

**State of Maine**

Department of Health & Human Services  
Section 25, Dental Services Rates/Fee Schedule  
Effective Date January 1, 2016 - December 31, 2016

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
<b>I. Diagnostic</b>							
D0120	Periodic oral evaluation - established patient	Yes	No			Twice per calendar year, but no more than once every 150 days	\$30.00
D0140	Limited oral evaluation - problem focused	Yes	Yes			Once per episode per provider, Denturists may also use this code	\$20.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Yes	No			For members under age 3, twice per calendar year. Code may not be used for members age 3 and over	\$20.00
D0150	Comprehensive oral evaluation - new or established patient	Yes	No				\$55.00
D0160	Detailed and extensive oral evaluation - problem focused	Yes	No				\$25.00
D0170	Re-evaluation – limited, problem focused, (established patient; not post-operative visit)	Yes	No				\$20.00
D0171	Re-evaluation – post-operative office visit	Yes	No				\$20.00
D0210	Intraoral - complete series of radiographic images	Yes	Yes			Must include 12 periapical plus 2 posterior bitewings, allowed only once every 3 years, except as part of approved orthodontics. IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$43.50
D0220	Intraoral - periapical, first radiographic image	Yes	Yes			IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$8.00
D0230	Intraoral - periapical, each additional radiographic image	Yes	Yes			IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$6.50
D0240	Intraoral - occlusal radiographic image	Yes	Yes			IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$10.00
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	Yes	Yes			IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$9.00

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D0251	Extra-oral posterior dental radiographic image	Yes	No			IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$9.00
D0270	Bitewing - single radiographic image	Yes	Yes			Posterior bitewings alone are once per calendar year.	\$8.00
D0272	Bitewings - two radiographic images	Yes	Yes			Posterior bitewings alone are once per calendar year. IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$15.00
D0273	Bitewings - three radiographic images	Yes	Yes			Posterior bitewings alone are once per calendar year. IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$17.50
D0274	Bitewings - four radiographic images	Yes	Yes			Posterior bitewings alone are once per calendar year. IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$20.00
D0277	Vertical bitewings - 7 to 8 radiographic images	Yes	Yes			IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$30.00
D0290	Posterior - anterior or lateral skull and facial bone survey radiographic image	Yes	Yes				\$25.00
D0310	Sialography	Yes	Yes			For gland or duct, not allowed for salivary stone	\$30.00
D0320	Temporomandibular joint arthrogram, including injection	Yes	Yes			Right and left trans-cranial films in open, closed, and rest required	\$35.00
D0321	Other temporomandibular joint radiographic images	Yes	Yes	Yes	Yes		\$43.00
D0330	Panoramic radiographic image	Yes	Yes			Reimbursable: (1) for interceptive orthodontics; (2) for oral surgery, (3) once per five (5) years for either Preventive Services or Diagnostic Services. IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$43.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No	No			Included as part of "records" in comprehensive orthodontics, not covered separately.	
D0460	Pulp vitality test	Yes	Yes			Requires documentation in member's chart of the vitality of the tooth	\$10.00

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D0470	Diagnostic casts	Yes	No		\$32.00	
<b>II. Preventive</b>						
D1110	Prophylaxis - Adult	Yes	Yes	Yes	Limited to age 13 and over. Twice per calendar year, but no more than once every 150 days. PA necessary for greater frequency. Includes oral hygiene instruction. Dental Hygienists practicing under PHS, IPDHs practicing under PHS may use this code for all ages. IPDHs may use this code only for members up to age 21.	\$40.00
D1120	Prophylaxis - Child	Yes	No		Twice per calendar year, but no more than once every 150 days. PA necessary for greater frequency. Includes oral hygiene instruction. Dental Hygienists practicing under PHS, IPDHs practicing under PHS, and IPDHs may use this code.	\$30.00
D1206	Topical application of fluoride varnish	Yes	No		Members under age 3: twice per calendar year, and a third treatment per calendar year is permitted for Members who either have a high caries rate or the Member has had new restorations placed in the previous eighteen (18) months. Members age 3 through age 20, twice per calendar year, but no more than once every 150 days, and a third treatment per calendar year is permitted for Members who either have a high caries rate or the Member has had new restorations placed in the previous eighteen (18) months. Dental Hygienists practicing under PHS, IPDHs practicing under PHS, and IPDHs may use this code.	\$12.00

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D1208	Topical application of fluoride - excluding varnish	Yes	No			Members under age 3: twice per calendar year, and a third treatment per calendar year is permitted for Members who either have a high caries rate or the Member has had new restorations placed in the previous eighteen (18) months. Members age 3 through age 20, twice per calendar year, but no more than once every 150 days, and a third treatment per calendar year is permitted for Members who either have a high caries rate or the Member has had new restorations placed in the previous eighteen (18) months. Dental Hygienists practicing under PHS, IPDHs practicing under PHS, and IPDHs may use this code.	\$12.00
D1320	Tobacco counseling for the control and prevention of oral disease	Yes	Yes				\$20.00
D1330	Oral hygiene instructions	Yes	No			Three times per calendar year. Not billable the same day as prophylaxis. Dental Hygienists practicing under PHS, IPDHs practicing under PHS, and IPDHs may use this code.	\$13.00
D1351	Sealant - per tooth	Yes	No			Permanent teeth: once every three calendar years per provider per tooth. Primary teeth: once per lifetime of tooth unless documented good cause. Dental Hygienists practicing PHS, IPDHs practicing under PHS, and IPDHs may use this code	\$16.00
D1510	Space maintainer - fixed - unilateral	Yes	No				\$95.00
D1515	Space maintainer - fixed - bilateral	Yes	No				\$220.00
D1525	Space maintainer - removable - bilateral	Yes	No				\$110.00
D1550	Re-cement or re-bond space maintainer	Yes	No				\$22.50
D1555	Removal of fixed space maintainer	Yes	No				\$50.00

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<b>III. Restorative</b>							
D2140	Amalgam - one surface, primary or permanent	Yes	Yes				\$38.00
D2150	Amalgam - two surfaces, primary or permanent	Yes	Yes				\$48.00
D2160	Amalgam - three surfaces, primary or permanent	Yes	Yes				\$81.00
D2161	Amalgam - four or more surfaces, primary or permanent	Yes	Yes				\$97.00
D2330	Resin-based composite - one surface, anterior	Yes	Yes				\$68.00
D2331	Resin-based composite - two surfaces, anterior	Yes	Yes				\$91.00
D2332	Resin-based composite - three surfaces, anterior	Yes	Yes				\$109.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Yes	Yes				\$111.00
D2390	Resin-based composite crown, anterior	Yes	Yes				\$300.00
D2391	Resin-based composite - one surface, posterior	Yes	Yes				\$68.00
D2392	Resin-based composite - two surfaces, posterior	Yes	Yes				\$90.00
D2393	Resin-based composite - three surfaces, posterior	Yes	Yes				\$103.00
D2394	Resin-based composite - four or more surfaces, posterior	Yes	Yes				\$111.00
D2710	Crown - resin based composite (indirect)	Yes	Yes				\$300.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Yes	Yes				\$30.00
D2920	Re-cement or re-bond crown	Yes	Yes				\$30.00
D2930	Prefabricated stainless steel crown - primary tooth	Yes	No				\$120.00
D2931	Prefabricated stainless steel crown - permanent tooth	Yes	Yes				\$120.00
D2932	Prefabricated resin crown	Yes	Yes			Limited to Primary and Permanent Anteriors	\$120.00
D2940	Protective restoration	Yes	Yes			Not covered with Pulpotomy. IPDHs may use this code subject to the guidelines and limitations in MBM Chap II.	\$30.00
D2950	Core buildup, including any pins when required	Yes	Yes				\$150.00
D2951	Pin retention - per tooth, in addition to restoration	Yes	Yes				\$19.00
D2954	Prefabricated post and core in addition to crown	Yes	Yes			Permanent tooth only	\$95.00
D2957	Each additional prefabricated post - same tooth, use with D2954	Yes	Yes			Permanent tooth only	\$47.50
D2980	Crown repair necessitated by restorative material failure	Yes	Yes				\$34.00
D2999	Unspecified restorative procedure, by report	Yes	Yes	Yes	Yes	Ex: Temp. crown - fractured tooth	By Report
<b>IV. Endodontics</b>							

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D3110	Pulp cap - direct (excluding final restoration)	Yes	Yes			Not covered on primary teeth with more than 2/3 of root structure reabsorbed	\$7.00
D3120	Pulp cap - indirect (excluding final restoration)	Yes	Yes				\$19.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Yes	Yes			Not separately reimbursable to same provider as part of root canal in same period of treatment	\$50.00
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development	Yes	Yes			Not separately reimbursable to same provider as part of root canal in same period of treatment	\$50.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Yes	No			Not separately reimbursable to same provider as part of root canal in same period of treatment	\$50.00
D3240	Pulpal therapy (resorbable filling) - posterior primary tooth (excluding final restoration)	Yes	No			Not separately reimbursable to same provider as part of root canal in same period of treatment	\$50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Yes	Yes			Only on permanent teeth with favorable prognosis for dentition	\$220.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	Yes	Yes				\$251.00
D3330	Endodontic therapy, molar (excluding final restoration)	Yes	Yes				\$338.00
D3346	Retreatment of previous root canal therapy - anterior	Yes	Yes				\$220.00
D3347	Retreatment of previous root canal therapy - bicuspid	Yes	Yes				\$240.00
D3348	Retreatment of previous root canal therapy - molar	Yes	Yes				\$320.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Yes	Yes				\$56.00
D3352	Apexification/recalcification - interim medication replacement	Yes	Yes				\$56.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Yes	Yes				\$56.00
D3410	Apicoectomy - anterior	Yes	Yes				\$170.00
D3430	Retrograde filling - per root	Yes	Yes				\$43.00

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D3999	Unspecified endodontic procedure, by report	Yes	Yes	Yes	Yes		By Report
<b>V. Periodontics</b>							
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	No			Member must have medication induced gingival hyperplasia with clinical pockets greater than 4mm.	\$162.00
D4211	Gingivectomy or gingivoplasty - one to three teeth contiguous or tooth bounded spaces per quadrant	Yes	No	Yes			\$56.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Yes	No	Yes			\$25.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	No	Yes			\$250.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	No	Yes			\$150.00
D4245	Apically positioned flap	Yes	No	Yes			\$162.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	No	Yes			\$280.00
D4261	Osseous surgery (including elevation of a full thickness flap closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Yes	No	Yes			\$140.00
D4263	Bone replacement graft - first site in quadrant	Yes	No	Yes			\$330.00
D4264	Bone replacement graft - each additional site in quadrant	Yes	No	Yes			\$66.00
D4268	Surgical revision procedure, per tooth	Yes	Yes	Yes	Yes		\$200.00
D4270	Pedicle soft tissue graft procedure	Yes	No	Yes			\$250.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	Yes	No	Yes			\$250.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in the same graft site	Yes	No	Yes		Must be reported in conjunction with D4277.	\$125.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Yes	Yes	Yes	Yes	No PA required for diagnosis code 101 and the Department may authorize payment for Diagnosis Code 101 retroactively.	\$40.00

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D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Yes	Yes	Yes	Yes	Once per year per provider. Dental Hygienists practicing under PHS and IPDHs practicing under PHS may use this code.	\$100.00
D4910	Periodontal maintenance	Yes	No	Yes			\$39.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Yes	No				\$27.00
D4999	Unspecified periodontal procedure, by report	Yes	Yes	Yes	Yes		By Report
<b>VI. Prosthodontics (Removable)</b>							
D5110	Complete denture - maxillary	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$393.00
D5120	Complete denture - mandibular	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$393.00
D5130	Immediate denture - maxillary	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$423.00
D5140	Immediate denture - mandibular	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$423.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$280.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$280.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$423.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	Yes	Every 5 years, Denturists may also use this code.	\$423.00
D5410	Adjust complete denture - maxillary	Yes	Yes			Denturists may also use this code.	\$26.00
D5411	Adjust complete denture - mandibular	Yes	Yes			Denturists may also use this code.	\$26.00
D5421	Adjust partial denture - maxillary	Yes	Yes			Denturists may also use this code.	\$25.00
D5422	Adjust partial denture - mandibular	Yes	Yes			Denturists may also use this code.	\$25.00
D5510	Repair broken complete denture base	Yes	Yes			Denturists may also use this code.	\$57.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	Yes	Yes			Denturists may also use this code.	\$50.00
D5610	Repair resin denture base	Yes	Yes			Denturists may also use this code.	\$56.00
D5620	Repair cast framework	Yes	Yes			Denturists may also use this code.	\$85.00
D5630	Repair or replace broken clasp - per tooth	Yes	Yes			Denturists may also use this code.	\$85.00
D5640	Replace broken teeth - per tooth	Yes	Yes			Denturists may also use this code.	\$50.00
D5650	Add tooth to existing partial denture	Yes	Yes			Denturists may also use this code.	\$55.00

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D5660	Add clasp to existing partial denture - per tooth	Yes	Yes			Denturists may also use this code.	\$65.00
D5710	Rebase complete maxillary denture	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$150.00
D5711	Rebase complete mandibular denture	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$150.00
D5720	Rebase maxillary partial denture	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$150.00
D5721	Rebase mandibular partial denture	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$150.00
D5730	Reline complete maxillary denture (chairside)	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$78.00
D5731	Reline complete mandibular denture (chairside)	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$78.00
D5750	Reline complete maxillary denture (laboratory)	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$150.00
D5751	Reline complete mandibular denture (laboratory)	Yes	Yes			Refer to Chapter II, 25.03. Denturists may also use this code.	\$150.00
D5863	Overdenture - complete maxillary	Yes	No	Yes			\$473.00
D5864	Overdenture - partial maxillary	Yes	No	Yes			\$473.00
D5865	Overdenture - complete mandibular	Yes	No	Yes			\$473.00
D5866	Overdenture - partial mandibular	Yes	No	Yes			\$473.00
<b>VII. Maxillofacial Prosthetics</b>							
D5911	Facial moulage (sectional)	Yes	Yes	Yes	Yes		By Report
D5912	Facial moulage (complete)	Yes	Yes	Yes	Yes		By Report
D5913	Nasal prosthesis	Yes	Yes	Yes	Yes		By Report
D5914	Auricular prosthesis	Yes	Yes	Yes	Yes		By Report
D5915	Orbital prosthesis	Yes	Yes	Yes	Yes		By Report
D5916	Ocular prosthesis	Yes	Yes	Yes	Yes		By Report
D5919	Facial prosthesis	Yes	Yes	Yes	Yes		By Report
D5922	Nasal septal prosthesis	Yes	Yes	Yes	Yes		By Report
D5923	Ocular prosthesis, interim	Yes	Yes	Yes	Yes		By Report
D5924	Cranial prosthesis	Yes	Yes	Yes	Yes		By Report
D5925	Facial augmentation implant prosthesis	Yes	Yes	Yes	Yes		By Report
D5926	Nasal prosthesis, replacement	Yes	Yes	Yes	Yes		By Report
D5927	Auricular prosthesis, replacement	Yes	Yes	Yes	Yes		By Report
D5928	Orbital prosthesis, replacement	Yes	Yes	Yes	Yes		By Report
D5929	Facial prosthesis, replacement	Yes	Yes	Yes	Yes		By Report
D5931	Obturator prosthesis, surgical	Yes	Yes				\$1,494.43
D5932	Obturator prosthesis, definitive	Yes	Yes				\$1,693.82

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D5933	Obturator prosthesis, modification	Yes	Yes	Yes	Yes		By Report
D5934	Mandibular resection prosthesis with guide flange	Yes	Yes	Yes	Yes		By Report
D5935	Mandibular resection prosthesis without guide flange	Yes	Yes	Yes	Yes		By Report
D5936	Obturator prosthesis, interim	Yes	Yes	Yes	Yes		By Report
D5951	Feeding aid	Yes	Yes				\$433.00
D5952	Speech aid prosthesis, pediatric	Yes					By Report
D5953	Speech aid prosthesis, adult	Yes	Yes	Yes	Yes		By Report
D5954	Palatal augmentation prosthesis	Yes	Yes	Yes	Yes		By Report
D5955	Palatal lift prosthesis, definitive	Yes	Yes	Yes	Yes		By Report
D5958	Palatal lift prosthesis, interim	Yes	Yes	Yes	Yes		By Report
D5959	Palatal lift prosthesis, modification	Yes	Yes	Yes	Yes		By Report
D5960	Speech aid prosthesis, modification	Yes	Yes	Yes	Yes		By Report
D5982	Surgical stent	Yes	Yes	Yes	Yes		\$175.00
D5983	Radiation carrier	Yes	Yes	Yes	Yes		By Report
D5984	Radiation shield	Yes	Yes	Yes	Yes		By Report
D5985	Radiation cone locator	Yes	Yes	Yes	Yes		By Report
D5986	Fluoride gel carrier	Yes	Yes	Yes	Yes		By Report
D5992	Adjust maxillofacial prosthetic appliance, by report	Yes	Yes	Yes	Yes		By Report
D5993	Maintenance and cleaning of maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Yes	Yes	Yes	Yes		By Report
D5999	Unspecified maxillofacial prosthesis, by report	Yes	Yes	Yes	Yes		By Report
<b>VIII. Implant Services</b>							
<b>IX. Prosthodontics, Fixed</b>							
D6241	Pontic - porcelain fused to predominantly base metal	Yes	No	Yes			\$325.00
D6242	Pontic - porcelain fused to noble metal	Yes	No	Yes			\$344.00
D6251	Pontic - resin with predominantly base metal	Yes	No	Yes			\$276.00
D6252	Pontic - resin with noble metal	Yes	No	Yes			\$314.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	Yes	No	Yes			\$150.00
D6549	Resin retainer - for resin bonded fixed prosthesis	Yes	No	Yes			\$150.00
<b>X. Oral &amp; Maxillofacial Surgery</b>							
D7111	Extraction, coronal remnants - deciduous tooth	Yes	Yes				\$55.00

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D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Yes	Yes				\$91.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Yes	Yes			Documented need demonstrated by X-rays	\$110.00
D7220	Removal of impacted tooth - soft tissue	Yes	Yes			Documented need demonstrated by X-rays	\$95.00
D7230	Removal of impacted tooth - partially bony	Yes	Yes			Documented need demonstrated by X-rays	\$155.00
D7240	Removal of impacted tooth - completely bony	Yes	Yes			Documented need demonstrated by X-rays	\$185.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Yes	Yes			Documented need demonstrated by X-rays	\$215.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes			Documented need demonstrated by X-rays	\$130.00
D7251	Coronectomy - intentional partial tooth removal	Yes	Yes				\$110.00
D7260	Oroantral fistula closure	Yes	Yes				\$250.00
D7261	Primary closure of a sinus perforation	Yes	Yes				\$250.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	Yes				\$175.00
D7280	Surgical access of an unerupted tooth	Yes	No				\$220.00
D7283	Placement of device to facilitate eruption of impacted tooth	Yes	No				\$225.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	Yes	Yes				\$110.00
D7286	Incisional biopsy of oral tissue-soft	Yes	Yes				\$85.00
D7288	Brush biopsy - transepithelial sample collection	Yes	Yes				By Report
D7290	Surgical repositioning of teeth	Yes	Yes				\$175.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy	Yes	No				\$45.00
D7295	Harvest of bone for use in autogenous grafting procedure	Yes	Yes		Yes	Only reimbursable when necessary for bone graft for reconstruction of alveolar defect	\$225.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Yes	Yes				\$64.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Yes	Yes			Only reimbursable for members who have alveolar segment irregularity preventing denture placement	\$94.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Yes	Yes			Only reimbursable for members who have alveolar segment irregularity preventing denture placement	\$47.00
D7410	Excision of benign lesion up to 1.25 Cm	Yes	Yes				\$75.00
D7411	Excision of benign lesion greater than 1.25 Cm	Yes	Yes				\$120.00

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D7412	Excision of benign lesion, complicated	Yes	Yes				\$200.00
D7413	Excision of malignant lesion up to 1.25 Cm	Yes	Yes				\$350.00
D7414	Excision of malignant lesion greater than 1.25 Cm	Yes	Yes				\$750.00
D7415	Excision of malignant lesion, complicated	Yes	Yes				\$750.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 Cm	Yes	Yes				\$350.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 Cm	Yes	Yes				\$750.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 Cm	Yes	Yes				\$220.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 Cm	Yes	Yes				\$400.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 Cm	Yes	Yes				\$200.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 Cm	Yes	Yes				\$400.00
D7465	Destruction of lesion(s) by physical or chemical method	Yes	Yes				\$75.00
D7471	Removal of lateral exostosis (maxilla or mandible)	Yes	Yes			Only reimbursable when lateral exostosis prevents denture placement	\$300.00
D7472	Removal of torus palatinus	Yes	Yes			Only reimbursable when torus palatinus prevents denture placement	By Report
D7473	Removal of torus mandibularis	Yes	Yes			Only reimbursable when torus mandibulus prevents denture placement	By Report
D7510	Incision and drainage of abscess - intraoral soft tissue	Yes	Yes				\$75.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Yes	Yes				\$90.00
D7520	Incision and drainage of abscess - extraoral soft tissue	Yes	Yes				\$150.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Yes	Yes				\$165.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Yes	Yes				\$100.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Yes	Yes				By Report

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Yes	Yes				By Report
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Yes	Yes				\$350.00
D7610	Maxilla - open reduction (teeth immobilized, if present)	Yes	Yes				\$900.00
D7620	Maxilla - closed reduction (teeth immobilized, if present)	Yes	Yes				\$450.00
D7630	Mandible - open reduction (teeth immobilized, if present)	Yes	Yes				\$900.00
D7640	Mandible - closed reduction (teeth immobilized, if present)	Yes	Yes				\$450.00
D7650	Malar and/or zygomatic arch - open reduction	Yes	Yes				\$750.00
D7660	Malar and/or zygomatic arch - closed reduction	Yes	Yes				\$300.00
D7670	Alveolus - closed reduction, may include stabilization of teeth	Yes	Yes				\$400.00
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Yes	Yes				\$1,383.00
D7710	Maxilla - open reduction	Yes	Yes				\$900.00
D7720	Maxilla - closed reduction	Yes	Yes				\$450.00
D7730	Mandible - open reduction	Yes	Yes				\$900.00
D7740	Mandible - closed reduction	Yes	Yes				\$450.00
D7750	Malar and/or zygomatic arch - open reduction	Yes	Yes				\$750.00
D7760	Malar and/or zygomatic arch - closed reduction	Yes	Yes				\$300.00
D7770	Alveolus - open reduction stabilization of teeth	Yes	Yes				\$400.00
D7771	Alveolus - closed reduction stabilization of teeth	Yes	Yes				\$400.00
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	Yes	Yes				\$1,383.00
D7850	Surgical discectomy, with/without implant	Yes	Yes	Yes	Yes		\$1,185.50
D7860	Arthrotomy	Yes	Yes	Yes	Yes		\$1,185.50
D7880	Occlusal orthotic device	Yes	Yes	Yes	Yes		\$250.00
D7910	Suture of recent small wounds up to 5 cm	Yes	Yes				\$84.75
D7911	Complicated suture - up to 5 cm	Yes	Yes				\$193.00
D7912	Complicated suture - greater than 5 cm	Yes	Yes				\$263.50
D7940	Osteoplasty - for orthognathic deformities	Yes	Yes	Yes	Yes		By Report
D7941	Osteotomy - mandibular rami	Yes	Yes	Yes	Yes		By Report
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Yes	Yes	Yes	Yes		\$2,529.00
D7944	Osteotomy - segmented or subapical	Yes	Yes	Yes	Yes		\$2,213.00
D7945	Osteotomy - body of the mandible	Yes	Yes	Yes	Yes		\$2,213.00
D7946	LeFort I (maxilla - total)	Yes	Yes	Yes	Yes		\$2,213.00

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D7947	LeFort I (maxilla - segmented)	Yes	Yes	Yes	Yes		\$2,213.00
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Yes	Yes	Yes	Yes		\$2,213.00
D7949	LeFort II or Lefort III - with bone graft	Yes	Yes	Yes	Yes		\$2,529.00
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Yes	Yes	Yes	Yes		By Report
D7953	Bone replacement graft for ridge preservation - per site	Yes	Yes			Only reimbursable when necessary for bone graft for reconstruction of alveolar defect	\$325.00
D7955	Repair of maxillofacial soft and/or hard tissue defect	Yes	Yes				\$412.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	Yes	Yes				\$97.00
D7963	Frenuloplasty	Yes	Yes				\$125.00
D7970	Excision of hyperplastic tissue - per arch	Yes	Yes			Only reimbursable when hyperplastic tissue prevents denture placement	\$356.00
D7971	Excision of pericoronal gingiva	Yes	Yes			Only reimbursable when necessary to prevent chronic infection	\$58.00
D7972	Surgical reduction of fibrous tuberosity	Yes	Yes	Yes	Yes		\$70.00
D7980	Sialolithotomy	Yes	Yes			Only reimbursable if removal of salivary stone is interfering with normal salivary gland function	\$263.50
D7981	Excision of salivary gland, by report	Yes	Yes	Yes	Yes		By Report
D7982	Sialodochoplasty	Yes	Yes	Yes	Yes		By Report
D7983	Closure of salivary fistula	Yes	Yes			Only reimbursable for repair of draining salivary fistula	By Report
D7990	Emergency tracheotomy	Yes	Yes				\$159.50
D7991	Coronoidectomy	Yes	Yes	Yes	Yes		By Report
D7995	Synthetic graft - mandible or facial bones	Yes	Yes	Yes	Yes		\$1,106.50
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Yes		Yes			By Report
D7999	Unspecified oral surgery procedure, by report	Yes	Yes	Yes	Yes		By Report
<b>XI. Orthodontics (Orthodontics are not covered services for residents of ICF-IID facilities)</b>							

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D8010	Limited orthodontic treatment of the primary dentition	Yes	No	Yes			\$332.50
D8020	Limited orthodontic treatment of the transitional dentition	Yes	No	Yes			\$332.50
D8030	Limited orthodontic treatment of the adolescent dentition	Yes	No	Yes			\$332.50
D8050	Interceptive orthodontic treatment of the primary dentition	Yes	No	Yes			\$592.00
D8060	Interceptive orthodontic treatment of the transitional dentition	Yes	No	Yes			\$592.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	Yes	No	Yes		The Department will reimburse for one comprehensive orthodontic treatment per member per lifetime. D8070, D8080 and D8090 - all inclusive fee includes appliance, brackets, treatment visits, one appliance repair or replacement, and one retainer repair or replacement. Covered to age 21.	\$2,725.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Yes	No	Yes			\$2,725.00
D8090	Comprehensive orthodontic treatment of the adult dentition	Yes	No	Yes			\$2,725.00
D8210	Removable appliance therapy	Yes	No	Yes			\$375.00
D8220	Fixed appliance therapy	Yes	No	Yes			\$375.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	Yes	No				\$22.50
D8670	Periodic orthodontic treatment visit	Yes	No	Yes		Cannot be billed in conjunction with D8070, D8080, D8090	\$66.00
D8691	Repair of orthodontic appliance	Yes	No	Yes			\$75.00
D8692	Replacement of lost or broken retainer	Yes	No				\$125.00
D8693	Re-cement or re bond fixed retainer	Yes	No				\$50.00
D8999	Unspecified orthodontic procedure, by report	Yes		Yes			By Report
<b>XII. Adjunctive General Services</b>							
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Yes	Yes				\$35.00
D9223	Deep sedation/general anesthesia - each 15 minute	Yes	No				\$150.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Yes	Yes				\$19.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	Yes	No				\$150.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Yes	Yes			Denturists may also use this code	\$31.00

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D9410	House/extended care facility call	Yes	Yes			Limited to dentist/denturist, only if medically necessary and providing a covered service under this policy	\$60.00
D9420	Hospital or ambulatory surgical center call	Yes	Yes			Use for emergency room trauma care	\$100.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Yes	Yes				\$18.00
D9440	Office visit - after regularly scheduled hours	Yes	Yes				\$38.00
D9450	Case presentation, detailed and extensive treatment planning	Yes	No			Limited to orthodontia	\$127.50
D9610	Therapeutic parenteral drug, single administration	Yes	Yes			Acquisition cost only	By Report
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Yes	Yes			Acquisition cost only. Not to be reported in addition to D9610	By Report
D9630	Other drugs and/or medications, by report	Yes	Yes			Acquisition cost only	By Report
D9920	Behavior management	Yes	No			Limit 3 visits per member per provider. Limited to dentist.	\$13.00
D9930	Treatment of complications (post-surgical) - unusual circumstances	Yes	Yes				\$25.00
D9940	Occlusal guard	Yes	Yes			Only reimbursable when used in conjunction with bruxism and other occlusal habits to protect the dentition from parafunctional habits.	\$110.00
D9999	Unspecified adjunctive procedure, by report	Yes	Yes	Yes	Yes		By Report

### DEFINITIONS

The following are definitions for several terms that are frequently used throughout this publication.

**By Report:** This notation in the Maximum Allowances column indicates that the fee for the procedure is to be determined based upon an operative report. Such a procedure would be one that is rarely provided, unusual, variable, or newly developed. Pertinent information contained in the report, which must accompany the claim, should include an adequate definition or description of the nature, extent, need for the procedure, time, effort, and equipment necessary to provide the service. Additional information, such as complexity of the symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care may also be included. If there is a maximum amount listed, then reimbursement is not to exceed the maximum amount listed.

**Consultation:** Consultation is an opinion rendered by a dentist whose advice is requested by another dentist or physician for the further evaluation and/or management of the patient. When the consulting dentist assumes responsibility for the continuing care of the patient, any subsequent service rendered by him/her will cease to be a consultation. The Department requires a written report to be sent to the requesting practitioner.

**Referral:** A referral is the transfer of the total or specific care of a patient from one dentist to another and does not constitute a consultation.

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		

### ELEMENTS OF HCPCS/CDT CODING

Codes for services are arranged in tabular form. Specific information regarding each code is given under the following headings:

**Procedure Code:** The actual CDT procedure code will be listed in this column.

**CDT Description:** The narrative description of the procedure code will be listed in this column.

**Covered Service:** This column identifies whether a particular service is covered under the MaineCare program, indicated by a "YES," or not covered, indicated by a "NO." It is further divided into two (2) sub columns indicating services for those under 21 and all ICF-IID residents (with the exception of orthodontics which is not covered for residents of an ICF-IID) and the second column, indicating coverage for adults 21 and over when allowed under Section 25, Dental Services, of the MaineCare Benefits Manual (MBM), Chapter II, 25.04, Special Requirements for Adult Services.

**Prior Authorization Required:** Some procedures require authorization prior to the performance of a service in order for MaineCare to allow reimbursement. If prior authorization is required, it will be indicated by the message "YES" in these columns. MaineCare will not reimburse a provider for a service that requires prior authorization if the service is provided before authorization is granted. Again this column is subdivided into requirements for the same two populations as column 3.

**Additional Limits:** This column lists any additional limitations affecting reimbursement for services. Examples include medically necessary criteria, prior authorization criteria, reimbursement frequency or the passage of time required before further reimbursement. This column is intended to parallel restrictions also described in Section 25, Dental Services, of the MBM, Chapter II. Codes also reimbursable to denturists and hygienists will be indicated in this column. If reimbursement is not available for a particular procedure "Not covered" will be listed in this column. MaineCare will not reimburse for non-covered services. Providers may bill members for non-covered services only if, prior to the provision of the service, the provider has clearly explained to the member that MaineCare does not cover the service and that the member will be responsible for the payment. Providers must document in the member's record that the member was told, prior to provision, that the service was not a MaineCare covered service and that the member is responsible for the payment.

**Maximum Allowance:** This column will show the maximum reimbursement that MaineCare will allow for a particular procedure. MaineCare will pay the lowest of this allowance, or the dentist's/denturist's usual and customary fee, or the lowest amount allowed by Medicare.

Some procedures are manually priced, or priced using a specific report for the service rendered. If a service is priced this way, the message "BY REPORT" will appear in the Maximum Allowance column. All BY REPORT codes suspend for a review, which interrupts the automatic claims processing and slows payment to the provider. A complete report must accompany any claim using a BY REPORT code. Please note that occasionally a description will include the term "by report." Such a designation is part of the code description and does not indicate how MaineCare will reimburse the procedure.

Every effort should be made to utilize the correct code. Billing should be done in accordance with the CDT guidelines and Chapter II and Chapter III, Section 25.

\* MaineCare will cover all medically necessary dental services for members under age twenty-one (21) pursuant to Section 94 of the MaineCare Benefits Manual, Early and Periodic Screening, Diagnosis, and Treatment Services.

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		

**NON-COVERED CODES**

D0180	Comprehensive periodontal evaluation - new or established patient
D0190	Screening of a patient
D0191	Assessment of a patient
D0322	Tomographic survey
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0369	Maxillofacial MRI capture and interpretation
D0370	Maxillofacial ultrasound capture and interpretation
D0371	Sialoendoscopy capture and interpretation
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium
D0384	Cone beam CT image capture for TMJ series including two or more exposures
D0385	Maxillofacial MRI image capture
D0386	Maxillofacial ultrasound image capture
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
D0415	Collection of microorganisms for culture and sensitivity
D0416	Viral culture
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing
D0418	Analysis of saliva sample
D0422	Collection and preparation of genetic sample material for laboratory analysis and report
D0423	Genetic test for susceptibility to diseases - specimen analysis
D0425	Caries susceptibility test
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0472	Accession of tissue, gross examination, preparation and transmission of written report
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0475	Decalcification procedure
D0476	Special stains for microorganisms
D0477	Special stains, not for microorganisms
D0478	Immunohistochemical stains

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D0479	Tissue in-situ hybridization, including interpretation						
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report						
D0481	Electron microscopy						
D0482	Direct immunofluorescence						
D0483	Indirect immunofluorescence						
D0484	Consultation on slides prepared elsewhere						
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source						
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report						
D0502	Other oral pathology procedure, by report						
D0999	Unspecified diagnostic procedure, by report						
D1310	Nutritional counseling for control of dental disease						
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth						
D1353	Sealant repair - per tooth						
D1354	Interim caries arresting medicament application						
D1520	Space maintainer - removable - unilateral						
D2410	Gold foil - one surface						
D2420	Gold foil - two surfaces						
D2430	Gold foil - three surfaces						
D2510	Inlay - metallic - one surface						
D2520	Inlay - metallic - two surfaces						
D2530	Inlay - metallic - three or more surfaces						
D2542	Onlay - metallic - two surfaces						
D2543	Onlay - metallic - three surfaces						
D2544	Onlay - metallic - four or more surfaces						
D2610	Inlay - porcelain/ceramic - one surface						
D2620	Inlay - porcelain/ceramic - two surfaces						
D2630	Inlay - porcelain/ceramic - three or more surfaces						
D2642	Onlay - porcelain/ceramic - two surfaces						
D2643	Onlay - porcelain/ceramic - three surfaces						
D2644	Onlay - porcelain/ceramic - four or more surfaces						
D2650	Inlay - resin-based composite - one surface						
D2651	Inlay - resin-based composite - two surfaces						
D2652	Inlay - resin-based composite - three or more surfaces						
D2662	Onlay - resin-based composite - two surfaces						
D2663	Onlay - resin-based composite - three surfaces						
D2664	Onlay - resin-based composite - four or more surfaces						
D2712	Crown - 3/4 resin-based composite (indirect)						
D2720	Crown - resin with high noble metal						
D2721	Crown - resin with predominantly base metal						
D2722	Crown - resin with noble metal						
D2740	Crown - porcelain/ceramic substrate						

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D2750	Crown - porcelain fused to high noble metal						
D2751	Crown - porcelain fused to predominantly base metal						
D2752	Crown - porcelain fused to noble metal						
D2780	Crown - 3/4 cast high noble metal						
D2781	Crown - 3/4 cast predominantly base metal						
D2782	Crown - 3/4 cast noble metal						
D2783	Crown - 3/4 porcelain/ceramic						
D2790	Crown - full cast high noble metal						
D2791	Crown - full cast predominantly base metal						
D2792	Crown - full cast noble metal						
D2794	Crown - titanium						
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression						
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.						
D2929	Prefabricated porcelain/ceramic crown - primary tooth						
D2933	Prefabricated stainless steel crown with resin window						
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth						
D2952	Post and core in addition to crown, indirectly fabricated						
D2953	Each additional indirectly fabricated post - same tooth						
D2955	Post removal						
D2960	Labial veneer (resin laminate) - chairside						
D2961	Labial veneer (resin laminate) - laboratory						
D2962	Labial veneer (porcelain laminate) - laboratory						
D2971	Additional procedures to construct new crown under existing partial denture framework						
D2975	Coping						
D2981	Inlay repair necessitated by restorative material failure						
D2982	Onlay repair necessitated by restorative material failure						
D2983	Veneer repair necessitated by restorative material failure						
D2990	Resin infiltration of incipient smooth surface lesions						
D3221	Pulpal debridement, primary and permanent teeth						
D3331	Treatment of root canal obstruction; non-surgical access						
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth						
D3333	Internal root repair of perforation defects						
D3421	Apicoectomy - bicuspid (first root)						
D3425	Apicoectomy - molar (first root)						
D3426	Apicoectomy (each additional root)						
D3450	Root amputation - per root						
D3460	Endodontic endosseous implant						
D3470	Intentional reimplantation (including necessary splinting)						
D3910	Surgical procedure for isolation of tooth with rubber dam						
D3920	Hemisection (including any root removal), not including root canal therapy						
D3950	Canal preparation and fitting of preformed dowel or post						

Procedure Code	CDT Description	Covered Service Age/ICF-IID		Prior Authorization required		Additional Limits	Maximum Allowance
		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant						
D4231	Anatomical crown exposure - one to three teeth per quadrant						
D4249	Clinical crown lengthening - hard tissue						
D4265	Biologic materials to aid in soft and osseous tissue regeneration.						
D4266	Guided tissue regeneration - resorbable barrier, per site						
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)						
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft						
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)						
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft						
D4276	Combined connective tissue and double pedicle graft, per tooth						
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site						
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site						
D4320	Provisional splinting - intracoronal						
D4321	Provisional splinting - extracoronal						
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant						
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth						
D5221	Immediate maxillary partial denture - resin base (including and conventional clasps, rests and teeth)						
D5222	Immediate mandibular partial denture - resin base (including and conventional clasps, rests and teeth)						
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including and conventional clasps, rests and teeth)						
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including and conventional clasps, rests and teeth)						
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)						
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)						
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)						
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)						
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)						
D5740	Reline maxillary partial denture (chairside)						
D5741	Reline mandibular partial denture (chairside)						
D5760	Reline maxillary partial denture (laboratory)						
D5761	Reline mandibular partial denture (laboratory)						
D5810	Interim complete denture (maxillary)						
D5811	Interim complete denture (mandibular)						
D5820	Interim partial denture (maxillary)						
D5821	Interim partial denture (mandibular)						
D5850	Tissue conditioning, maxillary						
D5851	Tissue conditioning, mandibular						
D5862	Precision attachment, by report						
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)						
D5875	Modification of removable prosthesis following implant surgery						
D5899	Unspecified removable prosthodontic procedure, by report.						

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		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D5937	Trismus appliance (not for TMD treatment)						
D5987	Commissure splint						
D5988	Surgical splint						
D5991	Vesiculobullous disease medicament carrier						
D6010	Surgical placement of implant body: endosteal implant						
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant						
D6040	Surgical placement: eosteal implant						
D6050	Surgical placement: transosteal implant						
D6051	Interim abutment						
D6055	Connecting bar - implant supported or abutment supported						
D6056	Prefabricated abutment - includes modification and placement						
D6057	Custom fabricated abutment - includes placement						
D6058	Abutment supported porcelain/ceramic crown						
D6059	Abutment supported porcelain fused to metal crown (high noble metal)						
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)						
D6061	Abutment supported porcelain fused to metal crown (noble metal)						
D6062	Abutment supported cast metal crown (high noble metal)						
D6063	Abutment supported cast metal crown (predominantly base metal)						
D6064	Abutment supported cast metal crown (noble metal)						
D6065	Implant supported porcelain/ceramic crown						
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)						
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)						
D6068	Abutment supported retainer for porcelain/ceramic FPD						
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)						
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)						
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)						
D6072	Abutment supported retainer for cast metal FPD (high noble metal)						
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)						
D6074	Abutment supported retainer for cast metal FPD (noble metal)						
D6075	Implant supported retainer for ceramic FPD						
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)						
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)						
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments						
D6090	Repair implant supported prosthesis, by report.						
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment						
D6092	Re-cement or re-bond implant/abutment supported crown						
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture						
D6094	Abutment supported crown - (titanium)						
D6095	Repair implant abutment, by report						
D6100	Implant removal, by report						
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of exposed implant surfaces, including flap entry and closure						

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		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure						
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure						
D6104	Bone graft at time of implant placement						
D6190	Radiographic/surgical implant index, by report						
D6194	Abutment supported retainer crown for FPD (titanium)						
D6199	Unspecified implant procedure, by report						
D6205	Pontic - indirect resin based composite						
D6210	Pontic - cast high noble metal						
D6211	Pontic - cast predominantly base metal						
D6212	Pontic - cast noble metal						
D6214	Pontic - titanium						
D6240	Pontic - porcelain fused to high noble metal						
D6245	Pontic - porcelain/ceramic						
D6250	Pontic - resin with high noble metal						
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression.						
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis						
D6600	Retainer inlay - porcelain/ceramic, two surfaces						
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces						
D6602	Retainer inlay - cast high noble metal, two surfaces						
D6603	Retainer inlay - cast high noble metal, three or more surfaces						
D6604	Retainer inlay - cast predominantly base metal, two surfaces						
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces						
D6606	Retainer inlay - cast noble metal, two surfaces						
D6607	Retainer inlay - cast noble metal, three or more surfaces						
D6608	Retainer onlay - pPorcelain/ceramic, two surfaces						
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces						
D6610	Retainer onlay - cast high noble metal, two surfaces						
D6611	Retainer onlay - cast high noble metal, three or more surfaces						
D6612	Retainer onlay - cast predominantly base metal, two surfaces						
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces						
D6614	Retainer onlay - cast noble metal, two surfaces						
D6615	Retainer onlay - cast noble metal, three or more surfaces						
D6624	Retainer inlay - titanium						
D6634	Retainer onlay - titanium						
D6710	Retainer crown - indirect resin based composite						
D6720	Retainer crown - resin with high noble metal						
D6721	Retainer crown - resin with predominantly base metal						
D6722	Retainer crown - resin with noble metal						
D6740	Retainer crown - porcelain/ceramic						
D6750	Retainer crown - porcelain fused to high noble metal						

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		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D6751	Retainer crown - porcelain fused to predominantly base metal						
D6752	Retainer crown - porcelain fused to noble metal						
D6780	Retainer crown - 3/4 cast high noble metal						
D6781	Retainer crown - 3/4 cast predominantly base metal						
D6782	Retainer crown - 3/4 cast noble metal						
D6783	Retainer crown - 3/4 porcelain/ceramic						
D6790	Retainer crown - full cast high noble metal						
D6791	Retainer crown - full cast predominantly base metal						
D6792	Retainer crown - full cast noble metal						
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression						
D6794	Retainer crown - titanium						
D6920	Connector bar						
D6930	Re-cement or re-bond fixed partial denture						
D6940	Stress breaker						
D6950	Precision attachment						
D6980	Fixed partial denture repair necessitated by restorative material failure						
D6985	Pediatric partial denture, fixed						
D6999	Unspecified fixed prosthodontic procedure, by report						
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)						
D7282	Mobilization of erupted or malpositioned tooth to aid eruption						
D7287	Exfoliative cytological sample collection						
D7292	Surgical placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal						
D7293	Surgical placement of temporary anchorage device requiring flap; includes device removal						
D7294	Surgical placement of temporary anchorage device without flap; includes device removal						
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant						
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)						
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)						
D7485	Surgical reduction of osseous tuberosity						
D7490	Radical resection of maxilla or mandible						
D7671	Alveolus - open reduction, may include stabilization of teeth						
D7810	Open reduction of dislocation						
D7820	Closed reduction of dislocation						
D7830	Manipulation under anesthesia						
D7840	Condylectomy						
D7852	Disc repair						
D7854	Synovectomy						
D7856	Myotomy						
D7858	Joint reconstruction						
D7865	Arthroplasty						
D7870	Arthrocentesis						

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		under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04	under age 21 & all ICF-IID residents*	age 21 & over when allowed under Chapter II 25.04		
D7871	Non-arthroscopic lysis and lavage						
D7872	Arthroscopy - diagnosis, with or without biopsy						
D7873	Arthroscopy - surgical; lavage and lysis of adhesions						
D7874	Arthroscopy - surgical; disc repositioning and stabilization						
D7875	Arthroscopy - surgical; synovectomy						
D7876	Arthroscopy - surgical; discectomy						
D7877	Arthroscopy - surgical; debridement						
D7881	Occlusal orthotic device adjustment						
D7899	Unspecified TMD therapy, by report						
D7920	Skin graft (identify defect covered, location, and type of graft)						
D7921	Collection and application of autologous blood concentrate product						
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach						
D7952	Sinus augmentation via a vertical approach						
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report						
D7998	Intraoral placement of a fixation device not in conjunction with a fracture						
D8040	Limited orthodontic treatment of the adult dentition.						
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))						
D8681	Removable orthodontic retainer adjustment						
D8690	Orthodontic treatment (alternative billing to a contract fee)						
D9120	Fixed partial denture sectioning						
D9210	Local anesthesia not in conjunction with operative or surgical procedures						
D9211	Regional block anesthesia						
D9212	Trigeminal division block anesthesia						
D9215	Local anesthesia in conjunction with operative or surgical procedures						
D9248	Non-intravenous conscious sedation						
D9910	Application of desensitizing medicament						
D9911	Application of desensitizing resin for cervical and /or root surface, per tooth						
D9932	Cleaning and inspection of removable complete denture - maxillary						
D9933	Cleaning and inspection of removable complete denture - mandibular						
D9934	Cleaning and inspection of removable partial denture - maxillary						
D9935	Cleaning and inspection of removable partial denture - mandibular						
D9941	Fabrication of athletic mouthguard						
D9942	Repair and/or relines of occlusal guard						
D9943	Occlusal guard adjustment						
D9950	Occlusion analysis - mounted case						
D9951	Occlusal adjustment - limited						
D9952	Occlusal adjustment - complete						
D9970	Enamel microabrasion						
D9971	Odontoplasty 1 - 2 teeth; includes removal of enamel projections						
D9972	External bleaching - per arch - performed in office						
D9973	External bleaching - per tooth						

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D9974 Internal bleaching - per tooth  
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays