CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	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 ~~client~~ patient	D0120		Evaluation performed on a ~~client~~patient of record to determine any changes in the ~~client's~~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 client. Report additional diagnostic procedures separately. Frequency: ~~One time per 6 month period per client.~~ Two of (D0120, D0150, D0180) per 12 Month(s) per patient.
Limited oral evaluation - problem focused	D0140		~~This code must be used in association with a specific oral health problem or complaint and is not to be used to address situations that arise during multi-visit treatments covered by a single fee, such as, endodontic or post-operative visits related to treatments including prosthesis. Specific problems may include dental emergencies, trauma, acute infections, etc. Cannot be used for adjustments made to prosthesis provided within previous 6 months. Cannot be used as an encounter fee.~~ 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 Month(s) ~~per year per grantee~~ per patient~~. Not reimbursable on the same date as D0120, or D0150~~, or D0180~~. Dental hygienists may only provide for an established client~~patient ~~of record.~~
Comprehensive oral evaluation - new or established ~~client~~ patient	D0150		Evaluation used by general dentist and/or a specialist when evaluating a client comprehensively. Applicable to new ~~clients~~patients; established ~~clients~~patients with significant health changes or other unusual circumstances by report; or established ~~clients~~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~~,~~ ~~and an~~ evaluation and recording of the client's dental and medical history and general health assessment. ~~A periodontal evaluation, oral cancer evaluation, diagnosis and treatment planning should be included.~~ 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 Month(s) per grantee per patient. Two of (D0120, D0150, D0180) per 12 Month(s) per grantee per patient. ~~1 per 3 years per client. Cannot be charged on the same date as D0180.~~
Comprehensive periodontal evaluation - new or established ~~client~~ patient	D0180		~~Evaluation for clients presenting~~ This procedure is indicated for patients showing ~~signs & symptoms of periodontal disease & clients~~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 client's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation. Frequency: 1 per 3 years per client.~~ One of D0180 per 36 months per patient. Two of (D0120, D0150, D0180) per 12 Month(s) per patient. ~~Cannot be charged on the same date as D0150.~~

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Intraoral - comprehensive series of radiographic images	D0210		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: ~~1~~One of (D0210, D0277, D0330) per ~~5 years~~60 months per ~~client~~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. ~~Should not be charged in addition to panoramic film D0330. Either D0330 or D0210 per 5 year period.~~
Intraoral - periapical first radiographic image	D0220		Six of D0220 per 12 months per ~~client~~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		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		Frequency: ~~1 in a 12 month period.~~ 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		Frequency: ~~1 time in a 12 month period.~~ 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		Frequency: ~~1 time in a 12 month period.~~ 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		Frequency: ~~1 time in a 12 month period~~. 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.
Vertical bitewings – seven to eight radiographic images	D0277		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		Frequency: ~~1 per 5 years per client.~~ One of (D0210, D0277, D0330) per 60 Month(s) per grantee. Counts as a full mouth series. ~~Cannot be charged in addition to full mouth series D0210. Either D0330 or D0210 per 5 years.~~
PREVENTATIVE			
Prophylaxis - adult	D1110		Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended ~~with intent~~ to control local irritational factors. Frequency:
			· ~~1 time per 6 calendar months; 2 week window accepted.~~ Two of (D1110, D4346, D4910) per 12 months per patient.
			· ~~May be billed for routine prophylaxis.~~
			· ~~D1110 may be billed with D4341 and D4342 one time during initial periodontal therapy for prophylaxis of areas of the mouth not receiving nonsurgical periodontal therapy. When this option is used, individual should still be placed on D4910 for maintenance of periodontal disease. D1110 can only be charged once, not per quadrant, and represents areas of the mouth not included in the D4341 or D4342 being reimbursed.~~
			· May be alternated with D4910 for maintenance of periodontally-involved individuals.
			· D1110 cannot be billed on the same day as (D4341 - D4910)

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
			~~Cannot be used as 1 month re-evaluation following nonsurgical periodontal .~~ Only allowed for cases with a history of surgical or non-surgical periodontal treatment, excluding D4355.
Topical application of fluoride varnish	D1206		Topical fluoride application is to be used in conjunction with prophylaxis or preventive appointment. Should be applied to whole mouth. Frequency: up to four (4) times per 12 calendar months. Cannot be used with D1208.
Topical application of fluoride - excluding varnish	D1208		Any fluoride application, including swishing, trays or paint on variety, to be used in conjunction with prophylaxis or preventive appointment. Frequency: one (1) 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	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 ~~primary and~~ 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	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 thru 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 separatley (see D2951).			
Amalgam - one surface, primary or permanent	D2140	Teeth 1 - 32	Frequency: ~~36 months for the same restoration. See Explanation of Restorations.~~ One of (D2140 - D2394) per 36 months per patient per tooth, per surface.
Amalgam - two surfaces, primary or permanent	D2150	Teeth 1 - 32	~~Includes tooth preparation, all adhesives, liners, polishing, and bases. Adjustments are included.~~ Frequency: ~~36 months for the same restoration. See Explanation of Restorations.~~ One of (D2140 D2394) per 36 months per patient per tooth, per surface.
Amalgam - three surfaces, primary or permanent	D2160	Teeth 1 - 32	Frequency: ~~36 months for the same restoration. See Explanation of Restorations.~~ One of (D2140 - D2394) per 36 months per patient per tooth, per surface.
Amalgam - four or more surfaces, primary or permanent	D2161	Teeth 1 - 32	Frequency: ~~36 months for the same restoration. See Explanation of Restorations.~~ 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	Teeth 6 - 11, 22 - 27	Frequency: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 month(s) per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - two surfaces, anterior	D2331	Teeth 6 - 11, 22 - 27	Frequency: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 month(s) per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - three surfaces, anterior	D2332	Teeth 6 - 11, 22 - 27	Frequency: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 month(s) per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - four or more surfaces ~~or involving incisal angle~~ (anterior)	D2335	Teeth 6 - 11, 22 - 27	Frequency: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 month(s) per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - one surface, posterior	D2391	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: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 month(s) per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - two surfaces, posterior	D2392	Teeth 1 - 5, 12 - 21, 28 - 32	Frequency: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 month(s) per patient per tooth, per surface. See Explanation of Restorations.
Resin-based composite - three surfaces, posterior	D2393	Teeth 1 - 5, 12 - 21, 28 - 32	Frequency: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 Month(s) Per patient per tooth, per surface. See Explanation of Restorations.

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Resin-based composite - four or more surfaces, posterior	D2394	Teeth 1 - 5, 12 - 21, 28 - 32	Frequency: ~~36 months for the same restoration.~~ One of (D2140 - D2394) per 36 Month(s) Per patient per tooth, per surface. See Explanation of Restorations.
Crown - porcelain/ceramic	D2740	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth: D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or D2794. Second molars are only covered if it is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.~~ Frequency: One of (D2740 - D2794) per 84 month(s) 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth: D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or D2794. Second molars are only covered if it is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.~~ Frequency: One of (D2740 - D2794) per 84 month(s) 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth: D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or D2794. Second molars are only covered if it is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.~~ Frequency: One of (D2740 - D2794) per 84 month(s) 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth: D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or D2794. Second molars are only covered if it is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.~~ Frequency: One of (D2740 - D2794) per 84 month(s) 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth:~~ Frequency: One of (D2740 - ~~, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or~~ D2794) per 84 month(s) per patient per tooth. Second molars are only covered it 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth:~~ Frequency: One of (D2740 - ~~, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or~~ D2794) per 84 month(s) per patient per tooth. Second molars are only covered it 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	Teeth 1 - 32	~~Only one of the following will be reimbursed each 84 months per client per tooth:~~ This procedure does not include facial veneers. Frequency: One of (D2740 - ~~, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or~~ D2794) per 84 month(s) per patient per tooth. Second molars are only covered it 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth:~~ Frequency: One of (D2740 - ~~, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or~~ D2794) per 84 month(s) per patient per tooth. Second molars are only covered it 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth:~~ Frequency: One of (D2740, D2750 - ~~, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or~~ D2794) per 84 month(s) per patient per tooth. Second molars are only covered it it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Crown - full cast noble metal	D2792	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth:~~ Frequency: One of (D2740 - ~~, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or~~ D2794) per 84 month(s) per patient per tooth. Second molars are only covered it 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	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed each 84 months per client per tooth:~~ Frequency: One of (D2740 - ~~, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or~~ D2794) per 84 month(s) per patient per tooth. Second molars are only covered it it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	D2910	Teeth 1 - 32	Not allowed within 6 months of placement.
Re-cement or re-bond crown	D2920	Teeth 1 - 32	Not allowed within 6 months of placement.
Core buildup, including any pins when required	D2950	Teeth 2 - 15, 18 - 31	Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal 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 month(s) 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. ~~Only one of the following will be reimbursed per 84 months per client per tooth. D2950, D2952, or D2954.~~
Pin retention per tooth, in addition to restoration	D2951	Teeth 2 - 15, 18 - 31	Pins placed to aid in retention of restoration. Can only be used in combination with a multi-surface amalgam
~~Cast~~ Post and core in addition to crown, indirectly fabricated	D2952	Teeth 2 - 15, 18 - 31	Post and core are custom fabricated as a single unit. Frequency: One of (D2950, D2952, D2954) per 84 month(s) 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. ~~Only one of the following will be reimbursed per 84 months per client per tooth. D2950, D2952, or D2954. Refers to building up of anatomical crown when restorative crown will be placed.~~
Prefabricated post and core in addition to crown	D2954	Teeth 2 - 15, 18 - 31	~~Only one of the following will be reimbursed per 84 months per client per tooth. D2950, D2952, or D2954.~~ Core is built around a prefabricated post. This procedure includes the core material. Frequency: One of (D2950, D2952, D2954) per 84 month(s) 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. ~~and refers to building up of anatomical crown when restorative crown will be placed.~~
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.			
Endodontic therapy, anterior tooth (excluding final restoration)	D3310	Teeth 6 - 11, 22 - 27	Frequency: One D3310 per lifetime per ~~client~~patient per tooth.
Endodontic therapy, premolar tooth (excluding final restoration)	D3320	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Frequency: One D3320 per lifetime per ~~client~~patient per tooth.
Endodontic therapy, molar tooth (excluding final restoration)	D3330	Teeth 2, 3, 14, 15, 18, 19, 30, 31	Frequency: One D3330 per lifetime per ~~client~~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.
PERIODONTICS			
Periodontal scaling & root planing - four or more teeth per quadrant	D4341	Per Quadrant LL, LR, UL, or UR)	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~~For clients~~ 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. Any follow-up and re-evaluation are included in the initial reimbursement. Frequency: · ~~1 time per quadrant per 36 month interval.~~ One of (D4341, D4342) per 36 months per patient per quadrant. A minimum of four affected teeth in the quadrant.

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			· ~~No more than 2 quadrants may be considered in a single visit in a non-hospital setting.~~ Maximum of two quadrants per date of service in a non-hospital setting.
			· Cannot be charged on same date as ~~D4346~~ D1110.
			Any follow-up and re-evaluation are included in the initial reimbursement.
Periodontal scaling & root planing - one to three teeth per quadrant	D4342	Per Quadrant LL, LR, UL, or UR)	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 ~~For clients~~ 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. Current periodontal charting must be present in client chart documenting active periodontal disease. Frequency:
			· ~~1 time per quadrant per 36 month interval.~~ One of (D4341, D4342) per 36 months per patient per quadrant. A maximum of three (3) teeth in the affected quadrant.
			· ~~No more than 2 quadrants may be considered in a single visit in a non-hospital setting.~~ Maximum of two quadrants per date of service in a non-hospital setting. Documentation of other treatment provided at same time will be requested.
			· Cannot be charged on same date as ~~D4346~~ 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		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. Frequency: ~~once in a lifetime~~. Two of (D1110, D4346, D4910) per 12 month(s) 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. ~~Cannot be charged on the same date as D1110, D4341, D4342, or D4910.~~
Full mouth debridement to enable a comprehensive ~~oral~~ periodontal evaluation and diagnosis on a subsequent visit	D4355		~~One of (D4335) per 3 year(s) per patient. Prophylaxis D1110 reimbursable when provided on the same day of service as D4355. D4355 is not reimbursable if patient record indicates D1110 or D4910 have been provided in the previous 12 month period.~~ Frequency: One of (D4355) per ~~3 Year(s)~~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).
Periodontal maintenance ~~procedures~~	D4910		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 client; cannot be charged on the same date as D4346; Cannot be charged within the first three months following active periodontal treatment~~ Two of (D1110, D4346, D4910) per 12 month(s) per patient. unless patient falls into a high risk category for periodontal disease. Members with diabetes and pregnant women with histories of periodontal disease are entitled to four per 12 months. Only allowed for cases with a history of surgical or non-surgical periodontal treatment, excluding D4355.
PROSTHODONTICS, REMOVABLE			

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Complete denture - maxillary	D5110		Reimbursement made upon delivery of a complete maxillary denture to the client. 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 client, oral health, overall health, and other confounding factors. Frequency: ~~Program will only pay for one per every five years~~ One maxillary denture of per 84 month(s) per patient. Includes initial 6 months of relines. Replacement of a removable prosthesis is allowed one time only - documentation that existing prosthesis cannot be made serviceable must be maintained.
Complete denture - mandibular	D5120		Reimbursement made upon delivery of a complete mandibular denture to the client. 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 client, oral health, overall health, and other confounding factors. Frequency: ~~Program will only pay for one per every five years~~ One mandibular denture per 84 month(s) per patient. Includes initial 6 months of relines. Replacement of a removable prosthesis is allowed one time only - documentation that existing prosthesis cannot be made serviceable must be maintained.
Immediate denture – maxillary	D5130		Reimbursement made upon delivery of an immediate maxillary denture to the client. ~~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. Includes limited follow-up care only does not include future rebasing/ relining procedure(s).Frequency: D5130 can be reimbursed only once per lifetime per client. One maxillary denture per 84 month(s) per patient. Includes initial 6 months of relines. ~~Complete denture, D5110, may be considered 5 years 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		Reimbursement made upon delivery of an immediate mandibular denture to the client. ~~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. Includes limited follow-up care only does not include future rebasing/ relining procedure(s). Frequency: D5140 can be reimbursed only once per lifetime per client. One mandibular denture per 84 month(s) per patient. Includes initial 6 months of relines. ~~Complete dentures, D5120, may be considered 5 years after immediate denture was reimbursed~~ – documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.
Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	D5211		Reimbursement made upon delivery of a complete partial maxillary denture to the client. 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 after 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 3 years~~ One maxillary partial denture per 84 month(s) per patient. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the patient's needs - documentation that existing prosthesis cannot be made serviceable must be maintained.

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	D5212		Reimbursement made upon delivery of a complete partial mandibular denture to the client. D5211 and D5212 are considered definitive treatment. ~~Routine follow-up adjustments/relines within 6 months are to be anticipated and are included in the initial reimbursement.~~ A partial resin base denture can be made right after 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 mandibular per every 3 years~~ One mandibular partial denture per 84 month(s) per patient. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the patient's needs - 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~~ retentive/clasping materials, rests and teeth)	D5213		Reimbursement made upon delivery of a complete partial maxillary denture to the client. 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 five years~~ One maxillary partial denture per 84 month(s) per patient. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the patient's needs - 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~~ retentive/clasping materials, rests and teeth)	D5214		Reimbursement made upon delivery of a complete partial mandibular denture to the client. 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 five years~~ One mandibular partial denture per 84 month(s) per patient. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the patient's needs - documentation that existing prosthesis cannot be made serviceable must be maintained.
Immediate maxillary partial denture – resin base (including ~~any conventional clasps~~ retentive/clasping materials, rests and teeth)	D5221		Reimbursement made upon delivery of an immediate partial maxillary denture to the ~~client~~patient. D5221 can be reimbursed only once per lifetime per client 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 denture is made prior to teeth being extracted and is inserted same day. Includes limited follow-up care only does not include future rebasing/relining procedure(s). ~~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 benecessary and are included in the cost.~~ Frequency: One maxillary partial denture per 84 month(s) per patient. ~~A maxillary partial denture may be considered 3 years 36 months after immediate resin base partial denture was reimbursed.~~ Documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Immediate mandibular partial denture – resin base (including ~~any conventional clasps~~ retentive/clasping materials, rests and teeth)	D5222		Reimbursement made upon delivery of an immediate partial maxillary denture to the ~~client~~patient. D5222 can be reimbursed only once per lifetime per client 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 denture is made prior to teeth being extracted and is inserted same day. Includes limited follow-up care only does not include future rebasing/relining procedure(s). ~~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: One mandibular partial denture per 84 month(s) per patient. ~~A mandibular partial denture may be considered 3 years 36 months after immediate resin base 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		Reimbursement made upon delivery of an immediate partial maxillary denture to the client. D5223 can be reimbursed only once per lifetime per client 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 maxillary partial denture with 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: One immediate ~~A~~ maxillary partial denture per 84 month(s) per patient. ~~may be considered 5 years 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~~ retentive/clasping materials, rests and teeth)	D5224		Reimbursement made upon delivery of an immediate partial mandibular denture to the client. D5224 can be reimbursed only once per lifetime per client 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~~One immediate mandibular partial denture per 84 month(s) per patient.~~may be considered 5 years after immediate partial denture was reimbursed.~~ Documentation that existing prosthesis cannot be made serviceable must be maintained. Immediate Denture Form must be on file.
Maxillary partial denture - flexible base (including retentive/clasping materials, rest, and teeth)	D5225		Reimbursement made upon delivery of a partial maxillary denture to the client. 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 three years~~ One maxillary partial denture per 84 month(s) per patient. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the patient's needs - documentation that existing prosthesis cannot be made serviceable must be maintained.

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	D5226		Reimbursement made upon delivery of a partial mandibular denture to the client. 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 three years~~ One mandibular partial denture per 84 month(s) per patient. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the patient's needs - documentation that existing prosthesis cannot be made serviceable must be maintained.
Repair broken complete denture base, mandibular	D5511		Repair broken complete mandibular denture base. Frequency: ~~two~~ One of D5511 per 12 months per ~~client~~ patient.
Repair broken complete denture base, maxillary	D5512		Repair broken complete maxillary denture base. Frequency: ~~two~~ One of D5512 per 12 months per ~~client~~ patient..
Replace missing or broken teeth - complete denture (each tooth)	D5520	Teeth 1 - 32	Replacement/repair of missing or broken teeth. Frequency: One of (D5520) per 12 month(s) per patient per tooth.
Repair resin partial denture base, mandibular	D5611		Repair resin partial mandibular denture base. Frequency: ~~two~~ One of D5611 per 12 months per ~~client~~ patient.
Repair resin partial denture base, maxillary	D5612		Repair resin partial maxillary denture base. Frequency: ~~two~~ One of D5612 per 12 months per ~~client~~ patient.
Repair cast partial framework, mandibular	D5621		Repair cast partial mandibular framework. Frequency: ~~two~~ One of D5621 per 12 months per ~~client~~ patient.
Repair cast partial framework, maxillary	D5622		Repair cast partial maxillary framework. Frequency: ~~Two~~ One of D5622 per 12 months per ~~client~~ patient.
Repair or replace broken retentive/clasping materials – per tooth	D5630	Teeth 1 - 32	Repair of broken clasp on partial denture base – per tooth. Frequency: One of (D5630) per 12 month(s) per patient per tooth.
Replace broken teeth - per tooth	D5640	Teeth 1 - 32	Repair/replacement of missing tooth. Frequency: One of (D5640) per 12 month(s) per patient per tooth.
Add tooth to existing partial denture - per tooth	D5650	Teeth 1 - 32	Adding tooth to partial denture base~~.~~ Frequency: One of (D5650) per 12 month(s) per patient per tooth. Documentation may be requested when charged on partial delivered in last 12 months.
Add clasp to existing partial denture - per tooth	D5660	Teeth 1 - 32	Adding clasp to partial denture base – per tooth. Frequency: One of (D5660) per 12 month(s) per patient per tooth. Documentation may be requested when charged on partial delivered in last 12 months.
Rebase complete maxillary denture	D5710		Frequency: One of (D5710, D5730, D5750) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Completed at laboratory. Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a reline in a 12 month period.
Rebase complete mandibular denture	D5711		Frequency: One of (D5711, D5731, D5751) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Completed at laboratory. Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a reline in a 12 month period.
Rebase maxillary partial denture	D5720		Frequency: One of (D5720, D5740, D5760) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Completed at laboratory. Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a reline in a 12 month period.
Rebase mandibular partial denture	D5721		Frequency: One of (D5721, D5741, D5761) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Completed at laboratory. Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a reline in a 12 month period.
Reline complete maxillary denture (~~chairside~~) (direct)	D5730		Frequency: One of (D5710, D5730, D5750) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline complete mandibular denture (~~chairside~~) (direct)	D5731		Frequency: One of (D5711, D5731, D5751) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months~~. Cannot be charged in addition to a rebase in a 12 month period.

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Reline maxillary partial denture (~~chairside~~) (direct)	D5740		Frequency: One of (D5720, D5740, D5760) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture (~~chairside~~) (direct)	D5741		Frequency: One of (D5721, D5741, D5761) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline complete maxillary denture ~~(laboratory)~~ (indirect)	D5750		Frequency: One of (D5710, D5730, D5750) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline complete mandibular denture (~~laboratory~~) (indirect)	D5751		Frequency: One of (D5711, D5731, D5751) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months~~. Cannot be charged in addition to a rebase in a 12 month period.
Reline maxillary partial denture ~~(laboratory)~~ (indirect)	D5760		~~Laboratory reline that resurfaces with processing partial denture base.~~ Frequency: ~~One of~~ (D5720, D5740, D5760) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months.~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture ~~(laboratory)~~ (indirect)	D5761		Frequency: One of (D5721, D5741, D5761) per 48 month(s) per patient. Not allowed for first six months after delivery. ~~Cannot be charged on denture provided in the last 6 months.~~ 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	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 ~~client~~ patient per tooth. ~~Teeth 1 - 32.~~
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7210	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 ~~client~~ patient per tooth. ~~Teeth 1 - 32.~~
Removal of impacted tooth-soft tissue	D7220	Teeth 1 - 32	Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. ~~Teeth 1 - 32~~. Frequency: One of D7220 per ~~1~~ lifetime per ~~client~~ patient per tooth.
Removal of impacted tooth-partially bony	D7230	Teeth 1 - 32	Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. ~~Teeth 1 - 32.~~ Frequency: One of D7230 per 1 lifetime per patient per tooth
Removal of impacted tooth-completely bony	D7240	Teeth 1 - 32	Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. ~~Teeth 1 - 32.~~ Frequency: One of D7240 per 1 lifetime per patient per tooth.
Removal of impacted tooth-completely boney, with unusual surgical complications	D7241	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. ~~Teeth 1 - 32.~~ Frequency: One of D7241 per lifetime per patient per tooth.
Removal of residual tooth roots (cutting procedure)	D7250	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. ~~Teeth 1 - 32.~~ 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		Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fisulous tract. ~~Narrative of medical necessity may be required and if the sinus perforation was caused by a current grantee or provider of the program.~~
Incisional biopsy of oral tissue-soft	D7286		For partial removal of an architecturally intact specimen only. ~~D7286~~ This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure ~~and~~ 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	Per Quadrant LL, LR, UL, UR	~~D7310~~ 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. Not allowed with surgical extractions. ~~Reported per quadrant (LL,LR,UL,UR).~~

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7311	Per Quadrant LL, LR, UL, UR	~~D7311~~ 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. ~~Reported per quadrant (LL,LR,UL,UR).~~
Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7320	Per Quadrant 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. ~~Reported per quadrant (LL,LR,UL,UR).~~
Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7321	Per Quadrant 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. ~~Reported per quadrant (LL,LR,UL,UR).~~
Removal of lateral exostosis (maxilla or mandible)	D7471	Per Arch LA, UA	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. ~~Reported per arch (LA or UA).~~
Removal of torus palatinus	D7472	Per Quadrant 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. ~~Must list quadrant.~~
Removal of torus mandibularis	D7473	Per Quadrant 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. ~~Must list quadrant.~~
Incision & drainage of abscess - intraoral soft tissue	D7510	Teeth 1 - 32	Incision through mucosa, including periodontal origins. One of D7510 or D7511 per lifetime per ~~client~~ patient per tooth. ~~Report per tooth.~~
ADJUNCTIVE GENERAL SERVICES			
Palliative treatment of dental pain - per visit	D9110		~~Emergency treatment to alleviate pain/discomfort. This code cannot be used for filing claims or writing or calling in a prescription to the pharmacy or to address situations that arise during multi- visit treatments covered by a single fee such as surgical or endodontic treatment. Report per visit, no procedure. Frequency: Limit 1 time per year. Maintain documentation that specifies problem and treatment.~~ 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		One of D9219 or D9310 per 12 month(s) per grantee.
Deep sedation/general anesthesia first15 minutes	D9222		One of D9222 per 1 days(s) per patient.
Deep sedation/general anesthesia-each subsequent 15 minute increment	D9223		~~Nine of D9223 per 1 day per patient.~~ Not allowed with D9243.
Intravenous moderate (conscious) sedation/analgesia-first 15 minutes	D9239		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(s) per patient.
Intravenous moderate (conscious)sedation/anal gesia-each subsequent 15 minute increment	D9243		Thirteen of D9243 per 1 day(s) per patient. Not allowed with D9223
EXPLANATION OF RESTORATIONS			
Location	**Number of**		
Anterior - Mesial, Distal, Incisal, Lingual, or Facial (or Labial)	1		
	2		
	3		
	4 or more		

CDT Procedure Description	CDT Code	Teeth or Quadrant Covered	DENTAL PROCEDURE GUIDELINES
Posterior - Mesial, Distal, Occlusal, Lingual, or Buccal	1		
	2		
	3		
	4 or more		
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		