

Dental Health Care Program for Low-Income Seniors Covered Procedure

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	Teeth or Quad	DENTAL PROCEDURE GUIDELINES
This is not intended to replace appropriate clinical judgments and recommended treatment, but is intended as a guide for reimbursement under the Colorado Dental Health Care Program for Low-Income Seniors. Seniors served under this program should receive ethical treatment that aligns with standards of care in dentistry, and Grantees must take into consideration the aging adult's ability to withstand limited treatment time and number of procedures per appointment.						
DIAGNOSTIC						
Periodic oral evaluation - established patient	D0120	\$46.00	\$46.00	\$0.00		Evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately. Frequency: Two of D0120, D0150, D0180 per 12 Months per patient.
Limited oral evaluation - problem focused	D0140	\$63.99	\$53.99	\$10.00		An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation presents with a specific problem and/or dental emergencies, trauma, acute infections, etc. Frequency: Two of D0140 per 12 months per grantee per patient. Not reimbursable on the same date as D0120, D0150, or D0180. Dental hygienists may only provide for an established patient of record.
Comprehensive oral evaluation - new or established patient	D0150	\$81.00	\$81.00	\$0.00		Evaluation used by general dentist and/or a specialist when evaluating a patient comprehensively. Applicable to new patients; established patients with significant health changes or other unusual circumstances by report; or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. Frequency: One of D0150 per 36 Months per grantee per patient. Two of D0120, D0150, D0180 per 12 months per grantee per patient.

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Comprehensive periodontal evaluation - new or established patient	D0180	\$88.00	\$88.00	\$0.00	This procedure is indicated for patients showing signs & symptoms of periodontal disease & patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships. Frequency: One of D0180 per 36 months per patient. Two of D0120, D0150, D0180 per 12 months per patient.
Intraoral - comprehensive series of radiographic images	D0210	\$125.00	\$125.00	\$0.00	Radiographic survey of whole mouth, intended to display the crowns & roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas. Panoramic radiographic image D0330 & bitewing radiographic images D0270-D0277 taken on the same date of service shall not be billed as a D0210. Minimum of 12-20 films is required. Payment for additional periapical radiographs within 60 days of a full mouth series D0277 or a panoramic film D0330 is not covered unless there is evidence of trauma. Frequency: One of D0210, D0277, D0330 per 60 months per patient. Any combination of x-rays taken on the same date of service that equals or exceeds the max allowable fee for D0210 must be billed and reimbursed as D0210.
Intraoral - periapical first radiographic image	D0220	\$25.00	\$25.00	\$0.00	Six of D0220 per 12 months per patient. Report additional radiographs as D0230. Working and final endodontic treatment films are not covered. Not covered if billed with D3310, D3320, D3330. Any combination of D0220 through D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210. Not allowed on the same day as D0210.
Intraoral - periapical each additional radiographic image	D0230	\$23.00	\$23.00	\$0.00	D0230 must be utilized for additional films taken beyond D0220. Working and final endodontic treatment films are included in the endo codes. Not covered if billed with D3310, D3320, or D3330. Not allowed on the same day as D0210. Any combination of D0220 through D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Bitewing - single radiographic image	D0270	\$26.52	\$26.52	\$0.00	Frequency: One of D0270, D0272, D0273, D0274 per 12 months per patient. Any combination of D0220 through D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Bitewings - two radiographic images	D0272	\$42.00	\$42.00	\$0.00	Frequency: One of D0270, D0272, D0273, D0274 per 12 months per patient. Any combination of D0220 through D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Bitewings - three radiographic images	D0273	\$52.00	\$52.00	\$0.00	Frequency: One of D0270, D0272, D0273, D0274 per 12 months per patient. Any combination of D0220 through D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Bitewings - four radiographic images	D0274	\$60.00	\$60.00	\$0.00	Frequency: One of D0270, D0272, D0273, D0274 per 12 months per patient. Any combination of D0220 through D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.

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Vertical bitewings – seven to eight radiographic images	D0277	\$68.32	\$68.32	\$0.00		Frequency: One of D0210, D0277, D0330 per 60 months per patient. Counts as a full mouth series. Counts as an intraoral complete series. Any combination of D0220 through D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Panoramic radiographic image	D0330	\$63.00	\$63.00	\$0.00		Frequency: One of D0210, D0277, D0330 per 60 months per grantee per patient. Counts as a full mouth series.
PREVENTATIVE						
Prophylaxis - adult	D1110	\$99.06	\$99.06	\$0.00		Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors. Frequency: · Two of D1110, D4346 per 12 months per patient. · May be alternated with D4910 for maintenance of periodontally-involved individuals. · D1110 cannot be billed on the same day as D4341 - D4910. · Only allowed for cases with a history of surgical or non-surgical periodontal treatment, excluding D4355.
Topical application of fluoride varnish	D1206	\$52.00	\$52.00	\$0.00		Topical fluoride application is to be used in conjunction with prophylaxis or preventive appointment. Should be applied to whole mouth. Frequency: up to four times per 12 calendar months. Cannot be used with D1208.
Topical application of fluoride - excluding varnish	D1208	\$52.00	\$52.00	\$0.00		Any fluoride application, including swishing, trays or paint on variety, to be used in conjunction with prophylaxis or preventive appointment. Frequency: one time per 12 calendar months. Cannot be used with D1206. D1206 varnish should be utilized in lieu of D1208 whenever possible.
Application of caries Arresting Medicament - per tooth	D1354	\$55.40	\$55.40	\$0.00	Teeth 1 - 32	Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure. Frequency: Two of D1354 per 12 months per patient per tooth for permanent teeth. Not to exceed 4 times per tooth in a lifetime. Cannot be billed on the same day as D1355 or D3110 or D3120 or any D2000 series code D2140–D2954. Must report tooth number.
Caries preventive medicament application – per tooth	D1355	\$5.83	\$5.83	\$0.00	Teeth 1 - 32	For primary prevention or remineralization. Medicaments applied do not include topical fluorides. Medicaments that may be applied during the delivery of D1355 procedure include Silver Diamine Fluoride (SDF), Silver Nitrate (SN), thymol-CHX varnish, and topical povidone iodine (PVP-I). Cannot be billed on the same day as: D1206, D1208, D1354, D0140, D9110, or any restoration codes on the same day or within 12 months of D2140 through D2954. Maximum of four D1355 per tooth per lifetime. Must report tooth number.
RESTORATIVE						
Amalgam Restorations (including polishing): Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately (see D2951).						
Amalgam - one surface, primary or permanent	D2140	\$121.78	\$111.78	\$10.00	Teeth 1 - 32	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface.

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Amalgam - two surfaces, primary or permanent	D2150	\$ 152.84	\$ 142.84	\$10.00	Teeth 1 - 32	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface.
Amalgam - three surfaces, primary or permanent	D2160	\$ 185.16	\$ 175.16	\$10.00	Teeth 1 - 32	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface.
Amalgam - four or more surfaces, primary or permanent	D2161	\$ 222.27	\$ 212.27	\$10.00	Teeth 1 - 32	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface.
Resin-Based Composite Restorations - Direct: Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases, and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately (see D2951).						
Resin-based composite - one surface, anterior	D2330	\$ 118.53	\$ 108.53	\$10.00	Teeth 6 - 11, 22 - 27	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - two surfaces, anterior	D2331	\$146.00	\$136.00	\$10.00	Teeth 6 - 11, 22 - 27	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - three surfaces, anterior	D2332	\$179.00	\$169.00	\$10.00	Teeth 6 - 11, 22 - 27	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - four or more surfaces (anterior)	D2335	\$212.00	\$202.00	\$10.00	Teeth 6 - 11, 22 - 27	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - one surface, posterior	D2391	\$134.00	\$124.00	\$10.00	Teeth 1 - 5, 12 - 21, 28 - 32	Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure. Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - two surfaces, posterior	D2392	\$176.00	\$166.00	\$10.00	Teeth 1 - 5, 12 - 21, 28 - 32	Frequency: One of D2140 - D2394 per 36 months per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - three surfaces, posterior	D2393	\$218.00	\$208.00	\$10.00	Teeth 1 - 5, 12 - 21, 28 - 32	Frequency: One of D2140 - D2394 per 36 Months Per patient per tooth, per surface. See Explanation of Restorations.

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Resin-based composite - four or more surfaces, posterior	D2394	\$268.00	\$258.00	\$10.00	Teeth 1 - 5, 12 - 21, 28 - 32	Frequency: One of D2140 - D2394 per 36 Months Per patient per tooth, per surface. See Explanation of Restorations.
Crown - porcelain/ceramic	D2740	\$ 912.75	\$862.75	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - porcelain fused to high noble metal	D2750	\$ 904.52	\$854.52	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - porcelain fused to predominantly base metal	D2751	\$ 829.30	\$779.30	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - porcelain fused to noble metal	D2752	\$ 861.06	\$811.06	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - 3/4 cast predominantly base metal	D2781	\$ 780.00	\$ 730.00	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - 3/4 cast noble metal	D2782	\$ 780.00	\$ 730.00	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - 3/4 porcelain/ceramic	D2783	\$780.00	\$730.00	\$50.00	Teeth 1 - 32	This procedure does not include facial veneers. Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - full cast high noble metal	D2790	\$ 932.52	\$882.52	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - full cast predominantly base metal	D2791	\$780.00	\$730.00	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - full cast noble metal	D2792	\$780.00	\$730.00	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - titanium and titanium alloys	D2794	\$900.27	\$850.27	\$50.00	Teeth 2 - 15, 18 - 31	Frequency: One of D2740 - D2794 per 84 months per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.

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Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	D2910	\$ 87.00	\$ 77.00	\$10.00	Teeth 1 - 32	Not allowed within 6 months of placement.
Re-cement or re-bond crown	D2920	\$89.00	\$79.00	\$10.00	Teeth 1 - 32	Not allowed within 6 months of placement.
Placement of Interim Direct Restoration	D2940	\$66.09	\$56.09	\$10.00	Teeth 1 - 32	Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration. One of D2940 per lifetime per tooth. RDH's will receive reimbursement when used for telehealth dentistry in partnership with treating dentist.
Core buildup, including any pins when required	D2950	\$225.00	\$200.00	\$25.00	Teeth 2 - 15, 18 - 31	Refers to building up of coronal structure when there is insufficient retention for a separate extracoronary restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation. Frequency: One of D2950, D2952, D2954 per 84 months per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.
Pin retention per tooth, in addition to restoration	D2951	\$ 50.00	\$ 40.00	\$10.00	Teeth 2 - 15, 18 - 31	Pins placed to aid in retention of restoration. Can only be used in combination with a multi-surface amalgam.
Post and core in addition to crown, indirectly fabricated	D2952	\$332.00	\$307.00	\$25.00	Teeth 2 - 15, 18 - 31	Post and core are custom fabricated as a single unit. Frequency: One of D2950, D2952, D2954 per 84 months per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.
Prefabricated post and core in addition to crown	D2954	\$269.00	\$244.00	\$25.00	Teeth 2 - 15, 18 - 31	Core is built around a prefabricated post. This procedure includes the core material. Frequency: One of D2950, D2952, D2954 per 84 months per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.
Application of Hydroxyapatite Regeneration Medicament - per tooth	D2991	\$67.20	\$57.20	\$10.00	Teeth 1 - 32	Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration. One of D2991 per lifetime per patient per tooth. Cannot be billed on the same day/same tooth as any other D2000's codes or D1354.
ENDODONTICS						
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care) Includes primary teeth without succedaneous teeth and permanent teeth. Complete root canal therapy; pulpectomy is part of root canal therapy. Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.						

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Endodontic therapy, anterior tooth (excluding final restoration)	D3310	\$ 862.56	\$ 812.56	\$50.00	Teeth 6 - 11, 22 - 27	Frequency: One D3310 per lifetime per patient per tooth.
Endodontic therapy, premolar tooth (excluding final restoration)	D3320	\$ 982.39	\$ 932.39	\$50.00	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Frequency: One D3320 per lifetime per patient per tooth.
Endodontic therapy, molar tooth (excluding final restoration)	D3330	\$ 1,177.06	\$ 1,127.06	\$50.00	Teeth 2, 3, 14, 15, 18, 19, 30, 31	Frequency: One D3330 per lifetime per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Retreatment of Previous Root Canal Therapy-Anterior	D3346	\$976.20	\$926.20	\$50.00	Teeth 6 - 11, 22 - 27	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. One of D3346 per lifetime per patient per tooth. Only reimbursable if original treatment not paid by Senior Dental Program.
Retreatment of Previous Root Canal Therapy-Premolar	D3347	\$1,110.83	\$1,060.83	\$50.00	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. One of D3347 per lifetime per patient per tooth. Only reimbursable if original treatment not paid by Senior Dental Program
Retreatment of Previous Root Canal Therapy-Molar	D3348	\$1,316.00	\$1,266.00	\$50.00	Teeth 2, 3, 14, 15, 18, 19, 30, 31	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. One of D3348 per lifetime per patient per tooth. Only reimbursable if original treatment not paid by Senior Dental Program. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
PERIODONTICS						
Periodontal scaling & root planing - four or more teeth per quadrant	D4341	\$ 280.77	\$ 270.77	\$10.00	Per Quad LL, LR, UL, or UR	<p>This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as part of pre-surgical procedures in others. Frequency:</p> <ul style="list-style-type: none"> · One of D4341, D4342 per 36 months per patient per quadrant. A minimum of four affected teeth in the quadrant. · Maximum of two quadrants per date of service in a non-hospital setting. · Cannot be charged on same date as D1110. <p>Any follow-up and re-evaluation are included in the initial reimbursement.</p>

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Periodontal scaling & root planing - one to three teeth per quadrant	D4342	\$ 192.71	\$ 192.71	\$0.00	Per Quad LL, LR, UL, or UR	<p>This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as part of pre-surgical procedures in others.</p> <p>Current periodontal charting must be present in patient chart documenting active periodontal disease. Frequency:</p> <ul style="list-style-type: none"> · One of D4341, D4342 per 36 months per patient per quadrant. A maximum of three teeth in the affected quadrant. · Maximum of two quadrants per date of service in a non-hospital setting. <p>Documentation of other treatment provided at same time will be requested.</p> <ul style="list-style-type: none"> · Cannot be charged on same date as D1110. · Any follow-up and re-evaluation are included in the initial reimbursement.
Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	D4346	\$ 102.00	\$ 92.00	\$10.00		<p>The removal of plaque, calculus, and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.</p> <p>Frequency: Two of D1110, D4346 per 12 months per patient. Not reimbursed when billed on the same date of service as D1110, D4341, D4342, D4355, D4910. Any follow-up and re-evaluation are included in the initial reimbursement.</p>
Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	D4355	\$ 101.48	\$ 91.48	\$10.00		<p>Frequency: One of D4355 per 36 months per patient. D0150, D0160, D0180, D1110 are not reimbursable when provided on the same day of service as D4355. D4355 is not reimbursable if patient record indicates D1110, D4910 have been provided in the previous 12 month period. Other D4000 series codes are not reimbursable when provided on the same date of service as D4355.</p>
Periodontal maintenance	D4910	\$ 151.39	\$ 151.39	\$0.00		<p>This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered. Frequency: up to four times per fiscal year per patient; cannot be charged on the same date as D4346; Cannot be charged within the first three months following active periodontal treatment.</p>

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PROSTHODONTICS, REMOVABLE					
Complete denture - maxillary	D5110	\$ 945.03	\$ 865.03	\$80.00	Reimbursement made upon delivery of a complete maxillary denture to the patient. D5110 or D5120 cannot be used to report an immediate denture, D5130 or D5140. Routine follow-up adjustments/relines within 6 months are to be anticipated and are included in the initial reimbursement. A complete denture is made after teeth have been removed and the gum and bone tissues have healed - or to replace an existing denture. This can vary greatly depending upon patient, oral health, overall health, and other confounding factors. Frequency: Program will only pay for one per every 60 months - documentation that existing prosthesis cannot be made serviceable must be maintained.
Complete denture - mandibular	D5120	\$ 946.59	\$ 866.59	\$80.00	Reimbursement made upon delivery of a complete mandibular denture to the patient. D5110 or D5120 cannot be used to report an immediate denture, D5130, D5140. Routine follow-up adjustments/relines within 6 months are to be anticipated and are included in the initial reimbursement. A complete denture is made after teeth have been removed and the gum and bone tissues have healed - or to replace an existing denture. This can vary greatly depending upon patient, oral health, overall health, and other confounding factors. Frequency: Program will only pay for one per every 60 months - documentation that existing prosthesis cannot be made serviceable must be maintained.
Immediate denture – maxillary	D5130	\$ 945.03	\$ 865.03	\$80.00	Reimbursement made upon delivery of an immediate maxillary denture to the patient. Routine follow-up adjustments/soft tissue condition relines within 6 months are to be anticipated and are included in the initial reimbursement. An immediate denture is made prior to teeth being extracted and is inserted same day of extraction of remaining natural teeth. Frequency: D5130 can be reimbursed only once per lifetime per patient. Complete denture, D5110, may be considered 60 months after immediate denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.
Immediate denture – mandibular	D5140	\$ 946.59	\$ 866.59	\$80.00	Reimbursement made upon delivery of an immediate mandibular denture to the patient. Routine follow-up adjustments/soft tissue condition relines within 6 months are to be anticipated and are included in the initial reimbursement. An immediate denture is made prior to teeth being extracted and is inserted same day of extraction of remaining natural teeth. Frequency: D5140 can be reimbursed only once per lifetime per patient. Complete dentures, D5120, may be considered 60 months after immediate denture was reimbursed – documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.

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Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	D5211	\$700.00	\$640.00	\$60.00	Reimbursement made upon delivery of a complete partial maxillary denture to the patient. D5211 and D5212 are considered definitive treatments. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial resin base denture can be made right <u>after</u> having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial resin base denture can also be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: Program will only pay for one resin maxillary per every 36 months - documentation that existing prosthesis cannot be made serviceable must be maintained.
Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	D5212	\$778.00	\$718.00	\$60.00	Reimbursement made upon delivery of a complete partial mandibular denture to the patient. D5211 and D5212 are considered definitive treatment. Routine follow-up adjustments/reline within 6 months are to be anticipated and are included in the initial reimbursement. A partial resin base denture can be made right <u>after</u> having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial resin base denture can also be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: Program will only pay for one every 36 months - documentation that existing prosthesis cannot be made serviceable must be maintained.
Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5213	\$ 913.93	\$ 853.93	\$60.00	Reimbursement made upon delivery of a complete partial maxillary denture to the patient. D5213 and D5214 are considered definitive treatment. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial cast metal base can also be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial cast metal base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: Program will only pay for one maxillary per every 60 months - documentation that existing prosthesis cannot be made serviceable must be maintained.
Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5214	\$ 913.93	\$ 853.93	\$60.00	Reimbursement made upon delivery of a complete partial mandibular denture to the patient. D5213 and D5214 are considered definitive treatment. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial cast metal base can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial cast metal base denture can also be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: Program will only pay for one mandibular per every 60 months - documentation that existing prosthesis cannot be made serviceable must be maintained.

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Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	D5221	\$ 656.22	\$ 596.22	\$60.00	Reimbursement made upon delivery of an immediate partial maxillary denture to the patient. D5221 can be reimbursed only once per lifetime per patient and must be on the same date of service as the extraction. Routine follow-up adjustments or relines within 6 months is to be anticipated and are included in the initial reimbursement. An immediate partial resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: A maxillary partial denture may be considered 36 months after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.
Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	D5222	\$ 656.22	\$ 596.22	\$60.00	Reimbursement made upon delivery of an immediate partial maxillary denture to the patient. D5222 can be reimbursed only once per lifetime per patient and must be on the same date of service as the extraction. Routine follow-up adjustments or relines within 6 months is to be anticipated and are included in the initial reimbursement. An immediate partial resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: A mandibular partial denture may be considered 36 months after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.
Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5223	\$ 913.93	\$ 853.93	\$60.00	Reimbursement made upon delivery of an immediate partial maxillary denture to the patient. D5223 can be reimbursed only once per lifetime per patient and must be on the same date of service as the extraction. Routine follow-up adjustments or relines within 6 months is to be anticipated and are included in the initial reimbursement. An immediate partial cast metal framework with resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: A maxillary partial denture may be considered 60 months after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.
Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5224	\$ 913.93	\$ 853.93	\$60.00	Reimbursement made upon delivery of an immediate partial mandibular denture to the patient. D5224 can be reimbursed only once per lifetime per patient and must be on the same date of service as the extraction. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. An immediate partial cast metal framework with resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and “try-in” appointments may be necessary and are included in the cost. Frequency: A mandibular partial denture may be considered 60 months after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.

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Maxillary partial denture - flexible base (including retentive/clasping materials, rest, and teeth)	D5225	\$ 810.65	\$ 750.65	\$60.00		Reimbursement made upon delivery of a partial maxillary denture to the patient. D5225 and D5226 are considered definitive treatment. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial flexible base can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial flexible base denture can also be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and "try-in" appointments may be necessary and are included in the cost. Frequency: Program will only pay for one maxillary per every 36 months - documentation that existing prosthesis cannot be made serviceable must be maintained.
Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	D5226	\$ 810.65	\$ 750.65	\$60.00		Reimbursement made upon delivery of a partial mandibular denture to the patient. D5225 and D5226 are considered definitive treatment. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial flexible base can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial flexible base denture can also be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and "try-in" appointments may be necessary and are included in the cost. Frequency: Program will only pay for one mandibular per every 36 months - documentation that existing prosthesis cannot be made serviceable must be maintained.
Adjust Complete Denture - maxillary	D5410	\$ 55.12	\$ 45.12	\$10.00		Adjust complete maxillary denture. Frequency: two of D5410 per 12 months per client. Cannot be charged on a denture provided in last six months. Cannot be charged in addition to a rebase or reline in a 12 month period.
Adjust Complete Denture - mandibular	D5411	\$ 55.12	\$ 45.12	\$10.00		Adjust complete maxillary denture. Frequency: two of D5411 per 12 months per client. Cannot be charged on a denture provided in last six months. Cannot be charged in addition to a rebase or reline in a 12 month period.
Adjust Partial Denture - maxillary	D5421	\$ 55.12	\$ 45.12	\$10.00		Adjust complete maxillary denture. Frequency: two of D5421 per 12 months per client. Cannot be charged on a denture provided in last six months. Cannot be charged in addition to a rebase or reline in a 12 month period.
Adjust Partial Denture - mandibular	D5422	\$ 55.12	\$ 45.12	\$10.00		Adjust complete maxillary denture. Frequency: two of D5422 per 12 months per client. Cannot be charged on a denture provided in last six months. Cannot be charged in addition to a rebase or reline in a 12 month period.
Repair broken complete denture base, mandibular	D5511	\$ 133.79	\$ 123.79	\$10.00		Repair broken complete mandibular denture base. Frequency: Two of D5511 per 12 months per patient.
Repair broken complete denture base, maxillary	D5512	\$ 133.79	\$ 123.79	\$10.00		Repair broken complete maxillary denture base. Frequency: Two of D5512 per 12 months per patient.

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Replace missing or broken teeth - complete denture (each tooth)	D5520	\$ 100.27	\$ 90.27	\$10.00	Teeth 1 - 32	Replacement/repair of missing or broken teeth.
Repair resin partial denture base, mandibular	D5611	\$ 100.98	\$ 90.98	\$10.00		Repair resin partial mandibular denture base. Frequency: Two of D5611 per 12 months per patient.
Repair resin partial denture base, maxillary	D5612	\$ 100.98	\$ 90.98	\$10.00		Repair resin partial maxillary denture base. Frequency: Two of D5612 per 12 months per patient.
Repair cast partial framework, mandibular	D5621	\$ 131.18	\$ 121.18	\$10.00		Repair cast partial mandibular framework. Frequency: Two of D5621 per 12 months per patient.
Repair cast partial framework, maxillary	D5622	\$ 131.18	\$ 121.18	\$10.00		Repair cast partial maxillary framework. Frequency: Two of D5622 per 12 months per patient.
Repair or replace broken retentive/clasping materials – per tooth	D5630	\$ 141.73	\$ 131.73	\$10.00	Teeth 1 - 32	Repair of broken clasp on partial denture base – per tooth. Frequency: One of D5630 per 12 months per patient per tooth number.
Replace missing or broken teeth - per tooth	D5640	\$ 101.48	\$ 91.48	\$10.00	Teeth 1 - 32	Repair/replacement of missing tooth. Frequency: One of D5640 per 12 months per patient per tooth number.
Add tooth to existing partial denture - per tooth	D5650	\$109.00	\$99.00	\$10.00	Teeth 1 - 32	Adding tooth to partial denture base. Frequency: One of D5650 per 12 months per patient per tooth number. Documentation may be requested when charged on partial delivered in last 12 months.
Add clasp to existing partial denture - per tooth	D5660	\$ 147.24	\$ 137.24	\$10.00	Teeth 1 - 32	Adding clasp to partial denture base – per tooth. Frequency: One of D5660 per 12 months per patient per tooth number. Documentation may be requested when charged on partial delivered in last 12 months.
Rebase complete maxillary denture	D5710	\$ 322.00	\$ 297.00	\$25.00		Frequency: One of D5710, D5730, D5750 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a reline in a 12 month period.
Rebase complete mandibular denture	D5711	\$322.00	\$297.00	\$25.00		Frequency: One of D5711, D5731, D5751 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a reline in a 12 month period.
Rebase maxillary partial denture	D5720	\$304.00	\$279.00	\$25.00		Frequency: One of D5720, D5740, D5760 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a reline in a 12 month period.
Rebase mandibular partial denture	D5721	\$304.00	\$279.00	\$25.00		Frequency: One of D5721, D5741, D5761 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a reline in a 12 month period.
Reline complete maxillary denture (chairside/direct)	D5730	\$ 182.96	\$ 182.96	\$10.00		Frequency: One of D5710, D5730, D5750 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a rebase in a 12 month period.

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Reline complete mandibular denture (chairside/direct)	D5731	\$ 192.96	\$ 182.96	\$10.00		Frequency: One of D5711, D5731, D5751 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a rebase in a 12 month period.
Reline maxillary partial denture (chairside/direct)	D5740	\$ 190.53	\$ 180.53	\$10.00		Frequency: One of D5720, D5740, D5760 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture (chairside/direct)	D5741	\$ 192.36	\$ 182.63	\$10.00		Frequency: One of D5721, D5741, D5761 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a rebase in a 12 month period.
Reline complete maxillary denture (laboratory/indirect)	D5750	\$ 256.78	\$ 231.73	\$25.00		Frequency: One of D5710, D5730, D5750 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a rebase in a 12 month period.
Reline complete mandibular denture (laboratory/indirect)	D5751	\$ 257.98	\$ 232.98	\$25.00		Frequency: One of D5711, D5731, D5751 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a rebase in a 12 month period.
Reline maxillary partial denture (laboratory/indirect)	D5760	\$ 254.95	\$ 229.95	\$25.00		Frequency: One of D5720, D5740, D5760 per 12 months per patient. Not allowed for first six months after delivery. Cannot be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture (laboratory/indirect)	D5761	\$ 254.95	\$ 229.95	\$25.00		Frequency: One of D5721, D5741, D5761 per 12 months per patient. Not allowed for first six months after delivery.-Cannot be charged in addition to a rebase in a 12 month period.
ORAL AND MAXILLOFACIAL SURGERY						
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140	\$ 120.82	\$ 110.82	\$10.00	Teeth 1 - 32	Includes removal of tooth structure, minor smoothing of socket bone, and closure as necessary. Treatment notes must include documentation that an extraction was done per tooth. Frequency: One of D7140 per lifetime per patient per tooth.
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7210	\$ 187.33	\$ 177.33	\$10.00	Teeth 1 - 32	Includes related cutting of gingiva and bone, removal of tooth structure, minor, smoothing of socket bone and closure. Frequency: One of D7210 per lifetime per patient per tooth.

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Removal of impacted tooth-soft tissue	D7220	\$ 223.87	\$ 203.87	\$20.00	Teeth 1 - 32	Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. Frequency: One of D7220 per lifetime per patient per tooth.
Removal of impacted tooth-partially bony	D7230	\$ 276.44	\$ 256.44	\$20.00	Teeth 1 - 32	Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. Frequency: One of D7230 per 1 lifetime per patient per tooth.
Removal of impacted tooth-completely bony	D7240	\$ 320.92	\$ 300.92	\$20.00	Teeth 1 - 32	Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. Frequency: One of D7240 per 1 lifetime per patient per tooth.
Removal of impacted tooth-completely bony, with unusual surgical complications	D7241	\$ 421.97	\$ 401.97	\$20.00	Teeth 1 - 32	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. Frequency: One of D7241 per lifetime per patient per tooth.
Removal of residual tooth roots (cutting procedure)	D7250	\$ 197.59	\$ 187.59	\$10.00	Teeth 1 - 32	Includes cutting of soft tissue and bone, removal of tooth structure, and closure. Cannot be charged for removal of broken off roots for recently extracted tooth. Frequency: One of D7250 per lifetime per patient per tooth. Will not be paid to the dentists or group that removed the tooth.
Primary Closure of a sinus perforation	D7261	\$ 492.96	\$ 482.96	\$10.00		Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulous tract. Narrative of medical necessity required.
Incisional biopsy of oral tissue-hard (bone, tooth)	D7285	\$199.66	\$189.66	\$10.00		For partial removal of specimen only. This procedure involves biopsy of osseous lesions and is not used for apicectomy/periradicular surgery. This procedure does not entail an excision. Only covered if there is a suspicious lesion. Must have a pathology report in file.
Incisional biopsy of oral tissue-soft	D7286	\$391.00	\$381.00	\$10.00		For partial removal of an architecturally intact specimen only. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision. Treatment notes must include documentation and proof that biopsy was sent for evaluation. Only covered if there is a suspicious lesion.
Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7310	\$150.91	\$140.91	\$10.00	Per Quad LL, LR, UL, UR	The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for prosthesis or other treatments such as radiation therapy and transplant surgery. Frequency: One of D7310 or D7311 per lifetime per patient per quadrant. Minimum of 4 extractions in the affected quadrant.

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Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7311	\$ 148.69	\$ 138.69	\$10.00	Per Quad LL, LR, UL, UR	The alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for prosthesis or other treatments such as radiation therapy and transplant surgery. Frequency: One of D7311 or D7310 per lifetime per patient per quadrant. Maximum of 3 extractions in the affected quadrant.
Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7320	\$ 217.38	\$ 207.38	\$10.00	Per Quad LL, LR, UL, UR	No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for prosthesis or other treatments such as radiation therapy and transplant surgery. Frequency: One of D7320 or D7321 per lifetime per patient per quadrant.
Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7321	\$ 217.38	\$ 207.38	\$10.00	Per Quad LL, LR, UL, UR	No extractions performed in an edentulous area. See D7311 if teeth are being extracted concurrently with the alveoloplasty. Usually in preparation for prosthesis or other treatments such as radiation therapy and transplant surgery. Frequency: One of D7321 or D7320 per lifetime per patient per quadrant.
Excision of benign Lesion up to 1.25 cm	D7410	\$203.95	\$193.95	\$10.00		Must have a pathology report in file.
Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	D7460	\$257.37	\$247.37	\$10.00		Must have a pathology report in file.
Removal of lateral exostosis (maxilla or mandible)	D7471	\$ 314.97	\$ 304.97	\$10.00	Per Quad LL, LR, UL, UR	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.
Removal of torus palatinus	D7472	\$ 370.47	\$ 360.47	\$10.00	Per Quad LL, LR, UL, UR	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.
Removal of torus mandibularis	D7473	\$ 361.32	\$ 351.32	\$10.00	Per Quad LL, LR, UL, UR	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.

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Incision & drainage of abscess - intraoral soft tissue	D7510	\$ 196.66	\$ 186.66	\$10.00	Teeth 1 - 32	Incision through mucosa, including periodontal origins. One of D7510 per lifetime per patient per tooth.
ADJUNCTIVE GENERAL SERVICES						
Palliative treatment of dental pain - per visit	D9110	\$ 82.95	\$ 57.95	\$25.00		Treatment that relieves pain but is not curative services provided do not have distinct procedure codes. Not allowed with any other services other than radiographs. Cannot be billed when the only other service is writing a prescription.
Evaluation for moderate sedation, deep sedation or general anesthesia	D9219	\$ 44.53	\$ 44.53	\$0.00		One of D9219 per 12 months per grantee per patient.
Deep sedation/general anesthesia - first 15 minutes	D9222	\$ 126.60	\$ 116.60	\$10.00		One of D9222 per 1 day per patient.
Deep sedation/general anesthesia-each 15-minute increment	D9223	\$ 111.69	\$ 101.69	\$10.00		One of D9222 per 1 day per patient.
Intravenous moderate (conscious) sedation/analgesia-first 15 minutes	D9239	\$ 126.60	\$ 116.60	\$10.00		Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration. One of D9239 per 1 day per patient.
Intravenous moderate (conscious) sedation/analgesia-each 15-minute increment	D9243	\$ 111.69	\$ 101.69	\$10.00		Thirteen of D9243 per 1 day per patient. Not allowed with D9223.
EXPLANATION OF RESTORATIONS						
Location	Surfaces	Characteristics				
Anterior - Mesial, Distal, Incisal, Lingual, or Facial (or Labial)	1	Placed on one of the surfaces listed below.				
	2	Placed, without interruption, on two of the surfaces listed below.				
	3	Placed, without interruption, on three of the surfaces listed below.				
	4 or more	Placed, without interruption, on four or more of the surfaces listed below.				

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Posterior - Mesial, Distal, Occlusal, Lingual, or Buccal	1	Placed on one of the surfaces listed below.				
	2	Placed, without interruption, on two of the surfaces listed below.				
	3	Placed, without interruption, on three of the surfaces listed below.				
	4 or more	Placed, without interruption, on four or more of the surfaces listed below.				
NOTE: Tooth surfaces are reported using the codes in the following table.						
Surface	Code					
Buccal	B					
Distal	D					
Facial (or Labial)	F					
Incisal	I					
Lingual	L					
Mesial	M					
Occlusal	O					