



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 15 No. 07

August 2005

**TO:** Providers of Dental Services and Federally Qualified Health Centers –  
**For Action**  
HMOs – **For Information Only**

**SUBJECT:** Quick Reference Guide to Dental Procedure Codes

**EFFECTIVE:** Immediately

**PURPOSE:** In an effort to assist our dental providers and their staff in completing prior authorizations and dental claims, we have developed the Quick Reference Guide to Dental Procedure Codes. It was developed by condensing and updating the information found in the Manual for Dental Services, Transmittal 56-03-01, Newsletters (Vol.13 No. 47 and Vol. 14 No.16) and the system information from Unisys.

**ACTION:** Since July 1, 2003, there have been many additions, deletions and changes to the HCFA Common Procedure Coding System (HCPCS). These changes have caused some confusion to our providers and their staffs. In an effort to simplify preauthorization and billing procedures, we have condensed all presently valid dental procedure codes, a brief description of that service, any applicable limitations on that service, maximum number of units allowed per date of service, and fees for specialists and non-specialists into one "Quick Guide." There are also footnotes that provide additional information.

The most recent copy of the Manual for Dental Services can be found online at: [www.state.nj.us/humanservices/dmahs/manuals.html](http://www.state.nj.us/humanservices/dmahs/manuals.html). Once there, select Chapter 10-56 "Dental Services."

The Quick Reference Guide to Dental Procedure Codes does not supersede the regulations and reimbursement procedures as set forth in the Manual for Dental Services or the Fiscal Agent Billing Supplement for Dental Services.

Please contact the Bureau of Dental Services at 609-588-7136 for additional assistance as needed.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
P.O. Box 712  
Trenton, NJ 08625-0712  
Telephone 1-800-356-1561

JAMES M. DAVY  
Commissioner

ANN CLEMENCY KOHLER

Director

Dear Colleague:

We at the Bureau of Dental Services-Office of Provider Relations would like to express our gratitude to you and your staff for your participation in New Jersey's Medicaid Dental Program. **You** help to provide valuable dental services for many of our State's neediest residents, and our program could not be successful without your important contributions.

We receive many phone calls and notes requesting information and clarifications regarding our program, its policies and the correct way to complete and submit our forms. To assist you and your staff in doing this, we are enclosing our "**Quick Reference Guide to Dental CDT-4 Procedure Codes**" ("The Q.R. Guide"). This helpful tool summarizes much of the information in the Medicaid Dental Provider's Manual, and will assist your billing staff in the accurate completion of Medicaid forms. The "Quick Reference Guide" does not include the various unspecified codes that are listed in the manual as "by report".

In addition to "The Q.R. Guide", we are including a list of frequently-used telephone numbers, addresses and E-mail addresses. We hope that you will find this to be a useful resource when you need to contact the Dental Claims Review Unit or other individuals who are associated with the Medicaid Dental Program. It will also help you to access our Newsletters and the most recent version of the Dental Services Manual on line.

The **Quick Reference Guide to Dental CDT-4 Procedure Codes** is not intended to replace the Dental Services Manual or the Dental Services Fiscal Agent Billing Supplement, but should assist you as an informative resource. Our staff is still available for assistance Monday through Friday between 9:00 AM-5:00 PM at (609) 588-7136.

Again, we'd like to thank you for your participation in the New Jersey Medicaid Program. We look forward to working with you to assist our beneficiaries in obtaining dental care that will enhance their health and the quality of their lives.

Very truly yours,

*Bonnie T. Stanley, D.D.S.*

Bonnie T. Stanley, D.D.S.  
Chief, Bureau of Dental Services

## **CONTACT INFORMATION FOR DENTAL PROVIDERS**

### **Dental Claims Review Unit**

For prior authorizations and questions concerning the fee-for-service program, please call:

1-609-588-7136

1-800-782-0181

Mail the two-part Dental Prior Authorization form and the Dental Claim form to:

Bureau of Dental Services

Dental Review Unit

P.O. Box 713

Trenton, New Jersey 08625-0713

### **Unisys Provider Service Representative**

For prior authorization and claim status, payment status or problems and remittance advice questions, please call:

1-800-776-6334

Mail dental claims for payment to:

Unisys

P.O.Box 4811

Trenton, New Jersey 08650

### **REVS**

For recipient/beneficiary eligibility, please call:

1-800-676-6562

### **Provider Enrollment at Unisys**

For changes to your provider file or to enroll as a provider, please call:

1-609-588-6036

### **Third Party Liability**

For questions concerning claims when patient has any type of additional insurance, please call:

1-609-588-7469

### **Other Useful Telephone Numbers**

**Medicaid Hotline 1-800-356-1561**

**Fraud and Abuse 1-888-937-2835**

### **Websites**

[www.njmmis.com](http://www.njmmis.com), for newsletters and information regarding reimbursement

[www.dhs.state.nj.us/humanservices/dmahs/manuals.html](http://www.dhs.state.nj.us/humanservices/dmahs/manuals.html), for the regulations  
(Click on 10-49 for the Administration manual and on 10-56 for the Manual for Dental Services.)



**Guide**  
**to** **Dental**  
**CDT-4**  
**Procedure**  
**Codes**



New Jersey Department of Human Services  
Division of Medical Assistance and Health Services

PROCEDURE CODE	PROCEDURE DESCRIPTION	LIMITATIONS/EXPLANATION	MAX_DOS_UNITS	SPECIALIST FEE	NON-SPECIALIST FEE
<b>DIAGNOSTIC</b>					
D0120	PERIODIC ORAL EVALUATION		1	15	14
D0120EP	PERIODIC ORAL EVALUATION (EPSDT)		1	15	14
D0140	LIMITED ORAL EXAMINATION	EMERGENCY	1	4	3
D0150	COMPREHENSIVE ORAL EXAMINATION		1	15	14
D0150EP	COMPREHENSIVE ORAL EVALUATION	THRU AGE 20	1	26	22
D0160	DETAILED & EXTENSIVE ORAL EVALUATION	PROBLEM FOCUSED	1	14	13
D0170	RE-EVALUATION-LIMITED, PROB FOCUSED		1	14	13
D0210	COMPLETE SERIES - INTRAORAL	12 FILMS, AGE 7-14 YRS.	1	22	22
D021022	COMPLETE SERIES - INTRAORAL	MINIMUM 16 FILMS, AGE 15+ YRS.	1	26	26
D021052	COMPLETE SERIES - INTRAORAL	8 FILMS, AGE 0-6YRS.	1	18	18
D0220	INTRAORAL PERIAPICAL - FIRST FILM		1	3.75	3.75
D0230	INTRAORAL PERIAPICAL, EACH ADDITIONAL		14	2.75	2.75
D0240	INTRAORAL RADIOGRAPH, OCCLUSAL FILM,		2	5	5
D0250	EXTRAORAL RADIOGRAPH, FIRST FILM,		1	10	10
D0260	EXTRAORAL, EACH ADDITIONAL FILM		2	5	5
D0270	BITEWING - SINGLE FILM		1	3	3
D0272	BITEWINGS - TWO FILMS		1	5	5
D0274	BITEWINGS - FOUR FILMS		1	9	9
D0290	POST-ANT OR LAT SKULL/FAC BONE FILM		1	10	10
D0310	SIALOGRAPHY		1	15	15
D031022	SIALOGRAPHY, WITH INJECTION OF CONTR		1	30	30
D0320	TEMPOROMAND JOINT ANTHROGRAM & INJ		2	30	30
D0322	TOMOGRAPHIC SURVEY		1	125	90
D0330	PANORAMIC FILM		1	15.75	15.75
D0340	CEPHALOMETRIC RADIOGRAPH		1	15	15
D034022	CEPHALOMETRIC RADIOGRAPH	WITH TRACING	1	22.5	22.5
D0350	ORAL/FACIAL IMAGES	PHOTOS	6	1	1
D0470	DIAGNOSTIC CASTS		2	11.5	10
D0472	ACCESSING OF TISSUE GROSS EXAM PREP	BIOPSY	1	9.35	9.35
D0473	ACCESS OF TISSUE GROSS/MICROSC EXAM	BIOPSY	1	20.85	20.85
D0474	ACCESS TISSUE GROSS/MICRO EXAM	INCISION SURG. MARGINS - BIOPSY	1	40	40
D0480	PROCESSING/INTERPRET CYTOLIC SMEARS		1	12	12
<b>PREVENTIVE</b>					
D1110	PROPHYLAXIS - ADULT	16 AND UP	1	17	16
D111052	PROPHYLAXIS-ADULT, ONE ARCH	16 AND UP	1	8.5	8
D1120	PROPHYLAXIS - CHILD	THRU AGE 15	1	14	13
D1201	TOPICAL APPL. OF FLUORIDE-CHILD	INCLUDES PROPHY, THRU AGE 15	1	24	22
D1203	TOPICAL APPLICATION FLUORIDE CHILD	NO PROPHY, THRU AGE 15	1	10	9
D1204	TOPICAL APPLICATION FLUORIDE ADULT	NO PROPHY, AGE 16-20	1	10	9
D1205	TOPICAL APPL. OF FLUORIDE, ADULT	INCLUDES PROPHY, AGE 16-20	1	27	25
D120552	TOPICAL APPL FLUORIDE ADULT ONE ARCH	INCLUDES PROPHY, AGE 16-20	1	13.5	12.5
D1351	SEALANT-PER TOOTH	PERM. TEETH THRU AGE 16	1	10	9
D1510	SPACE MAINTAINER-FIXED-UNILATERAL		4	85	80
D151052 +	TOOTH PROCESSED TO ARCH BAR(WIRE)	PER TOOTH	6	6	5
D1515	SPACE MAINTAINER-FIXED-BILATERAL		2	123	115
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL		2	69	60
D1550	RECEMENTATION OF SPACE MAINTAINER		4	7	6

† CODE ADDED BY NEWSLETTER \* PA # PA THROUGH AGE 17

NOTE: FOR PROCEDURE CODES THAT ALLOW MULTIPLE UNITS PER ONE DATE OF SERVICE, BILL ALL UNITS ON ONE LINE. (SEE "MAX D.O.S. UNIT'S" COLUMN)

PROCEDURE CODE	PROCEDURE DESCRIPTION	LIMITATIONS/EXPLANATION	MAX_DOS_UNITS	SPECIALIST FEE	NON-SPECIALIST FEE
<b>RESTORATIVE</b>					
D2140	AMALGAM-ONE SURFACE-PERMANENT	OR PRIMARY	1	32	30
D2150	AMALGAM-TWO SURFACES-PERMANENT	OR PRIMARY	1	38	35.5
D2160	AMALGAM-THREE SURFACES-PERMANENT	OR PRIMARY	1	44	41
D2161	AMALGAM-FOUR OR MORE SURFACES-PERM	OR PRIMARY	1	51	46.5
D2330	RESIN-ONE SURFACE	ANTERIOR	1	35.5	33
D2331	RESIN-TWO SURFACES	ANTERIOR	1	42.5	39
D2332	RESIN-THREE SURFACES	ANTERIOR	1	49.5	45
D2335	RESIN-FOUR OR MORE SURFACES	OR WITH INCISAL ANGLE	1	59.5	54
D2390 +	RESIN-BASED COMPOSITE CROWN ANTERIOR		1	40	35
D2391 +	RESIN-BASED COMPOSITE-1 SURF	POSTERIOR	1	32	30
D2392 +	RESIN-BASED COMPOSITE-2 SURF	POSTERIOR	1	38	35.5
D2393 +	RESIN-BASED COMPOSITE-3 SURF	POSTERIOR	1	44	41
D2394 +	RESIN-BASED COMPOSITE-4 OR MORE SURF	POSTERIOR	1	44	41
D2410	GOLD FOIL RESTORATIONS-ONE SURFACE		1	9	8
D2420	GOLD FOIL RESTORATIONS-TWO SURFACES		1	18	16
D2430	GOLD FOIL RESTORATIONS-THREE OR MORE		1	27	24
D2520	INLAY,METALLIC-TWO SURFACES		1	56	49
D2530	INLAY,METALLIC-THREE OR MORE SURFACE		1	75	65
D2542	ONLAY-METALLIC 2 SURFACES		1	79	69
D2543	ONLAY-METALLIC 3 SURFACES		1	98	85
D2710	CROWN-RESIN (LABORATORY PROCESSED)		1	98	85
D2720	CROWN-RESIN WITH HIGH NOBLE METAL		1	161	140
D2721	CROWN-RESIN WITH PREDOMINATELY BASE		1	161	140
D2722	CROWN-RESIN WITH NOBLE METAL-ACRYLIC		1	161	140
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE		1	279	253
D2751	CROWN-PORCELAIN FUSED TO BASE METAL		1	279	253
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL		1	279	253
D2790	CROWN-FULL CAST HIGH NOBLE METAL		1	161	140
D2791	CROWN-FULL CAST PREDOMINATELY BASE		1	161	140
D2792	CROWN-FULL CAST NOBLE METAL		1	161	140
D2910	RECEMENT INLAY		1	7	6
D2920	RECEMENT CROWN		5	7	6
D2930	PREFAB.STAINLESS STEEL CROWN-PRIMARY		1	76	70
D2931	PREFAB.STAINLESS STEEL CROWN-PERM	POST TTH UP TO AND INCLUDING AGE 17	1	76	70
D2932	PREFABRICATED RESIN CROWN	ANTERIOR TEETH THRU AGE 15	1	40	35
D2933	PREFAB STAINLESS STEEL CROWN W/RESIN		1	135.5	124
D2940	SEDATIVE FILLING		1	10	9
D2950	CORE BUILDUP INCLUDING ANY PINS		1	49	45
D2951	PIN RETENTION-PER TOOTH	MAX 3 WITH FINAL RESTORATION	3	6	5
D2952	CAST POST AND CORE IN ADD. TO CROWN		1	75	68
D2954	PREFAB. POST+CORE IN ADD. TO CROWN		1	49	45
D2970	TEMPORARY-CROWN FRACTURED TOOTH	ANT/POST	1	29	25
<b>ENDODONTICS</b>					
D3220	VITAL PULPOTOMY	EMERG. TX	1	28	26
D3221	GROSS PULPAL DEBRIDE PRIM/PERM TEETH	PULPECTOMY	1	28	26
D3230	PULPAL THERAPY ANT PRIMARY TOOTH		1	74	67.5
D3240	PULPAL THERAPY POST PRIMARY TOOTH		1	95	86.5

+ CODE ADDED BY NEWSLETTER \* PA # PA THROUGH AGE 17

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PROCEDURE CODE	PROCEDURE DESCRIPTION	LIMITATIONS/EXPLANATION	MAX_DOS_UNITS	SPECIALIST FEE	NON-SPECIALIST FEE
D3310	RCT ANTERIOR(EXCLUDE FINAL RESTORATION)	OTHER THAN PASTE	1	148	135
D3320	RCT BICUSPID(EXCLUDE FINAL RESTORATION)	OTHER THAN PASTE	1	190	173
D3330	RCT MOLAR(EXCLUDE FINAL RESTORATION)	OTHER THAN PASTE	1	247	225
D3346	RETREATMENT PREV ROOT CANAL ANTERIOR		1	148	135
D3347	RETREATMENT PREV ROOT CANAL BICSPID		1	190	173
D3348	RETREAT PREV ROOT CANAL MOLAR		1	247	225
D3351	APEXIFICATION/RECALC - INITIAL VISIT	2 VISITS MAX.	1	31	27
D3410	APICOECTOMY/PERIRAD SURGERY ANTERIOR		1	79	72
D3421	APICOECTOMY/PERIRADICULAR SURG BICUS		1	79	72
D3425	APICOECTOMY/PERIRADICULAR SURG MOLAR		1	79	72
D3426	APICOECTOMY/PERIRADICULAR SURG	EACH ADDITIONAL ROOT	2	44	36
D3430	RETROGRADE FILLING-PER ROOT IN ADDIT		3	9	7.5
D3450	ROOT AMPUTATION-PER ROOT		2	55	48
D3920	HEMISECTION	INCLUDING ROOT REMOVAL	1	55	48
D3950	CANAL PREPARATION AND FITTING OF POST	NOT WITH D2952, D2954	1	16	14
D395022	CANAL PREPARATION AND FITTING OF POST	NOT WITH CROWN	1	23	20
<b>PERIODONTICS</b>					
* D4210	GINGIVECTOMY OR GINGIVOPLASTY	PER QUAD	1	43.5	37.5
* D4211	GINGIVECTOMY OR GINGIVOPLASTY	1 TO 3 TEETH, PER QUAD	1	32.6	28.1
* D4245	APICALLY POSITIONED FLAP	PER QUAD	1	36	31.5
* D4249	CLINICAL CROWN LENGTHENING-HARD TISS	PER QUAD	1	75	64.5
* D4260	OSSEOUS SURGERY(INCLUDING FLAP ENTRY)	PER QUAD	1	75	64.5
* D4261 +	OSSEOUS SURGERY-1-3 TEETH,PER QUAD		1	56.25	48.4
* D4263	BONE REPLACEMENT FIRST SITE IN QUAD	PER QUAD	1	261	261
* D4264	BONE REPLACEMENT GRAFT-EACH ADD SITE	PER QUAD	1	130.5	130.5
* D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	PER SITE	1	32	28
* D4271	FREE SOFT TISSUE GRAFT - INCLUD DONOR	PER SITE	1	49	42
* D4274	DISTAL/PROXIMAL WEDGE PROCEDURE	PER SITE	2	169	153
D4320	PROVISIONAL SPLINTING-INTRACORONAL	PER TOOTH	1	18	16
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	PER TOOTH	1	11	10
D4341	PERIO. SCALING + ROOT PLANING	PER QUAD	1	37.5	34.5
D4342 +	PERIODONTAL SCALING & ROOT PLANNING	1 TO 3 TEETH, PER QUAD	1	30	27
D4355	FULL MOUTH DEBRIDEMENT	FOR PERIO. EVAL.	1	11	10
<b>PROSTHODONTICS (REMOVABLE)</b>					
* D5110	COMPLETE DENTURE-MAXILLARY		1	334	302
* D5120	COMPLETE DENTURE-MANDIBULAR		1	342	311
* D5130	IMMEDIATE COMPLETE DENTURE-MAX	1-4 ANTERIOR TEETH	1	365	332
* D513022	IIMEDIATE COMPLETE DENTURE-MAX	5-8 ANTERIOR TEETH	1	392	353
* D5140	IMMEDIATE COMPLETE DENTURE-MAND	1-4 ANTERIOR TEETH	1	372	338
* D514022	IMMEDIATE COMPLETE DENTURE-MAND	5-8 ANTERIOR TEETH	1	400	363
* D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	WIRE CLASPS	1	275	250
* D521152	MAXILLARY PARTIAL DENTURE-RESIN BASE	"FLIPPER"	1	186	173
* D5212	MANDIBULAR PARTIAL DENTURE-RESIN BAS	WIRE CLASPS	1	275	250
* D521252	MANDIBULAR PARTIAL DENTURE-RESIN BAS	"FLIPPER"	1	186	173
* D5213	MAXILLARY PARTIAL DENTURE-CAST METAL		1	361	328
* D5214	MANDIBULAR PARTIAL DENTURE-CAST MET		1	342	311
D5410	ADJUST COMPLETE DENTURE-MAXILLARY	INCLUDED POST INSERTION FOR 6 MOS.	1	10	9
D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	INCLUDED POST INSERTION FOR 6 MOS.	1	10	9

+ CODE ADDED BY NEWSLETTER \* PA # PA THROUGH AGE 17

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PROCEDURE CODE	PROCEDURE DESCRIPTION	LIMITATIONS/EXPLANATION	MAX_DOS_UNITS	SPECIALIST FEE	NON-SPECIALIST FEE
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	INCLUDED POST INSERTION FOR 6 MOS.	1	10	9
D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	INCLUDED POST INSERTION FOR 6 MOS.	1	10	9
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	YU-UPPER, YL-LOWER	1	49.5	45
D5520	REPLACE MISSING OR BROKEN TEETH-COMP	LIST TOOTH #	1	15	15
D5610	REPAIR RESIN DENTURE BASE	YU-UPPER, YL-LOWER	2	49.5	45
D5620	REPAIR CAST FRAMEWORK, WELDING	MAXIMUM 2	2	33	30
D5630	REPAIR OR REPLACE BROKEN CLASP	YU-UPPER, YL-LOWER	2	76.5	72
D5640	REPLACE BROKEN TEETH	LIST TOOTH # PER TOOTH	1	15	15
D5650	ADD TOOTH TO EXISTING PARTIAL DENT	LIST TOOTH # PER TOOTH	1	66	60
D5660	ADD CLASP TO EXISTING PARTIAL DENT	YU-UPPER, YL-LOWER MAX 2 PER VISIT	2	76.5	72
D5710	REBASE COMPLETE MAXILLARY DENTURE	1/YR	1	132	120
D5711	REBASE COMPLETE MANDIBULAR DENTURE	1/YR	1	132	120
D5720	REBASE MAXILLARY PARTIAL DENTURE	1/YR	1	124	113
D5721	REBASE MANDIBULAR PARTIAL DENTURE	1/YR	1	124	113
D5730	RELINE COMPLETE MAXILLARY DENTURE	CHAIRSIDE	1	29	26
D5731	RELINE COMPLETE MANDIBULAR DENTURE	CHAIRSIDE	1	29	26
D5740	RELINE MAXILLARY PARTIAL DENTURE	CHAIRSIDE	1	29	26
D5741	RELINE MANDIBULAR PARTIAL DENTURE	CHAIRSIDE	1	29	26
D5750	RELINE MAXILLARY DENTURE-LABORATORY	1/YR	1	99	90
D5751	RELINE COMPLETE MANDIBULAR DENTURE	1/YR LAB	1	99	90
D5760	RELINE MAXILLARY PARTIAL DENTURE LAB	1/YR	1	91	83
D5761	RELINE MANDIBULAR PARTIAL DENTURE	1/YR LAB	1	91	83
* D5860	OVERDENTURE - COMPLETE	MAXILLARY OR MANDIBULAR	1	342	311
D5862	PRECISION ATTACHMENT	PER TOOTH	1	150	150
D5867	REPLACE PART SEMI/PRECISION ATTACH		1	75	75
* D589922 +	IMMEDIATE REPLACEMENT ANTERIOR TEETH	IN ADDITION TO DENTURE-PER TOOTH/ANT.	1	11	10
D5931	OBTURATOR PROSTHESIS, SURGICAL		1	250	250
D5936	OBTURATOR PROSTHESIS, INTERIM		1	200	200
D5937	TRISMUS APPLIANCE	NOT TMJ	1	125	125
D5951	FEEDING AID		1	500	500
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	TO AGE 18	1	450	450
D5953	SPEECH AID PROSTHESIS, ADULT	AGE 19 AND UP	1	450	450
D5982	SURGICAL STENT		1	50	43
D5986	FLUORIDE GEL CARRIER		1	30	30
D5988	SURGICAL SPLINT		1	250	250
<b>PROSTHODONTICS (FIXED)</b>					
* D6010	SURGICAL PLACEMENT ENDOSTEAL IMPLANT		1	500	500
* D6056	PREFABRICATED ABUTMENT	IMPLANT SERVICE	1	76	70
* D6059	ABUTMENT SUPPORT PORC FUSED MET CRN	IMPLANT SERVICE	1	279	253
* D6060	ABUTMENT SUPPORT PORC FUSED MET CRN	IMPLANT SERVICE	1	279	253
* D6061	ABUTMENT SUPPORT PORC FUSED MET CRN	IMPLANT SERVICE	1	279	253
* D6062	ABUTMENT SUPPORT CAST METAL CROWN	IMPLANT SERVICE	1	161	140
* D6063	ABUTMENT SUPPORT CAST METAL CROWN	IMPLANT SERVICE	1	161	140
* D6064	ABUTMENT SUPPORT CAST METAL CROWN	IMPLANT SERVICE	1	161	140
* D6066	IMPLANT SUPPORT PORC FUSED METAL CRN		1	279	253
* D6067	IMPLANT SUPPORTED METAL CROWN TITANI		1	161	140
* D6069	ABUTMENT SUPPORT RETAINER PORCELAIN	IMPLANT SERVICE	1	279	253
* D6070	ABUTMENT SUPPORT RETAINER PORCELAIN	IMPLANT SERVICE	1	279	256

+ CODE ADDED BY NEWSLETTER \* PA # PA THROUGH AGE 17

NOTE: FOR PROCEDURE CODES THAT ALLOW MULTIPLE UNITS PER ONE DATE OF SERVICE, BILL ALL UNITS ON ONE LINE. (SEE "MAX D.O.S. UNIT'S" COLUMN)

PROCEDURE CODE	PROCEDURE DESCRIPTION	LIMITATIONS/EXPLANATION	MAX_DOS_UNITS	SPECIALIST FEE	NON-SPECIALIST FEE
* D6071	ABUTMENT SUPPORT RETAINER PORCELAIN	IMPLANT SERVICE	1	279	256
* D6072	ABUTMENT SUPPORT RETAINER CAST METAL	IMPLANT SERVICE	1	161	140
* D6073	ABUTMENT SUPPORT RETAINER CAST METAL	IMPLANT SERVICE	1	161	140
* D6074	ABUTMENT SUPPORT RETAINER CAST METAL	IMPLANT SERVICE	1	161	140
* D6210	PONTIC-CAST HIGH NOBLE METAL		1	76	66
* D6211	PONTIC-CAST PREDOMINANTLY BASE METAL		1	76	66
* D6212	PONTIC-CAST NOBLE METAL		1	76	66
* D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE		1	170	165
* D6241	PONTIC-PORCELAIN FUSED TO PREDOM BASE		1	170	165
* D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL		1	170	165
* D6250	PONTIC-RESIN WITH HIGH NOBLE METAL		1	90	80
* D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE		1	90	80
* D6252	PONTIC-RESIN WITH NOBLE METAL		1	90	80
* D6545	RETAINER-CAST METAL RES BONDED	FOR MARYLAND BRIDGE	1	75	75
* D6720	ABMT CR-RESIN TO HIGH NOBLE METAL		1	161	140
* D6721	ABMT CR-RESIN TO PREDOMINANTLY BASE		1	161	140
* D6722	ABMT CR-RESIN TO NOBLE METAL		1	161	140
* D6750	ABMT CR-PORCELAIN TO HIGH NOBLE		1	279	253
* D6751	ABMT CR-PORCELAIN TO PREDOMINANT		1	279	253
* D6752	ABMT CR-PORCELAIN TO NOBLE METAL		1	279	253
* D6790	ABMT CR-FULL CAST HIGH NOBLE METAL		1	161	140
* D6791	ABMT CR-FULL CAST PREDOMINANTLY BASE		1	161	140
* D6792	ABMT CR-FULL CAST NOBLE METAL		1	161	140
D6930	RECEMENT BRIDGE, ONE ABUTMENT	AND RECEMENT FACING	1	8	7
D693022	RECEMENT BRIDGE, TWO OR MORE ABUTS		1	14	12
* D6970	CAST POST AND CORE	SEPARATE FROM ABUTMENT	1	75	68
* D6972	PREFABRICATED POST AND CORE	FOR ABUTMENT	1	49	45
* D6973	CORE BUILD UP FOR RETAINER WITH PINS	FOR ABUTMENT	1	49	45
* D6975	COPING - METAL		1	161	140
<b>ORAL SURGERY</b>					
D7111 +	CORONAL REMNANTS-DECIDUOUS TOOTH		1	19.5	18
D7140 +	EXTRACT ERUPTED TOOTH/EXPOSED ROOT		1	32	30
# D7210	SURGICAL REMOVAL OF ERUPTED TOOTH		1	33	31
# D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSU		1	43	40
# D7230	REMOVAL OF IMPACTED TOOTH	PARTIAL BONY	1	114	106
# D7240	REMOVAL OF IMPACTED TOOTH	COMPLETE BONY	1	114	106
# D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH	ROOT TIPS	1	43	39
D7260	OROANTRAL FISTULA CLOSURE	PER SITE	1	108	99
D7261 +	PRIMARY CLOSURE SINUS PERFORATION	(OMITTED IN MANUAL)	1	108	99
D7270	TOOTH REIMPLANTATION INC. STABILIZAT	PER TOOTH	1	93	85
D7280	SURGICAL EXPOSURE OF IMPACTED TOOTH	FOR ORTHO-PER TOOTH	1	101	94
D7281	SURGICAL EXPOSURE OF IMPACTED TOOTH	TO AID ERUPTION-PER TOOTH	1	45	41
D7282 +	MOBILIZATION ERUPT/MALPOSIT TOOTH		1	50.5	47
D7285	BIOPSY - ORAL TISSUE HARD - INDEPEND	LAB BILLS SEPARATELY	1	30	26
D7286	BIOPSY - ORAL TISSUE - SOFT - INDEPE	LAB BILLS SEPARATELY	1	18	16
D7287 +	CYTOLOGY SAMPLE COLLECTION		1	10	10
D7310	ALVEOLOPLASTY WITH EXTRACTIONS	3 OR MORE TEETH	1	62.5	56.5
D7320	ALVEOLOPLASTY WITHOUT EXTRACTIONS	PER QUAD	1	62.5	56.5

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PROCEDURE CODE	PROCEDURE DESCRIPTION	LIMITATIONS/EXPLANATION	MAX_DOS_UNITS	SPECIALIST FEE	NON-SPECIALIST FEE
D7340	VESTIBULOPLASTY - RIDGE EXTENSION	PER QUAD	1	65	59
D7350	VESTIBULOPLASTY-RIDGE EXTENSION	PER QUAD WITH GRAFT, ETC.	1	169	153
D7410	EXCISION OF BENIGN LESION UP TO 1.25	MAX 4 UNITS	4	30	26
D7411 +	EXCISION BENIGN LESION > 1.25 CM	MAX 4 UNITS	1	42	37
D7412 +	EXCISION BENIGN LESION, COMPLICATED	MAX 4 UNITS	1	100	86
D7413 +	EXCISION MALIGNANT LESION UP TO 1.25	MAX 4 UNITS	1	100	86
D7414 +	EXCISION MALIGNANT LESION>1.25 CM	MAX 4 UNITS	1	274	256
D7415 +	EXCISION MALIGNANT LESION,COMPLICATED	MAX 4 UNITS	1	473	413
D7440	EXCISION OF MALIGNANT TUMOR	< 1.25 CM MAX 4 UNITS/DATE	4	100	86
D7441	EXCISION OF MALIGNANT TUMOR	<1.25 CM >= 3.0 CM MAX 4 UNITS/DATE	4	274	256
D744122	EXCISION OF MALIGNANT TUMOR	>3.0 CM MAX 4 UNITS/DATE	4	473	413
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR	<1.25 CM MAX 4 UNITS/DATE	4	50	43
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR	<1.25 CM >= 3.0 CM MAX 4 UNITS/DATE	4	100	87
D745122	REMOVAL OF ODONTOGENIC CYST OR TUMOR	>3.0 CM MAX 4 UNITS/DATE	4	150	130
D7460	REMOVAL OF NON-ODONTOGENIC CYST/TUM	<1.25 CM MAX 4 UNITS/DATE	4	50	43
D7461	REMOVAL OF NON-ODONTOGENIC CYST/TUM	>1.25 CM >= 3.0 CM MAX 4 UNITS/DATE	4	100	87
D746122	REMOVAL OF NON-ODONTOGENIC CYST/TUM	>3.0 CM MAX 4 UNITS/DATE	4	150	130
D7465	DESTRUCT OF LESION BY ELECTROSURG	MAX 4 UNITS/DATE	4	18	15
D7471	REMOVAL OF EXOSTOSIS PER SITE	PER QUAD	1	62.5	56.5
D7472 +	REMOVAL OF TORUS PALATINUS		1	109	98
D7473 +	REMOVAL OF TORUS MANDIBULARIS	PER QUAD	1	62.5	56.5
D7485 +	SURG REDUCTION OSSEOUS TUBEROSITY	SPECIFY LOCATION	1	62.5	56.5
D7490	RADICAL RESECTION OF MANDIBLE		1	807	807
D7510	INCISION + DRAINAGE OF ABSCESS, INTR	MAX 2 UNITS	2	28	26
D7520	INCISION + DRAINAGE OF ABSCESS, EXTR	MAX 2 UNITS	2	42	37
D7530	REMOVAL OF FOREIGN BODY, SKIN	SUPERFICIAL	1	18	16
D7540	RMVL REACTION PRODUCING FOREIGN BODY		1	51	45
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	INTRORAL	1	48	42
D755022	SEQUESTRECTOMY FOR OSTEOMYELITIS	EXTRAORAL	1	90	75
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF	TOOTH OR FOREIGN BODY	1	242	210
D7610	MAXILLA-OPEN REDUCTION	TEETH IMMOBOLIZED	1	273	249
D7620	MAXILLA - CLOSED REDUCTION	TEETH IMMOBOLIZED	1	182	166
D762052	MAXILLA - CLOSED REDUCTION	NO MANIPULATION	1	80	76
D7630	MANDIBLE - OPEN REDUCTION	TEETH IMMOBOLIZED	1	363	331
D763022	MANDIBLE-OPENRED TEETH IMMOB IF PRES	COMPLICATED	1	454	414
D7640	MANDIBLE-CLOSED REDUCTION	TEETH IMMOBOLIZED	1	182	166
D764052	MANDIBLE-CLOSED REDUCTION, NO MANIP	OR FIXATION	1	80	76
D7650	MALAR AND/OR ZYGOMATIC ARCH	OPEN REDUCTION	1	182	166
D7660	MALAR AND/OR ZYGOMATIC ARCH	CLOSED REDUCTION	1	63	58
D766052	MALAR AND/OR ZYGOMATIC ARCH - CLOSED	NO MANIPULATION/FIXATION	1	56	52
D7670	ALVEOLUS-CLOSED REDUCTION/STAB TEETH		1	92	84
D7671 +	ALVEOLUS-OPEN REDUCTION		1	138	126
D7680	FACIAL BONES-COMPLCTD REDUCTION	WITH FIXATION	1	363	331
D7710	MAXILLA - OPEN REDUCTION	TEETH IMMOBOLIZED	1	273	249
D7720	MAXILLA - CLOSED REDUCTION	TEETH IMMOBILIZED	1	182	166
D772052	MAXILLA - CLOSED REDUCTION	NO MANIPULATION/FIXATION	1	80	76
D7730	MANDIBLE - OPEN REDUCTION	TEETH IMMOBILIZED	1	363	331
D773022	MANDIBLE-OPEN REDUCTN	COMPLICATED CASE	1	454	414

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PROCEDURE CODE	PROCEDURE DESCRIPTION	LIMITATIONS/EXPLANATION	MAX_DOS_UNITS	SPECIALIST FEE	NON-SPECIALIST FEE
D7740	MANDIBLE - CLOSED REDUCTION	TEETH IMMOBILIZED	1	182	166
D774052	MANDIBLE - CLOSED REDUCTION	NO MANIPULATION/FIXATION	1	80	76
D7750	MALAR AND/OR ZYGOMATIC ARCH	OPEN REDUCTION	1	182	166
D7760	MALAR AND/OR ZYGOMATIC ARCH	CLOSED REDUCTION	1	63	58
D776052	MALAR AND/OR ZYGOMATIC ARCH - CLOSED	NO FIXATION/MANIPULATION	1	56	52
D7770	ALVEOLUS-STABLZTN OF TEETH	CLOSED	1	138	126
D7771 +	ALVEOLUS CLOSED REDUCTION		1	92	84
D7780	FACIAL BONES-COMPLCTED REDUCTION	WITH FIXATION	1	363	331
D7810	OPEN REDUCTION OF DISLOCATION		1	273	249
D7820	CLOSED REDUCTION OF DISLOCATION		1	27	25
D7830	MANUPULATION UNDER ANESTHESIA	ANESTHESIA EXTRA	1	27	25
D7840	CONDYLECTOMY		2	362	315
D7850	MENISECTOMY		2	362	315
D7852	DISC REPAIR		1	362	308
D7854	SYNOVECTOMY		1	200	173
D7858	JOINT RECONSTRUCTION		1	623	623
D7860	ARTHROTOMY		2	182	155
D7865	ARTHROPLASTY		1	362	308
D7870	ARTHROCENTESIS - INJECTION OR ASPIRA		2	18	16
D7871	NON-ARTHROSCOPIC LYSIS/LAVAGE		1	190	190
D7872	ARTHROSCOPY-DIAGNOSIS W/WO BIOPSY		1	75	65
D7873	ARTHROSCOPY SURGICAL;LAVAGE/LYSIS AD		1	200	200
D7874	ARTHROSCOPY-SURGICAL;DISC REPOSITION		1	500	425
D7875	ARTHROSCOPY-SURGICAL SYNOVECTOMY		1	264	224
D7877	ARTHROSCOPY-SURGICAL DEBRIDEMENT		1	160	136
D7910	SUTURE OF RECENT SMALL WOUNDS 2.5CM		2	35	32
D7911	COMPLICATED SUTURE-UP TO 5 CM		1	138	138
D7912	COMPLICATED SUTURE GREATER THAN 5 CM		1	242	242
D7920	SKIN GRAFT		1	70.5	70.5
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFOR	ID DEFECT & GRAFT TYPE	1	225	191
D7941	OSTEOTOMY-MANDIBULAR RAMI		1	726	726
D7943	OSTEOTOMY-MANDIBULAR RAMI	WITH BONE GRAFT	1	1058	1058
D7944	OSTEOTOMY-SEGMENTED PER QUADRANT	OR SEXTANT	1	332	289
D7945	OSTEOTOMY-BODY OF MANDIBLE		1	332	289
D7946	LEFORT I (MAXILLA TOTAL)		1	546	546
D7947	LEFORT I (MAXILLA-SEGMENTED)	ERROR IN MANUAL NO PA	1	365	365
D7948	LEFORT II OR LEFORT III	NO GRAFT	1	1095	1095
D7949	LEFORT II OR LEFORT III W/BONE GRAFT		1	1427	1427
D7950	GRAFT OF MANDIBLE/FACIAL BONES		1	575	489
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD	TISSUE DEFECTS	1	203	176
D7960	FRENULECTOMY-SEPARATE PROCEDURE		2	60	56
D7970	EXCISION HYPERPLASTIC TISS PER ARCH		2	45	39
D7971	EXCISION PERICORNAL GINGIVA		1	42	37
D7972 +	SURGICAL REDUCTION FIBROUS TUBEROSITY		1	64	59
D7980	SIALOLITHOTOMY		1	48	42
D7981	EXCISION OF SALIVARY GLAND		1	182	158
D7982	SIALODOCHOPLASTY		1	151	131
D7983	CLOSURE OF SALIVARY FISTULA		1	151	131

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D7990	EMERGENCY TRACHEOTOMY		1	121	105
D7991	CORONECTOMY		1	362	308
D7997	APPLIANCE REMOVAL W/ARCHBAR REMOVAL	DIFFERENT PROV. PLACED APPLIANCE	1	151	151
<b>ORTHODONTICS</b>					
D8010	LIMIT ORTHODONTIC TX PRIM DENTITION	INCLUDES ADJUSTMENTS	1	595	590
D8020	LIMIT ORTHODONTIC TX TRANS DENTITION	INCLUDES ADJUSTMENTS	1	595	590
D8030	LIMIT ORTHODONTIC TX ADOL DENTITION	INCLUDES ADJUSTMENTS	1	595	590
D8040	LIMIT ORTHODONTIC TX ADULT DENTITION	INCLUDES ADJUSTMENTS	1	595	590
D8050	INTERCEPTIVE ORTHO TX PRIM DENTITION	INCLUDES ADJUSTMENTS	1	595	590
D8060	INTERCEPTIVE ORTHO TX TRAN DENTITION	INCLUDES ADJUSTMENTS	1	595	590
D8080	COMPREHENS ORTHODONTIC APPLIANCES		1	493	493
D808022 +	COMPREHENSIVE ORTHODONTIC TREATMENT	1ST - 24TH MOS	1	80	80
D808052 +	COMPREHENSIVE ORTHODONTIC TREATMENT	25TH - 35TH MOS	1	14	14
D8210	REMOVABLE APPLIANCE THERAPY	HABIT APPLIANCE	2	595	590
D8220	FIXED APPLIANCE THERAPY	HABIT APPLIANCE	2	595	590
D8660	PRE-ORTHODONTIC TREATMENT VISIT	COMP. EVAL. (SALZMAN)	1	17	15
D8691	REPAIR ORTHODONTIC APPLIANCE		1	49.5	45
D8692	REPLACEMENT LOST/BROKEN RETAINER		1	115	110
<b>ADJUNCTIVE GENERAL SERVICES</b>					
D9110	PALLIATIVE (EMERGENCY) TREATMENT	FOR PAIN	4	10	9
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION	W/O OP OR SURG. PROCEDURES	1	13	11
D9211	REGIONAL BLOCK ANESTHESIA		1	13	11
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA		1	18	16
D9220	GENERAL ANESTHESIA -1ST 30 MINUTES	PROVIDED BY NON-TREATING DDS	1	22	22
D922022	GENERAL ANESTHESIA	SAME DDS	1	125	125
D9221	GENERAL ANESTHESIA-EACH ADDIT 15 MIN	PROVIDED BY NON-TREATING DDS	8	11	11
D9230	ANALGESIA, ANXIOLYSIS, INHAL NITROUS		1	15	14
D9241	INTRAVENOUS SEDATION 1ST 30 MINUTES		1	50	49
D9242	IV SEDATION/ANALGESIA EACH ADD 15MIN		8	11	11
D9248	NON-IV CONSCIOUS SEDATION		1	40	40
D9310	CONSULTATION	NOT BY TREATING PROVIDER	1	22	17
D9420	HOSPITAL DAY	INITIAL VISIT	1	19	17
D942022	HOSPITAL CALL	SUBSEQUENT VISIT	1	32	27
D9430	OFFICE VISIT FOR OBSERVATION	NO OTHER SVCS	1	9	7
D9610	THERAPEUTIC DRUG INJECTION		1	2.5	2.5
D961022	THERAPEUTIC DRUG INJECTION	TMJ	1	13	11
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	NON-RESIN-PER TOOTH	1	6	5
D9911	APPLICATION DESENSITIZING RESIN	PER TOOTH	1	35.5	33
* D9920	BEHAVIOR MANAGEMENT	MORE THAN 4 UNITS REQUIRES PA	8	15	13
D9930	TREATMENT OF COMPLICATIONS	POST SURGICAL	1	9	8
D9940	OCCLUSAL GUARDS	OFFICE	1	50	45
D994022	OCCLUSAL GUARDS	LAB	1	65	58
D9951	OCCLUSAL ADJUSTMENT - LIMITED 1 TO 3	PER QUADRANT	1	6	5
D9952	OCCLUSAL ADJUSTMENT-COMPLETE		1	68	60
D9971	ODONTOPLASTY 1-2 TEETH	PER QUADRANT	1	6	5
D9974	INTERNAL BLEACHING - PER TOOTH	ENDODONTICALLY TREATED TOOTH	1	33	33
D999952 +	LONG TERM CARE FACILITY VISITS IN ADD	1/DDS/FACILITY	1	20.5	19

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