessary and will continue to require Prior Authorization for evaluation.
- All NON-PAR providers require Prior Authorization for any services, except emergency services.
- Replacement of restorations and other services within a 2 year period at the same office is not billable.
- Post-op treatment for services rendered within 3 months of original service is not billable.

Effective 10/01/2009 w/ UPDATES

Prior Authorization is not a guarantee of payment

CDT 2009 Procedure Code	Diagnosis Code (ICD - 9)	Procedure Description	Coverage Category (0 -20 yrs)	Additional Documentation Required for Prior Authorization (0-20 yrs)	Coverage Category 21 yrs & older)	Additional Documentation Required for Prior Authorization (21 yrs and +)
Clinical Oral Examinations						
D0120	V72.2	Periodic oral examination (2 per year; 6 months plus 1 day apart)	C		N/PT	
D0140	V72.2	Limited oral evaluation-problem focused	C		C	
		** May not be billed with D9110 on same date of service				
D0145	V72.2	Oral evaluation for patient under three years of age /counseling with primary caregiver (2 per year; 6 months plus 1 day apart)	C		N	
D0150	V72.2	Comprehensive oral evaluation – new or established patient (only billable one time per member / per provider)	C		N/PT	
D0160	V72.2	Detailed and extensive oral evaluation - problem based	C		N	
		** Narrative required with claims submission				
D0170	V72.2	Re-evaluation limited, problem focused (Established patient; not post-operative visit)	N		N	
		** Narrative required with claims submission				
D0180	V72.2	Comprehensive periodontal evaluation – new or established patient	C		N/PT	
		** Narrative required with claims submission				
Radiographs						
D0210	V72.2	Intraoral - complete series (including bitewings) (1 series in a 3 year period) Not covered for children under 6 years old	C		N/PT	
D0220	V72.2	Intraoral - periapical - first film	C		C	
D0230	V72.2	Intraoral - periapical - each additional film	C		C	
D0240	V72.2	Intraoral - occlusal film	C		N	
D0250	V72.2	Extraoral - first film	C		N	
D0260	V72.2	Extraoral - each additional film	C		N	
D0270	V72.2	Bitewing - single film (2 per year; 6 months plus 1 day apart)	C		N/PT	
D0272	V72.2	Bitewings - two films (2 per year; 6 months plus 1 day apart) Not covered for children under 2 years old	C		N/PT	
D0273	V72.2	Bitewings – three films Not covered for children under 10 years old	C		N	
D0274	V72.2	Bitewings - four films (2 per year; 6 months plus 1 day apart) Not covered for children under 10 years old	C		N/PT	
D0277	V72.2	Vertical bitewings 7 – 8 films	C		N/PT	
D0290	V72.2	Posterior - anterior or lateral skull and facial bone survey film	C-PA		N	
D0310	V72.2	Sialography	C-PA		N	
D0320	V72.2	Temporomandibular joint arthrogram, including injection	C-PA		N	

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D0321	V72.2	Other temporomandibular joint films, by report	C-PA		N	
D0322	V72.2	Tomographic survey	N		N	
D0330	V72.2	Panoramic film (1 in a 3 year period) Not covered for children under 5 years old	C		C	
D0340	V72.2	Cephalometric film	C-PA		N	
D0350	V72.2	Oral/facial images (includes intra and extraoral images)	C-PA	Include Narrative	N/PT	
D0360-0363	V72.2	Cone beam ct/imaging	N		N	
		Test and Laboratory Examinations				
D0415- D0431	V72.2	Testing Procedures	N		N	
D0460	V722	Pulp vitality tests	N		N	
D0470	V722	Diagnostic casts	C-PA	Include Narrative	N	
D0472	V722	Accession of tissue, gross exam, preparation and transmission of written report	N		N	
D0473	V722	Accession of tissue, gross and microscopic exam, prep and transmission of written report	N		N	
D0474	V722	Accession of tissue, gross and microscopic exam, including assessment of surgical margins for presence of disease, preparation and transmission of report	N		N	
D0475- D0479	V722	Pathology lab procedures	N		N	
D0480	V722	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	N		N	
D0481- D0486	V722	Pathology lab procedures	N		N	
D0502	V722	Other oral pathology procedures, by report	C-PA		C-PA	
D0999	V722	Unspecified diagnostic procedure, by report	C-PA	Include narrative	C-PA	Include narrative
		Dental Procedures – Preventive				
D1110	V722	Prophylaxis - adult (ages 14+) (2 per year; 6 months plus 1 day apart)	C		N/PT	
D1120	V722	Prophylaxis - child (ages 0-13) (2 per year; 6 months plus 1 day apart)	C		N	
D1203	V722	Topical application of Fluoride (prophy not included) - child (ages 0-13) (2 per year; 6 months plus 1 day apart)	C		N	
D1204	V722	Topical application of Fluoride (prophy not included) - adult (14-20) (2 per year; 6 months plus 1 day apart)	C		N/PT	
D1206	V722	Topical Fluoride Varnish/Moderate to High Caries Risk Patients (2 per year; 6 months plus 1 day apart)	C		N	
D1310	V722	Nutritional counseling for the control of dental disease**	N		N	
D1320	V722	Tobacco counseling for the control of oral disease**	N		N	
D1330	V722	Oral Hygiene Instruction**	N		N	
		**Oral hygiene instruction, nutritional counseling, and tobacco counseling are considered to be included in the fee for the exam and/or prophylaxis.				
D1351	V722	Sealant - per tooth (permanent first and second molars)- #2, 3, 14, 15, 18, 19, 30, 31, only) Not covered for children over 15 years old	C		N	

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D1510	V722	Space Maintainer - fixed unilateral – for posterior primary teeth only, which have been lost prematurely.	C – PA Posterior teeth only.	X-ray showing evidence of bone coronal to erupting permanent tooth.	N	
D1515	V722	Space Maintainer - fixed bilateral – for posterior primary teeth only, which have been lost prematurely.	C - PA Posterior teeth only	X-ray showing evidence of bone coronal to erupting permanent tooth.	N	
D1520	V722	Space Maintainer - removable unilateral – for posterior primary teeth only	C-PA Posterior teeth only	X-ray showing evidence of bone coronal to erupting permanent tooth.	N	
D1525	V722	Space Maintainer - removable bilateral – for posterior primary teeth only	C-PA Posterior teeth only	X-ray showing evidence of bone coronal to erupting permanent tooth.	N	
D1550	V722	Re-cementation of Space Maintainer	C		N	
		** Narrative required with claims submission				
D1555	V722	Removal of fixed Space maintainer – Not by dentist who placed appliance	C		N	
		** Narrative required with claims submission				
		Dental Procedures – Restorative				
		**Multiple surface restorations on a tooth (whether connecting surfaces or not) on the same date of service is reimbursed by the total number of surfaces restored.				
D2140	V722	Amalgam - one surface, primary or permanent	C		N/PT	
D2150	V722	Amalgam - two surfaces, primary or permanent	C		N/PT	
D2160	V722	Amalgam - three surfaces, primary or permanent	C		N/PT	
D2161	V722	Amalgam - four or more surfaces, primary or permanent	C		N/PT	
D2330	V722	Resin - one surface, anterior	C		C Only for completion of Endo tx. Covered PT	Include x-ray
D2331	V722	Resin - two surfaces, anterior	C		C Only for completion of Endo tx. Covered PT	Include x-ray
D2332	V722	Resin - three surfaces, anterior	C		C Only for completion of Endo tx. Covered PT	Include x-ray
D2335	V722	Resin - four or more surfaces OR involving the incisal angle, anterior	C		C Only for completion of Endo tx. Covered PT	Include x-ray
D2390	V722	Resin – based composite crown, anterior	C		N/PT	

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D2391	V722	Resin – based composite – 1 surface, posterior	C		N/PT	
D2392	V722	Resin – based composite – 2 surfaces, posterior	C		N/PT	
D2393	V722	Resin – based composite – 3 surfaces, posterior	C		N/PT	
D2394	V722	Resin – based composite – 4 or more surfaces, posterior	C		N/PT	
		Cast Fixed Restorations			N/PT	
D2410-D2740	V722	Gold Foil Restorations, Inlay/Onlay Restorations, Resin and High Noble Crowns	N		N	
D2750	V722	Crown – porcelain fused to high noble metal **Documentation of seated crown required with claim	C-PA Ages 18-20 Endo Tx Teeth Only		N/ PT	
D2751	V722	Crown – porcelain fused to predominantly base metal **Documentation of seated crown required with claim	C-PA Ages 18-20 Endo Tx Teeth Only		N/ PT	
D2752	V722	Crown – porcelain fused to noble metal **Documentation of seated crown required with claim	C-PA Ages 18-20 Endo Tx Teeth Only		N/ PT	
D2781	V722	Crown – ¾ cast predominately base metal	N		N	
D2782	V722	Crown – ¾ cast noble metal	N		N	
D2783	V722	Crown – ¾ porcelain/ceramic (NOT including facial veneers)	N		N	
D2790	V722	Crown – full cast high noble metal **Documentation of seated crown required with claim	C-PA Ages 18-20 Endo Tx Teeth Only		N/PT	
D2791	V722	Crown – full cast predominantly base metal **Documentation of seated crown required with claim	C-PA Ages 18-20 Endo Tx Teeth Only		N/PT	
D2792	V722	Crown – Full cast noble metal **Documentation of seated crown required with claim	C-PA Ages 18-20 Endo Tx Teeth Only		N/PT	
D2794	V722	Crown- titanium **Documentation of seated crown required with claim	C-PA Ages 18-20 Endo Tx Teeth Only		N/PT	
D2799	V722	Provisional crown	N		N	
		Other Restorative Services				
D2910	V722	Re-cement inlay, onlay, or partial coverage restoration ** Narrative required with claims submission	C		C	
D2915	V722	Re-cement cast or prefabricated post and core ** Narrative required with claims submission	C		C	
D2920	V722	Re-cement crown	C		C	

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		** Narrative required with claims submission				
D2930	V722	Prefabricated stainless steel crown - primary tooth	C		N	
D2931	V722	Prefabricated stainless steel crown - permanent tooth	C		C	
D2932	V722	Prefabricated resin crown	C		C	
D2933	V722	Prefabricated stainless steel crown with resin window	C Anterior teeth only		C Anterior teeth only	
D2934	V722	Prefabricated esthetic coated stainless steel crown – primary tooth	C Anterior teeth only		N	
D2940	V722	Sedative filling	C		C	
		**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.				
D2950	V722	Core build-up, including any pins	C		C Anterior teeth only, PT any tooth	X-ray & Narrative
		**Claims for core build-ups must be accompanied by a narrative describing that greater than ½ of the tooth structure is absent. **Not covered on primary teeth.				
D2951	V722	Pin retention - per tooth, in addition to restoration	C		C Anterior teeth only, PT any tooth	Include X-ray
D2952	V722	Post and core in addition to crown	C		C Anterior teeth only, PT any tooth	
D2953	V722	Each additional cast post-same tooth	N		N	
D2954	V722	Prefabricated post and core in addition to crown	C		C Anterior teeth only, PT any tooth	Include X-ray
D2955	V722	Post removal (not in conjunction with endodontic therapy)	N		N	
D2957	V722	Each additional prefabricated post –same tooth	N		N	
D2960- D2962 & 2971-D2980	V722	Labial veneers, crown repairs, and additional procedures for crowns under existing partials	N		N	
D2970	V722	Temporary crown (fractured tooth)	C		C	
D2999	V722	Unspecified restorative procedure, by report	C-PA	Include Narrative	C-PA	Include Narrative
Dental Procedures - Endodontics						
D3110	V722	Pulp cap – direct (excluding final restoration)	C		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.				
D3120	V722	Pulp cap - indirect (excluding final restoration)	C		N	

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		**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.				
D3220	V722	Therapeutic pulpotomy (excluding final restoration), primary and permanent teeth (not to be used for apexogenesis)	C		C	Will be paid as palliative treatment (D9110)
D3221	V722	Pulpal debridement, primary and permanent teeth	C		C	Will be paid as palliative treatment (D9110)
D3222	V722	Partial Pulpotomy for apexogenesis--permanent tooth with incomplete root development	C-PA	Include X-ray	N/PT	
D3230	V722	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding restoration)	C		C-PA	Include x-ray & Narrative
D3240	V722	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding restoration)	C		N	
		Root Canal Therapy (Including Follow-up Care)				
		**Initial x-ray for root canal therapy (RCT) is a covered benefit. Subsequent x-rays are considered included in the fee for RCT and are not billable.				
D3310	V722	Anterior (excluding final restoration)	C		C-PA	Include x-ray
D3320	V722	Bicuspid (excluding final restoration)	C		N/PT	
D3330	V722	Molar (excluding final restoration)	C		N/PT	
D3331	V722	Treatment of root canal obstruction; non-surgical access	C-PA	Include x-ray & Narrative	C-PA anterior teeth only	Include x-ray & Narrative
D3332	V722	Incomplete endodontic therapy; inoperable or fractured.	C-PA	Include x-ray & Narrative	C-PA anterior teeth only	Include x-ray & Narrative
D3333	V722	Internal root repair or perforation defects.	C-PA	Include x-ray & Narrative	C-PA anterior teeth only	Include x-ray & Narrative
D3346	V722	Retreatment of previous root canal therapy - anterior	C-PA	Include x-ray	C-PA	Include x-ray
D3347	V722	Retreatment of previous root canal therapy - bicuspid	C-PA	Include x-ray	N/PT	
D3348	V722	Retreatment of previous root canal therapy - molar	C-PA	Include x-ray	N/PT	
D3351	V722	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	C-PA	Include x-ray & narrative	N	
D3352	V722	Apexification/recalcification - interim medication (apical closure/calcific repair of perforations, root resorption, etc.)	C-PA	Include x-ray & narrative	N	
D3353	V722	Apexification/recalcification - final visit (includes completed root canal therapy)	C-PA	Include x-ray & narrative	N	
D3410	V722	Apicoectomy/periradicular surgery - anterior	C-PA	Include x-ray	C-PA	Include x-ray
D3421	V722	Apicoectomy/periradicular surgery - bicuspid (first root)	C-PA	Include x-ray	N/PT	
D3425	V722	Apicoectomy/periradicular surgery - molar (first root)	C-PA	Include x-ray	N/PT	
D3426	V722	Apicoectomy/periradicular surgery - each additional root	C-PA	Include x-ray	N/PT	
D3430	V722	Retrograde filling - per root	C-PA	Include x-ray	C-PA anterior teeth only, PT any tooth	Include x-ray
D3450	V722	Root amputation - per root	C-PA	Include x-ray	N/PT	
D3460	V722	Endodontic endosseous implant	N		N	
D3470	V722	Intentional replantation (including necessary splinting)	C-PA	Include x-ray and Narrative	N	
D3910	V722	Surgical procedure for isolation of tooth with rubber dam	N		N	
D3920	V722	Hemisection (including any root removal), not including root canal therapy	C-PA	Include x-ray	N/PT	
D3950	V722	Canal preparation and fitting of performed dowel or post	N		N	

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D3999	V722	Unspecified endodontic procedure, by report	C-PA	Include Narrative	C-PA	Include Narrative
Dental Procedures - Periodontics						
D4210	V722	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart	N/PT	
D4211	V722	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart	N/PT	
D4230	V722	Anatomical Crown Exposure – Four or more contiguous teeth per quadrant	N		N	
D4231	V722	Anatomical Crown Exposure – 1 to 3 teeth per quadrant	N		N	
D4240	V722	Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart	N	
D4241	V722	Gingival flap procedure, including root planing – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	C-PA	Include Narrative, Perio Chart	N	
D4245	V722	Apically positioned flap	N		N	
D4249	V722	Clinical crown lengthening – hard tissue	C-PA		N/PT	
D4260	V722	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/PT	
D4261	V722	Osseous surgery (including flap entry and closure) – 1 to 3 teeth per quadrant	C-PA	Include Narrative, Perio Chart	N/PT	
D4263	V722	Bone replacement graft---first site in quadrant	C-PA	Include Narrative	N	
D4264	V722	Bone replacement graft—each additional site in quadrant	C-PA	Include Narrative	N	
D4265	V722	Biologic materials to aid in soft and osseous tissue regeneration	C-PA	Include Narrative	N	
D4266	V722	Guided tissue regeneration—resorbable barrier—per site	C-PA	Include Narrative	N	
D4267	V722	Guided tissue regeneration—Non-resorbable barrier—per site	C-PA	Include Narrative	N	
D4270	V722	Pedicle soft tissue graft procedure	C-PA	Include Narrative	N	
D4271	V722	Free soft tissue graft procedure (including donor site surgery)	C-PA	Include Narrative	N	
D4273	V722	Subepithelial connective tissue graft procedures, per tooth	C-PA	Include Narrative	N	
D4274	V722	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area	C-PA	Include Narrative	N	
D4275	V722	Soft tissue allograft	C-PA	Include Narrative	N	
D4276	V722	Combined connective tissue and double pedicle graft---per tooth	C-PA	Include Narrative	N	
D4320	V722	Provisional splinting---intracoronal	C-PA	Include Narrative	C-PA	
D4321	V722	Provisional splinting---extracoronal	C-PA	Include Narrative	C-PA	
D4341	V722	Periodontal scaling and root planing – 4 or more teeth per quadrant	C-PA	Include Narrative, Perio Chart, X-rays	N/PT	
D4342	V722	Periodontal scaling and root planing – 1 to 3 teeth, per quadrant	C-PA	Include Narrative, Perio Chart, X-rays	N/PT	
D4355	V722	Full mouth debridement to enable comprehensive evaluation and diagnosis	C-PA	Include Narrative, Perio chart	C-PA	Include Narrative, Perio Chart
D4381	V722	Localized delivery of chemotherapeutic agent via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	N		N	
D4910	V722	Periodontal maintenance procedures -following active periodontal therapy—	C-PA	Include Narrative & Perio chart	N/PT	

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D4920	V722	Unscheduled dressing change (by someone other than the treating dentist)	C/PA		N	
D4999	V722	Unspecified periodontal procedure, by report	C-PA	Include Narrative	C-PA	Include Narrative
Dental Procedures – Prosthodontics (When Medically Necessary)						
D5110	V722	Complete denture maxillary	C-PA	Include Narrative	N	
D5120	V722	Complete denture mandibular	C-PA	Include Narrative	N	
D5130	V722	Immediate denture maxillary	C-PA	Include Narrative	N	
D5140	V722	Immediate denture mandibular	C-PA	Include Narrative	N	
D5211	V722	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N	
D5212	V722	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N	
D5213	V722	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N	
D5214	V722	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	C-PA	Include Narrative	N	
D5225	V722	Maxillary partial denture – flexible base (including any clasps, rests, and teeth)	N		N	
D5226	V722	Mandibular partial denture – flexible base (including any clasps, rests, and teeth)	N		N	
D5281	V722	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	C-PA	Include Narrative	N	
D5410	V722	Adjust complete denture - maxillary	C-PA	Include Narrative	N	
D5411	V722	Adjust complete denture - mandibular	C-PA	Include Narrative	N	
D5421	V722	Adjust partial denture - maxillary	C-PA	Include Narrative	N	
D5422	V722	Adjust partial denture - mandibular	C-PA	Include Narrative	N	
D5510	V722	Repair broken complete denture base	C-PA	Include Narrative	N	
D5520	V722	Replace missing or broken teeth - complete denture (each tooth)	C-PA	Include Narrative	N	
D5610	V722	Repair resin denture base	C-PA	Include Narrative	N	
D5620	V722	Repair cast framework	C-PA	Include Narrative	N	
D5630	V722	Repair or replace broken clasp	C-PA	Include Narrative	N	
D5640	V722	Replace broken teeth	C-PA	Include Narrative	N	
D5650	V722	Add tooth to existing partial denture	C-PA	Include Narrative	N	
D5660	V722	Add clasp to existing partial denture	C-PA	Include Narrative	N	
D5670	V722	Replace all teeth and acrylic on cast metal framework (maxillary)	N		N	
D5671	V722	Replace all teeth and acrylic on cast metal framework (mandibular)	N		N	
D5710	V722	Rebase complete maxillary denture	C-PA	Include Narrative	N	
D5711	V722	Rebase complete mandibular +C224 denture	C-PA	Include Narrative	N	
D5720	V722	Rebase maxillary partial denture	C-PA	Include Narrative	N	
D5721	V722	Rebase mandibular partial denture	C-PA	Include Narrative	N	
D5730	V722	Reline maxillary complete denture (chairside)	C-PA	Include Narrative	N	
D5731	V722	Reline mandibular complete denture (chairside)	C-PA	Include Narrative	N	
D5740	V722	Reline maxillary partial denture (chairside)	C-PA	Include Narrative	N	
D5741	V722	Reline mandibular partial denture (chairside)	C-PA	Include Narrative	N	
D5750	V722	Reline maxillary complete denture (laboratory)	C-PA	Include Narrative	N	
D5751	V722	Reline mandibular complete denture (laboratory)	C-PA	Include Narrative	N	
D5760	V722	Reline maxillary partial denture (laboratory)	C-PA	Include Narrative	N	
D5761	V722	Reline mandibular partial denture (laboratory)	C-PA	Include Narrative	N	
D5820	V722	Interim Partial Denture (use for anterior flipper) (maxillary)	C-PA	Include Narrative & x-ray	N	

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

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D5821	V722	Interim Partial Denture (use for anterior flipper) (mandibular)	C-PA	Include Narrative & x-ray	N	
D5850	V722	Tissue conditioning---maxillary	C-PA	Include Narrative	N	
D5851	V722	Tissue conditioning---mandibular	C-PA	Include Narrative	N	
D5860- D5862	V722	Other removable prosthetic services	N		N	
D5867	V722	Replacement of replaceable part of semi-precision attachment (male or female component)	N		N	
D5875	V722	Modification of removable prosthesis following implant surgery	N		N	
D5899	V722	Unspecified removable prosthodontic procedure	C-PA	Include Narrative	N	
Dental Procedures – Maxillofacial Prosthetics (When Medically Necessary)						
D5911	V722	Facial moulage (sectional)	C-PA	Include Narrative	N	
D5912	V722	Facial moulage (complete)	C-PA	Include Narrative	N	
D5913	V722	Nasal prosthesis	C-PA	Include Narrative	N	
D5914	V722	Auricular prosthesis	C-PA	Include Narrative	N	
D5915	V722	Orbital prosthesis	C-PA	Include Narrative	N	
D5916	V722	Ocular prosthesis	C-PA	Include Narrative	N	
D5919	V722	Facial prosthesis	C-PA	Include Narrative	N	
D5922	V722	Nasal septal prosthesis	C-PA	Include Narrative	N	
D5923	V722	Ocular prosthesis, interim	C-PA	Include Narrative	N	
D5924	V722	Cranial prosthesis	C-PA	Include Narrative	N	
D5925	V722	Facial augmentation implant prosthesis	C-PA	Include Narrative	N	
D5926	V722	Nasal prosthesis, replacement	C-PA	Include Narrative	N	
D5927	V722	Auricular prosthesis, replacement	C-PA	Include Narrative	N	
D5828	V722	Orbital prosthesis, replacement	C-PA	Include Narrative	N	
D5929	V722	Facial prosthesis, replacement	C-PA	Include Narrative	N	
D5931	V722	Obturator prosthesis, surgical	C-PA	Include Narrative	N	
D5932	V722	Obturator prosthesis, definitive	C-PA	Include Narrative	N	
D5933	V722	Obturator prosthesis, modification	C-PA	Include Narrative	N	
D5934	V722	Mandibular resection prosthesis with guide flange	C-PA	Include Narrative	N	
D5935	V722	Mandibular resection prosthesis without guide flange	C-PA	Include Narrative	N	
D5936	V722	Obturator/prosthesis, interim	C-PA	Include Narrative	N	
D5937	V722	Trismus appliance (not for TMD treatment)	C-PA	Include Narrative	N	
D5951	V722	Feeding aid	C-PA	Include Narrative	N	
D5952	V722	Speech aid prosthesis, pediatric	C-PA	Include Narrative	N	
D5953	V722	Speech aid prosthesis, adult	C-PA	Include Narrative	N	
D5954	V722	Palatal augmentation prosthesis	C-PA	Include Narrative	N	
D5955	V722	Palatal life prosthesis, definitive	C-PA	Include Narrative	N	
D5958	V722	Palatal lift prosthesis, interim	C-PA	Include Narrative	N	
D5959	V722	Palatal lift prosthesis, modification	C-PA	Include Narrative	N	
D5960	V722	Speech aid prosthesis, modification	C-PA	Include Narrative	N	
D5982	V722	Surgical stent	C-PA	Include Narrative	N	
D5983	V722	Radiation carrier	C-PA	Include Narrative	N	
D5984	V722	Radiation shield	C-PA	Include Narrative	N	

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D5985	V722	Radiation cone locator	C-PA	Include Narrative	N	
D5986	V722	Fluoride gel carrier	C-PA	Include Narrative	N	
D5987	V722	Commissure splint	C-PA	Include Narrative	N	
D5988	V722	Surgical splint	C-PA	Include Narrative	N	
D5991	V722	Topical medicament carrier	C-PA	Include Narrative	N	
D5999	V722	Unspecified maxillofacial prosthesis, by report	C-PA	Include Narrative	N	
Dental Procedures - Implant Services						
D6010-D6199	V722	Surgical Implants	N		N	
Dental Procedures – Prosthodontics - Fixed						
D6205-D6253	V722	Pontics	N		N	
D6545-D6634	V722	Inlays/Onlays	N		N	
D6710-D6920	V722	Crowns - cast (resin/porcelain)	N		N	
D6930	V722	Re-cement fixed partial denture	C		C	
		** Narrative required with claims submission				
D6940-D6985	V722	Other Fixed Partial Denture Procedures	N		N	
D6999	V722	Unspecified fixed prosthodontic procedure, by report	C-PA	Include narrative	C-PA	Include narrative
Oral and Maxillofacial Surgery (Symptomatic Teeth Only)						
		**Extractions of naturally exfoliating teeth are not a covered benefit. **Extractions are covered if the tooth is symptomatic and/or exhibits pathology. **Claims for ALL extractions must be accompanied by narrative and/or treatment notes. **Extractions solely for orthodontic purposes are not covered. ** Prophylactic extractions of 3 rd molars are not covered. **All 3 rd molar extractions require Prior Authorization for all members.				
D7111	V722	Coronal remnants – deciduous tooth	C		C	
D7140	V722	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	C		C	
D7210	V722	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		C	
D7220	V722	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-PA	Include x-ray, Narrative
D7230	V722	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-PA	Include x-ray, Narrative
D7240	V722	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-PA	Include x-ray, Narrative
D7241	V722	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-PA	Include x-ray, Narrative
D7250	V722	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		C	

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		** Narrative required with claims submission				
D7260	V722	Oral antral fistula closure	C		C	
D7261	V722	Primary closure of a sinus perforation	C		C	
D7270	V722	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	C		C	
		** Narrative required with claims submission				
D7272	V722	Tooth transplantation (includes from one site to another and splinting and/or stabilization	N		N	
D7280	V722	Surgical access of an unerupted tooth	C-PA	Include x-ray, Narrative	N	
D7282	V722	Mobilization of erupted or malpositioned tooth to aid eruption	C-PA	Include x-ray, Narrative	N	
D7283	V722	Placement of device to facilitate eruption of impacted tooth	C-PA	Include x-ray, Narrative	N	
D7285	V722	Biopsy of oral tissue – hard	C-PA	Include Narrative	C-PA	Include Narrative
D7286	V722	Biopsy of oral tissue – soft	C-PA	Include Narrative	C-PA	Include Narrative
D7287	V722	Cytology sample collection	N		N	
D7288	V722	Brush biopsy – trans epithelial sample collection	N		N	
		** Include narrative and pathology report with claim				
D7290	V722	Surgical repositioning of teeth	N		N	
D7291	V722	Transseptal fiberotomy – supra crestal fiberotomy, by report	N		N	
D7292	V722	Surgical placement: Temporary anchorage device (screw retained plate requiring surgical flap)	C-PA	Include x-ray , Narrative	C-PA	Include x-ray, Narrative
D7293	V722	Surgical placement: Temporary anchorage device requiring surgical flap	C-PA	Include x-ray, Narrative	C-PA	Include x-ray, Narrative
D7294	V722	Surgical placement: Temporary anchorage device without surgical flap	C-PA	Include x-ray, Narrative	C-PA	Include x-ray, Narrative
D7310	V722	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant	C-PA	Include x-ray, Narrative	C-PA	Include x-ray, Narrative
D7311	V722	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	C-PA	Include x-ray, Narrative	C-PA	Include x-ray, Narrative
D7320	V722	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	C-PA	Include x-ray, Narrative	C-PA	Include x-ray, Narrative
D7321	V722	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	C-PA	Include x-ray, Narrative	C-PA	Include x-ray, Narrative
D7340	V722	Vestibuloplasty - ridge extension (second epithelialization)	N		N	
D7350	V722	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue.)	N		N	
D7410	V722	Excision of benign lesion up to 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7411	V722	Excision of benign lesion greater than 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7412	V722	Excision of benign lesion – complicated	C-PA	Include Narrative	C-PA	Include Narrative
D7413	V722	Excision of malignant lesion up to 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7414	V722	Excision of malignant lesion greater than 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7415	V722	Excision of malignant lesion, complicated	C-PA	Include Narrative	C-PA	Include Narrative
D7465	V722	Destruction of lesion(s) by physical or chemical methods, by report	C-PA	Include Narrative	C-PA	Include Narrative

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D7440	V722	Excision of malignant tumor - lesion diameter up to 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7441	V722	Excision of malignant tumor - lesion diameter greater than 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7450	V722	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7451	V722	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7460	V722	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7461	V722	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	C-PA	Include Narrative	C-PA	Include Narrative
D7471	V722	Removal of lateral exostosis (maxilla or mandible)	C-PA	Include Narrative	C-PA	Include Narrative
D7472	V722	Removal of torus palatinus	C-PA	Include Narrative	C-PA	Include Narrative
D7473	V722	Removal of torus mandibularis	C-PA	Include Narrative	C-PA	Include Narrative
D7485	V722	Surgical reduction of osseous tuberosity	C-PA	Include Narrative	C-PA	Include Narrative
D7490	V722	Radical resection of mandible with bone graft	C-PA	Include Narrative	C-PA	
D7510	V722	Incision and drainage of abscess - intraoral soft tissue	C		C	
		** Narrative required with claims submission				
D7511	V722	Incision and drainage of abscesses – intraoral soft tissue – complicated (multiple fascial spaces)	C		C	
		** Narrative required with claims submission				
D7520	V722	Incision and drainage of abscess - extraoral soft tissue	C		C	
		** Narrative required with claims submission				
D7521	V722	Incision and drainage of abscesses – extraoral soft tissue – complicated (multiple fascial spaces)	C		C	
		** Narrative required with claims submission				
		**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.				
D7530	V722	Removal of foreign body from mucosa, skin, or subcutaneous areolar tissue	C-PA	Include Narrative	C-PA	Include Narrative
D7540	V722	Removal of reaction-producing foreign bodies - musculoskeletal system	C		C	
D7550	V722	Partial osteotomy - sequestrectomy for removal of non-vital bone	C-PA	Include Narrative	C-PA	Include Narrative
D7560	V722	Maxillary sinusotomy for removal of tooth fragment or foreign body	C-PA	Include Narrative	C-PA	Include Narrative
		Treatment of Fractures (When Medically Necessary)				
		** Treatment notes and x-rays must accompany claim				
D7610	V722	Maxilla - open reduction (teeth immobilized if present)	C		C	
D7620	V722	Maxilla - closed reduction (teeth immobilized if present)	C		C	
D7630	V722	Mandible - open reduction (teeth immobilized if present)	C		C	
D7640	V722	Mandible - closed reduction (teeth immobilized if present)	C		C	
D7650	V722	Malar and/or zygomatic arch – open reduction	C		C	
D7660	V722	Malar and/or zygomatic arch – closed reduction	C		C	
D7670	V722	Alveolus – closed reduction, may include stabilization of teeth	C		C	
D7671	V722	Alveolus – open reduction, may include stabilization of teeth	C		C	
D7680	V722	Facial bones - complicated reduction with fixation and multiple surgical approaches	C		C	
D7710	V722	Maxilla – open reduction	C		C	
D7720	V722	Maxilla - closed reduction	C		C	
D7730	V722	Mandible - open reduction	C		C	
D7740	V722	Mandible - closed reduction	C		C	
D7750	V722	Malar and/or zygomatic arch - open reduction	C		C	

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N-Non-covered Service

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D7760	V722	Malar and/or zygomatic arch - closed reduction	C		C	
D7770	V722	Alveolus – open reduction stabilization of teeth	C		C	
D7771	V722	Alveolus – closed reduction stabilization of teeth	C		C	
D7780	V722	Facial bones - complicated reduction with fixation and multiple surgical approaches	C		C	
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions (When Medically Necessary)						
D7810	V722	Open Reduction of dislocation	C-PA	Include Narrative	C-PA	Include Narrative
D7820	V722	Closed Reduction of dislocation	C-PA	Include Narrative	C-PA	Include Narrative
D7830	V722	Manipulation under anesthesia	C-PA	Include Narrative	C-PA	Include Narrative
D7840	V722	Condylectomy	C-PA	Include Narrative	C-PA	Include Narrative
D7850	V722	Surgical discectomy with/without implant	C-PA	Include Narrative	C-PA	Include Narrative
D7852	V722	Disc repair	C-PA	Include Narrative	C-PA	Include Narrative
D7854	V722	Synovectomy	C-PA	Include Narrative	C-PA	Include Narrative
D7856	V722	Myotomy	C-PA	Include Narrative	C-PA	Include Narrative
D7858	V722	Joint reconstruction	C-PA	Include Narrative	C-PA	Include Narrative
D7860	V722	Arthrotomy	C-PA	Include Narrative	C-PA	Include Narrative
D7865	V722	Arthroplasty	C-PA	Include Narrative	C-PA	Include Narrative
D7870	V722	Arthrocentesis	C-PA	Include Narrative	C-PA	Include Narrative
D7871	V722	Non-arthroscopy lysis and lavage	C-PA	Include Narrative	C-PA	Include Narrative
D7872	V722	Arthroscopy - diagnosis, with or without biopsy	C-PA	Include Narrative	C-PA	Include Narrative
D7873	V722	Arthroscopy - surgical: lavage and lysis of adhesions	C-PA	Include Narrative	C-PA	Include Narrative
D7874	V722	Arthroscopy - surgical - disc repositioning and stabilization	C-PA	Include Narrative	C-PA	Include Narrative
D7875	V722	Arthroscopy – surgical: synovectomy	C-PA	Include Narrative	C-PA	Include Narrative
D7876	V722	Arthroscopy - surgical - synovectomy	C-PA	Include Narrative	C-PA	Include Narrative
D7877	V722	Arthroscopy - surgical - debridement	C-PA	Include Narrative	C-PA	Include Narrative
D7880	V722	Occlusal orthotic appliance	C-PA	Include Narrative	C-PA	Include Narrative
D7899	V722	Unspecified TMD therapy, by report	C-PA	Include Narrative	C-PA	Include Narrative
Repair of Traumatic Wounds						
** Narrative required with claims submission						
D7910	V722	Suture of recent small wounds - up to 5 cm **	C		C	
D7911	V722	Complicated suture - up to 5 cm **	C		C	
D7912	V722	Complicated suture - greater than 5 cm **	C		C	
D7920	V722	Skin graft (identify defect covered, location, and type of graft)	C-PA	Include Narrative	C-PA	Include Narrative
D7940	V722	Osteoplasty - for orthognathic deformities	C-PA	Include Narrative	C-PA	Include Narrative
D7941	V722	Osteotomy - ramus, closed	C-PA	Include Narrative	C-PA	Include Narrative
D7943	V722	Osteotomy - ramus, open with bone graft	C-PA	Include Narrative	C-PA	Include Narrative
D7944	V722	Osteotomy - segmented or subapical (report by range of tooth numbers within segment)	C-PA	Include Narrative	C-PA	Include Narrative
D7945	V722	Osteotomy - body of mandible	C-PA	Include Narrative	C-PA	Include Narrative
D7946	V722	LeFort I (maxilla - total)	C-PA	Include Narrative	C-PA	Include Narrative
D7947	V722	LeFort I (maxilla - segmented)	C-PA	Include Narrative	C-PA	Include Narrative
D7948	V722	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	C-PA	Include Narrative	C-PA	Include Narrative

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D7949	V722	LeFort II or LeFort III - with bone graft	C-PA	Include Narrative	C-PA	Include Narrative
D7950	V722	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla- autogenous or non-autogenous, by report	C-PA	Include Narrative	C-PA	Include Narrative
D7951	V722	Sinus augmentation with bone or bone substitutes	C-PA	Include Narrative	C-PA	Include Narrative
D7953	V722	Bone replacement graft for ridge preservation – per site	C-PA	Include Narrative	N	
D7955	V722	Repair of maxillofacial soft and hard tissue defect	C-PA	Include Narrative	C-PA	Include Narrative
D7960	V722	Frenulectomy (frenectomy or frenotomy) - separate procedure	C-PA	Include Narrative	C-PA	Include Narrative
D7963	V722	Frenuloplasty	C-PA	Include Narrative	C-PA	Include Narrative
D7970	V722	Excision of hyperplastic tissue - per arch	C-PA	Include Narrative	C-PA	Include Narrative
D7971	V722	Excision of pericoronal gingiva	C-PA	Include Narrative	C-PA	Include Narrative
D7972	V722	Surgical reduction of fibrous tuberosity	C-PA	Include Narrative	C-PA	Include Narrative
D7980	V722	Sialolithotomy	C-PA	Include Narrative	C-PA	Include Narrative
D7981	V722	Excision of salivary gland, by report	C-PA	Include Narrative	C-PA	Include Narrative
D7982	V722	Sialodochoplasty	C-PA	Include Narrative	C-PA	Include Narrative
D7983	V722	Closure of salivary fistula	C-PA	Include Narrative	C-PA	Include Narrative
D7990	V722	Emergency tracheotomy	C		C	
D7991	V722	Coronoidectomy	C-PA	Include Narrative	C-PA	Include Narrative
D7995	V722	Synthetic graft - mandible or facial bones, by report	C-PA	Include Narrative	C-PA	Include Narrative
D7996	V722	Implant - mandible for augmentation purposes (excluding alveolar + C8 ridge), by report	C-PA	Include Narrative	C-PA	Include Narrative
D7997	V722	Appliance removal (not by dentist who placed the appliance), includes removal of archbar	C-PA	Include Narrative	C-PA	Include Narrative
D7998	V722	Intraoral placement of a fixation device not in conjunction with a fracture	C-PA	Include Narrative	C-PA	Include Narrative
D7999	V722	Unspecified oral surgery procedure, by report	C-PA	Include Narrative	C-PA	Include Narrative
Orthodontics (When Medically Necessary)						
D8010	V722	Limited orthodontic treatment of the primary dentition	C-PA	Include Narrative	N	
D8020	V722	Limited orthodontic treatment of the transitional dentition	C-PA	Include Narrative	N	
D8030	V722	Limited orthodontic treatment of the adolescent dentition	C-PA	Include Narrative	N	
D8040	V722	Limited orthodontic treatment of the adult dentition	C-PA	Include Narrative	N	
D8050	V722	Interceptive orthodontic treatment of the primary dentition	C-PA	Include Narrative	N	
D8060	V722	Interceptive orthodontic treatment of the transitional dentition	C-PA	Include Narrative	N	
D8070	V722	Comprehensive orthodontic treatment of the transitional dentition	C-PA	Include Narrative	N	
D8080	V722	Comprehensive orthodontic treatment of adolescent dentition	C-PA	Include Narrative	N	
D8090	V722	Comprehensive orthodontic treatment of the adult dentition	C-PA	Include Narrative	N	
D8210	V722	Removable appliance therapy	C-PA	Include Narrative	N	
D8220	V722	Fixed appliance therapy	C-PA	Include Narrative	N	
D8660	V722	Pre-orthodontic treatment visit	C-PA	Include Narrative	N	
D8670	V722	Periodic orthodontic treatment visit (as part of contract)	C-PA	Include Narrative	N	
D8680	V722	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	C-PA	Include Narrative	N	
D8690	V722	Orthodontic treatment (alternative billing to a contract fee, services provided by dentists other than original treating dentist)	C-PA	Include Narrative	N	
D8691	V722	Repair of orthodontic appliance.	C-PA	Include Narrative	N	
D8692	V722	Replace lost or broken retainer.	C-PA	Include Narrative	N	
D8693	V722	Re-bonding or re-cementing: and/or repair, as required, of fixed retainers	C-PA	Include Narrative	N	
D8999	V722	Unspecified orthodontic procedure, by report	C-PA	Include Narrative	C-PA	Include Narrative

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		Adjunctive General Services				
D9110	V722	Palliative (emergency) treatment of dental pain - minor procedure ** May not be billed with D0140 on same date of service. Claim must be accompanied by narrative describing treatment provided.	C		C	
D9120	V722	Fixed Partial Denture Sectioning	C		C	
		Anesthesia				
D9210	V722	Local anesthesia not in conjunction with operative or surgical procedures	C-PA	Include Narrative	N	
D9211	V722	Regional block anesthesia	N		N	
D9212	V722	Trigeminal division block anesthesia	N		N	
D9215	V722	Local anesthesia	N		N	
D9220	V722	Deep sedation/general anesthesia - first 30 minutes **May not be billed with behavior management, D9920, D9248 or D9230	C-PA	Include Narrative	C-PA	Include Narrative
D9221	V722	Deep sedation/general anesthesia - each additional 15 minutes	C-PA	Include Narrative	C-PA	Include Narrative
D9230	V722	Analgesia	C-PA >10 years of age C for 10 years and younger	Include Narrative	C-PA	Include Narrative
D9241	V722	Intravenous conscious sedation/analgesia – first 30 minutes **May not be billed with behavior management, D9920, D9248 or D9230.	C-PA	Include Narrative	C-PA	Include Narrative
D9242	V722	Intravenous conscious sedation/analgesia – each additional 15 minutes	C-PA	Include Narrative	C-PA	Include Narrative
D9248	V722	Non-intravenous conscious sedation	C		C-PA	Include Narrative
		Professional Consultation				
D9310	V722	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician	C-PA	Include Narrative	C-PA	Include Narrative
		Professional Visits				
D9410	V722	House/Extended care facility call	C-PA	Include Narrative	C-PA	Include Narrative
D9420	V722	Hospital call	C-PA	Include Narrative	C-PA	Include Narrative
D9430	V722	Office visit for observation (during regularly scheduled hours), no other services performed	C		C	
D9440	V722	Office visit - after regularly scheduled hours ** Narrative required with claims submission	C		C	
D9450	V722	Case presentation, detailed and extensive treatment planning	N		N	
D9610	V722	Therapeutic parenteral drug, single administration	C-PA	Include Narrative	C-PA	Include Narrative
D9612	V722	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	C-PA	Include Narrative
D9630	V722	Other drugs	N		N	
D9910	V722	Application of desensitizing medicament	N		N	
D9911	V722	Application of desensitizing resin for cervical and/or root surface, per tooth	N		N	
D9920	V722	Behavior management Not a covered benefit	N		N	
D9930	V722	Treatment of complications (post surgical) ** Narrative required with claims submission	C		C	

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

PT - covered only with PreTransplant auth

CDT 2009 Procedure Code	Diagnosis Code (ICD – 9)	Procedure Description	Coverage Category (0 -20 yrs)	Additional Documentation Required for Prior Authorization (0-20 yrs)	Coverage Category 21 yrs & older)	Additional Documentation Required for Prior Authorization (21 yrs and +)
D9940	V722	Occlusal guard, includes adjustments for 24 months	C-PA	Include Narrative, X-ray	N	
D9941	V722	Fabrication of athletic mouth guard	N		N	
D9942	V722	Repair and/or reline of occlusal guard	N	Include Narrative, X-ray	N	
D9950	V722	Occlusion analysis – mounted case	N	Include Narrative	N	
D9951	V722	Occlusal adjustment – limited	C-PA	Include Narrative, X-ray	N	
D9952	V722	Occlusal adjustment – complete	N		N	
D9970	V722	Enamel microabrasion	N		N	
D9971 - D9974	V722	Odontoplasty and bleaching procedures	N		N	
D9999	V722	Unspecified adjunctive procedure, by report	C-PA	Include Narrative	C-PA	Include Narrative

C- Covered Service

N-Non-covered Service

C-PA - Covered only with prior authorization

PT - covered only with PreTransplant auth