

Code Descripton	Proc Code	PA Req.	ABCD Ages 5 & Younger	ABCD Ages 6 to 12 with Disabilities	Ortho 20 & Younger	Dental 20 & Younger	Dental 21 & Older	General Policy
Periodic Oral Eval	D0120		X	X		X	X	<ul style="list-style-type: none"> All ages. 1x every 6 months per client, per provider. DDA all ages 1x every 4 months.
limited oral eval problem focused	D0140					X	X	<ul style="list-style-type: none"> All ages. No limit. Problem focused.
Comprehensive Oral Eval	D0150		X	X		X	X	<ul style="list-style-type: none"> 1x per client, per provider every 5 years. 6 months must have elapsed before billing for periodic exam.
Detailed and extensive oral evaluation-problem focused, by report	D0160				X			<ul style="list-style-type: none"> Allowed 1x per client, per provider. Includes ortho oral exam, clinical photos. Ortho only
Re-evaluation-limited,problem focused, established patient; not postoperative	D0170				X			<ul style="list-style-type: none"> Allowed 1x per client, per provider, per year until appliances are placed. Not in combination with periodic/limited/comp oral evals. Ortho only.
Screening of Patient- Dentist or Hygienist	D0190					X	X	<ul style="list-style-type: none"> Screening of patient allowed 1x every 6 months per client, per prov, per visit. Not allowed with assesment or in conjunction with oral eval services. Performed in settings other than dental offices or clinics.
Assessment of Patient- Dentist or Hygienist	D0191					X	X	<ul style="list-style-type: none"> Assessment of patient allowed 1x every 6 months per client, per provider, per visit. Not allowed with screening or in conjunction with other oral eval services. Performed in settings other than dental offices.
Intraoral - Complete Series (FMX)	D0210					X	X	<ul style="list-style-type: none"> 14 years and older 1x per client every three years if agency has not paid for panoramic xray (D0330) in same three year period.
intraoral first periapical	D0220					X	X	<ul style="list-style-type: none"> Medically necessary periapical xrays not included in a complete series for diagnosis in conjunction with definitive treatment such as root canal therapy.
periapical, each addn'l	D0230					X	X	<ul style="list-style-type: none"> Medically necessary periapical xrays not included in a complete series for diagnosis in conjunction with definitive treatment such as root canal therapy. Supporting documentation must be in clients record.
Occlusal Film	D0240					X		<ul style="list-style-type: none"> Clients age 20 and younger 1x per two year period, per arch
BW- 1	D0270					X	X	<ul style="list-style-type: none"> All ages Max up to 4 bitewings in a 12 month period

BW-2	D0272					X	X	<ul style="list-style-type: none"> • All ages • Max up to 4 bitewings in a 12 month period
BW-3	D0273					X	X	<ul style="list-style-type: none"> • All ages • Max up to 4 bitewings in a 12 month period
BW-4	D0274					X	X	<ul style="list-style-type: none"> • All ages • Max up to 4 bitewings in a 12 month period
Panoramic Film	D0330				X	X	X	<ul style="list-style-type: none"> • All ages • 1x per client every 3 year unless agency has paid for complete series in same three year period. • Exception for oral surgeons and orthodontists are allowed one pre-op and one post-op per surgery.
Cephalometric Film (Oral Surgeons)	D0340				X			<ul style="list-style-type: none"> • One pre and one post-op per surgery. • Oral surgeons only.
2D Photographic Images	D0350	PA				X		<ul style="list-style-type: none"> • Clients 20 and younger. • Case by case when requested by the agency.
pulp vitality tests	D0460					X	X	<ul style="list-style-type: none"> • Clients age 20 and younger. • 1x per visit (not per tooth) for diagnosis only during limited evaluation.
diagnostic casts	D0470	PA			X	X		<ul style="list-style-type: none"> • Ages 20 and younger.
Prophy- Adult	D1110					X	X	<ul style="list-style-type: none"> • Ages 14-18, and clients (all ages) residing in an ALF or nursing facility 1x every 6 months. • Ages 19 and older 1x every 12 months. • Ages 13-18 (and clients residing in an ALF or nursing facility) at least 6 months after scaling and root planing/perio maint. • Ages 19 and older at least 12 months to have elapsed after scaling and root planing/perio maint. • DDA 14 and older 1x every 4 months.
Prophy- Child	D1120					X		<ul style="list-style-type: none"> • Ages 13 and under, 1x every 6 months. • DDA 13 and under 1x every 4 months.

Fluoride Varnish	D1206		X	X		X	X	<ul style="list-style-type: none"> • Ages 6 and younger, 3x within a 12 month period with a minimum of 110 days between applications. • Ages 7 thru 18 and clients all ages residing in ALFS or nursing facilities, 2x within a 12 month period with a minimum of 170 days between applications. • Ages 7-20 receiving ortho treatment, 3x within a 12 month period during treatment with a minimum of 110 days between applications. • Ages 19 and older 1x in a 12 month period.
Fluoride- Topical	D1208		X	X		X	X	<ul style="list-style-type: none"> • Ages 6 and younger, 3x within a 12 month period with a minimum of 110 days between applications. • Ages 7 thru 18 and clients all ages residing in ALFS or nursing facilities, 2x within a 12 month period with a minimum of 170 days between applications. • Ages 7-20 receiving ortho treatment, 3x within a 12 month period during treatment with a minimum of 110 days between applications. • Ages 19 and older 1x in a 12 month period. • DDA all ages 1x every 4 months.
Oral Hygiene Instructions	D1330							<ul style="list-style-type: none"> • Ages 8 and younger provided by a hygienist or dentist in a setting other than a dental office or clinic, 1x per client in a 6 month period. • Not to be performed on the same date of service as
Sealants	D1351					X	X	<ul style="list-style-type: none"> • Age 20 and younger • 1x per tooth every 3 years for teeth 2,3,14,15,18,19,30,31,A,B,I,J,K,L,S,T. • DDA 1x per tooth every two years for teeth A,B,I,J,K,L,S,T,2,3,4,5,12,13,14,15,18,19,20,21,28,29,30,31. • DDA 1x per tooth every two years for teeth A,B,I,J,K,L,S,T,2,3,4,5,12,13,14,15,18,19,20,21,28,29,30,31.
Silver Diammine Fluoride	D1354					X	X	<ul style="list-style-type: none"> • All ages • 2x per year per tooth not to exceed 6 teeth
Space Maintainer- unilateral	D1510	PA				X		<ul style="list-style-type: none"> • 1x per quadrant for teeth A,B,I,J,K,L,S,T
Space Maintainer- bilateral	D1515	PA				X		<ul style="list-style-type: none"> • 1x per quadrant for teeth A,B,I,J,K,L,S,T
recement/rebond space maintainer	D1550					X		<ul style="list-style-type: none"> • 1x per quadrant for teeth A,B,I,J,K,L,S,T
Remove Space Maintainer	D1555					X	X	<ul style="list-style-type: none"> • 1x per appl w/diff provider. • 1x per quadrant for teeth A,B,I,J,K,L,S,T • Considered part of Tx with same provider.

Distal Shoe Space Maintainer	D1575		X	X		X		• 1x per quadrant for teeth A,B,I,J,K,L,S,T
Amalgam 1 surface	D2140		X	X		X	X	• All ages • Primary or permanent teeth
Amalgam 2 surface	D2150		X	X		X	X	• All ages • Primary or permanent teeth
Amalgam 3 surface	D2160		X	X		X	X	• All ages • Primary or permanent teeth. • If billed on a primary first molar the agency reimburses at the 2 surface rate
Amalgam 4+ surface	D2161					X	X	• All ages • Primary or permanent teeth. • If billed on a primary first molar the agency reimburses at the 2 surface rate.
Composite 1 surface- Anterior	D2330		X	X		X	X	• All ages • Primary or permanent teeth
Composite 2 surface- Anterior	D2331		X	X		X	X	• All ages • Primary or permanent teeth
Composite 3 surface- Anterior	D2332		X	X		X	X	• All ages • Primary or permanent teeth
Composite 4+ surface- Anterior	D2335					X	X	• All ages • Primary or permanent teeth
Resin Crown/Strip Crown	D2390	PA	X	X		X		• Ages 20 years and younger • For primary anterior teeth, 1x every 3 years: 12 and younger with no PA if the tooth requires a 4 or more surface restoration. • For client 13-20, PA required
Composite 1 surface- Posterior	D2391		X	X		X	X	• All ages • Primary or permanent teeth
Composite 2 surface- Posterior	D2392		X	X		X	X	• All ages • Primary or permanent teeth
Composite 3 surface- Posterior	D2393		X	X		X	X	• All ages • Permanent and primary teeth. • If billed on a primary first molar reimbursed as two surface.

Composite 4+ surface- Posterior	D2394					X	X	<ul style="list-style-type: none"> • All ages • Permanent and primary teeth. • If billed on a primary first molar will be reimbursed as a two surface.
Crown- indirect Composite	D2710	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
Crown- resin with high noble metal	D2720	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
Crown- resin with base metal	D2721	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
Crown- resin with noble meal	D2722	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
Crown-Porcelain	D2740	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
Crown- Porcelain fused to high noble metal	D2750	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
Crown- Porcelain fused to base metal	D2751	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
Crown- Porcelain fused to noble metal	D2752	PA				X		<ul style="list-style-type: none"> • Ages 15-20 • Permanent anterior teeth only, per tooth, 1x every 5 years
re-cement inlay only or veneer	D2910					X		<ul style="list-style-type: none"> • Age 20 and younger • All permanent inlay, onlay, veneer, or partial coverage restoration. • DDA all ages.
re-cement post and core	D2915					X		<ul style="list-style-type: none"> • Age 20 and younger • All permanent crowns. • DDA all ages.
re-cement Crown	D2920					X	X	<ul style="list-style-type: none"> • All ages for all crowns
prefabricated Porcelain Crown - primary tooth	D2929	PA	X	X		X		<ul style="list-style-type: none"> • Age 20 and younger • Clients 12 and under w/o pa if the tooth requires a 4 or more surface restoration. • Clients 13-20 with pa requires xray justification. Allowed 1x every 3 yrs. • DDA 1x every 2 years for primary anterior teeth. 1x every 2 years for primary posterior teeth if criteria is met.

prefabricated Stainless Steel Crown- primary tooth	D2930	PA	X	X		X	<ul style="list-style-type: none"> • Age 20 and younger, • Clients 12 and under w/o pa if the tooth requires a 4 or more surface restoration. • Clients 13-20 with pa requires xray justification. Allowed 1x every 3 yrs. • DDA 1x every 2 years for primary anterior teeth. 1x every 2 years for primary posterior teeth if criteria is met. 	
prefabricated Stainless Steel Crown- permanent tooth	D2931					X	<ul style="list-style-type: none"> • Age 20 and younger 1x every 3 years excluding 1,16,17,32. • Permanent posterior teeth only • DDA all ages 1x every 2 years excluding 1,16,17,32. 	
prefabricated resin crown	D2932					X	<ul style="list-style-type: none"> • Ages 20 and younger • Primary anterior teeth only, 1x every 3 years 	
prefaf SSC with resin window	D2933		X	X		X	<ul style="list-style-type: none"> • Age 20 and younger • 1x every 3 years 	
prefab esthetic coated SSC- primary tooth	D2934					X	<ul style="list-style-type: none"> • Age 20 and younger • 1x every 3 years 	
Interim therapeutic restoration/primary tooth	D2941	PA	X	X			<ul style="list-style-type: none"> • This procedure is only allowed for ages 0-5 enrolled in the ABCD program 	
core build up (bill with Crown)	D2950	PA				X	<ul style="list-style-type: none"> • Ages 20 and younger 1x every 3 years. • Must be billed in conjunction with CDT code D2710 or D2752 or D2931 	
post and core (bill with crown)	D2952	PA				X	<ul style="list-style-type: none"> • Ages 20 and younger 1x every 3 years. • Must be billed in conjunction with CDT code D2710 or D2752 or D2931 	
pre-fab post and core (bill with crown)	D2954	PA				X	<ul style="list-style-type: none"> • Ages 20 and younger 1x every 3 years. • Must be billed in conjunction with CDT code D2710 or D2752 or D2931 	
Pulpotomy, primary tooth	D3220		X	X		X	<ul style="list-style-type: none"> • Ages 20 and younger • Primary teeth only, 1x per tooth 	
pulpal debridement, permanent tooth	D3221					X	X	<ul style="list-style-type: none"> • All ages • Permanent teeth only, excluding 1, 16, 17, 32
pulpectomy- anterior, primary	D3230					X		<ul style="list-style-type: none"> • Only for anterior primary teeth, 1x per tooth
pulpectomy- posterior, primary	D3240					X		<ul style="list-style-type: none"> • Only for posterior primary teeth, 1x per tooth

Endodontic Therapy, permanent anterior tooth	D3310					X	X	• All ages
Endodontic Therapy, permanent bicuspid tooth	D3320					X		• Ages 20 and younger.
Endodontic Therapy, permanent molar tooth	D3330					X		Ages 20 and younger excluding 1, 16, 17, 32
Retreat of Endodontic Therapy, permanent anterior	D3346	PA				X	X	• All ages
Retreat of Endodontic Therapy, permanent bicuspid	D3347	PA				X		• 20 and younger • Premolar teeth
Retreat of Endodontic Therapy, permanent molar	D3348	PA				X		• Age 20 and younger • Permanent molar teeth excluding 1, 16, 17, 32
Apexification/Recalcification- initial visit	D3351					X		• 20 and younger • Initial visit
Apexification/Recalcification- subsequent medication placement	D3352					X		• 20 and younger • Interim visit
Apicoectomy	D3410					X		• 20 and younger • Anterior teeth only
Retrograde filling of a root	D3430					X		• 20 and younger • Anterior teeth only
gingivectomy/gingivoplasty 4+teeth	D4210	PA				X	X	• 20 and younger • Per quad case by case • DDA 1x every 3 years with no PA?
gingivectomy/gingivoplasty 1-3 teeth	D4211	PA				X	X	• 20 and younger • Per quad case by case • DDA 1x every 3 years with no PA?
perio scaling and root planing 4+teeth	D4341	PA				X	X	• Ages 13-18 years 1x per quad every 2 years with PA • Ages 19 and older 1x per quad every 2 years with no PA • DDA 13 and older 1x per quad every 12 months with No PA
perio scaling and root planing 1-3 teeth	D4342	PA				X	X	• Ages 13-18 years 1x per quad every 2 years with PA • Ages 19 and older 1x per quad every 2 years with no PA • DDA 13 and older 1x per quad every 12 months with No PA

scaling with generalized inflammation- full mouth	D4346					X	X	<ul style="list-style-type: none"> • Ages 13 and older 1x per whole mouth in a 12 month period. • Cannot be billed in conjunction with prophylaxis, scale and root planing, full mouth debridement, gingivectomy/plasty
full mouth debridement to enable comp eval	D4355					X	X	<ul style="list-style-type: none"> • This procedure is only allowed for DDA clients of all ages to enable comprehensive evaluation and diagnosis. • 1x per 12 months
Periodontal Maintenance	D4910	PA				X	X	<ul style="list-style-type: none"> • ALF or nursing home clients 1x every 6 mos can substitute for an eligible scaling and root planing. • Allowed 6 months after scaling and root planing. • Ages 13-18 1x in 12 months case by case only after client has received scaling and root planing, gingivectomy/plasty. • Must be done 12 after scaling and root planing. • Ages 19 and older 1x in 12 month period. • DDA 13 and older, 2x in 12 months, allowed 6 months after scaling and root planing.
Complete Denture Maxillary	D5110	PA				X	X	<ul style="list-style-type: none"> • One replacement per client lifetime if the replacement occurs at least 5 years after the delivery date of the initial denture.
Complete Denture Mandibular	D5120	PA				X	X	<ul style="list-style-type: none"> • One replacement per client lifetime if the replacement occurs at least 5 years after the delivery date of the initial denture.
Maxillary Partial Denture	D5211	PA				X	X	<ul style="list-style-type: none"> • Covers initial partial denture. • Covers replacement with new partial or full denture at least 3 years from date of delivery of initial partial.
Mandibular Partial Denture	D5212	PA				X	X	<ul style="list-style-type: none"> • Covers initial partial denture. • Covers replacement with new partial or full denture at least 3 years from date of delivery of initial partial.
Adjust Complete Denture Max	D5410					X	X	<ul style="list-style-type: none"> • 1x every 12 months per arch with additional repairs on a case by case basis, must be 90 days after the placement date
Adjust Complete Denture Mand	D5411					X	X	<ul style="list-style-type: none"> • 1x every 12 months per arch with additional repairs on a case by case basis
Adjust Partial Denture Max	D5421					X	X	<ul style="list-style-type: none"> • 1x every 12 months per arch with additional repairs on a case by case basis
Adjust Partial Denture Mand	D5422					X	X	<ul style="list-style-type: none"> • 1x every 12 months per arch with additional repairs on a case by case basis
Repair broken CD base	D5511/ D5512					X	X	<ul style="list-style-type: none"> • 1x every 12 months per arch with additional repairs on a case by case basis

Replace missing or broken teeth (per tooth)	D5520					X	X	• 1x every 12 months per arch with additional repairs on a case by case basis
Repair resin denture base	D5611/ D5612					X	X	1x every 12 months per arch with additional repairs on a case by case basis
repair cast framework	D5621/ D5622					X	X	• 1x every 12 months per arch with additional repairs on a case by case basis
repair or replace broken clasp- per tooth	D5630					X	X	• 1x every 12 months per arch with additional repairs on a case by case basis
replace broken teeth- per tooth	D5640					X	X	• 1x every 12 months per arch with additional repairs on a case by case basis
add tooth to existing partial denture	D5650					X	X	• 1x per tooth every 12 months
add clasp to existing partial denture- per tooth	D5660					X	X	• 1x every 12 months per arch with additional repairs on a case by case basis
rebase complete maxillary denture	D5710					X	X	• 1x in a 3 year period when performed at least 6 months after the placement date
rebase complete mandibular denture	D5711					X	X	• 1x in a 3 year period when performed at least 6 months after the placement date
rebase maxillary partial denture	D5720					X	X	• 1x in a 3 year period when performed at least 6 months after the placement date
rebase mandibular partial denture	D5721					X	X	• 1x in a 3 year period when performed at least 6 months after the placement date
reline complete maxillary denture	D5750					X	X	• 1x in a 3 year period when performed at least 6 months after the placement date
reline complete mandibular denture	D5751					X	X	• 1x in a 3 year period when performed at least 6 months after the placement date
reline maxillary partial denture	D5760					X	X	• 1x every 3 years all ages when provided 6 months after the placement date

reline mandibular partial denture	D5761					X	X	1x every 12 months per arch with additional repairs on a case by case basis.
overdenture- complete maxillary	D5863	PA				X	X	• 1 per lifetime
overdenture- complete mandibular	D5865	PA				X	X	• 1 per lifetime
unspecified removable pros procedure, by report	D5899	PA				X	X	• By report case by case
recement fixed partial denture	D6930					X	X	• 1 x every 12 months
Extraction, coronal remnants, permanent tooth	D7111					X	X	• All ages
Extraction, erupted tooth or exposed root	D7140	PA				X	X	• All ages. No PA required if extracting 3 or fewer teeth
Extraction, erupted tooth surgical	D7210	PA				X	X	• All ages. No PA required if extracting 3 or fewer teeth
Extraction, soft tissue impaction	D7220					X	X	• All ages
Extraction, partially bony	D7230					X	X	• All ages
Extraction, complete bony extraction	D7240					X	X	• All ages
Extraction, complete bony extraction with complications	D7241	PA				X	X	• All ages
Surgical removal of tooth roots	D7250					X	X	• All ages
Tooth reimplantation or stabilisation of evulsed or displaced	D7270					X	X	• All ages

Surgical access of an unerupted tooth	D7280	PA				X		• 20 and younger
Placement of device to facilitate eruption of impacted tooth	D7283	PA				X		• 20 and younger
incisional biopsy of oral tissue-hard (bone or tooth)	D7285					X	X	• All ages
incisional biopsy of oral tissue-soft	D7286					X	X	• All ages
brush biopsy	D7288					X	X	• All ages
Alveoplasty with ext of 4+ teeth	D7310	PA				X	X	• All ages
Alveoplasty with ext of 1-3 teeth	D7311	PA				X	X	• All ages
Alveoplasty not in conjunction with ext 4+teeth	D7320	PA				X	X	• All ages
Alveoplasty not in conjunction with ext 1-3 teeth	D7321	PA				X	X	• All ages
Excision of benign lesion up to 1.25 cm	D7410					X	X	• All ages
Removal of Lateral Exostosis	D7471	PA				X	X	• All ages
Removal of Torus Palatinus	D7472	PA				X	X	• All ages
Removal of Torus Mandibularis	D7473	PA				X	X	• All ages
Surgical Reduction of Osseous Tuberosity	D7485	PA				X	X	• All ages

Incision and drainage of abscess- intraoral	D7510					X	X	• All ages
Incision and drainage of abscess- extraoral	D7520					X	X	• All ages
Removal of foreign body from mucosa, skin or tissue	D7530	PA				X	X	• All ages
Occlusal Orthotic Device	D7880	PA				X		• Ages 12- 20 only case by case
Frenulectomy	D7960	PA				X		• Age 6 and younger with no PA. • Ages 7-12 with PA.
Frenuloplasty	D7963	PA				X		• Age 6 and younger with no PA. • Ages 7-12 with PA.
Excision of Hyperplastic Tissue	D7970	PA				X		• Ages 20 and younger
Excision of Pericoronal Gingiva	D7971	PA				X		• Ages 20 and younger
Surgical Reduction of Fibrous Tuberosity	D7972	PA				X		• Ages 20 and younger
Limited orthodontic treatment of transitional dentition	D8020	PA				X		<ul style="list-style-type: none"> • The first three months of treatment starts on the date the initial appliance is placed and includes active treatment for the first three months. • The provider must bill the agency with the date of service that the initial appliance is placed. • The agency's initial payment includes replacement of brackets and lost or broken orthodontic appliances, appliance removal, initial and first replacement retainer fees within six months after debanding, and final records (photos, panoramic x-rays, cephalometric films, and final trimmed study models). • Follow-up treatment must be billed after each three-month treatment interval. • Treatment must be completed within twelve months of the date of appliance placement. • Remaining units covers additional 3 month period per unit • Initial Placement and first 3 months

<p>Limited orthodontic treatment of the adolescent dentition</p>	<p>D8030</p>	<p>PA</p>			<p>X</p>			<ul style="list-style-type: none"> • The first three months of treatment starts on the date the initial appliance is placed and includes active treatment for the first three months. • The provider must bill the agency with the date of service that the initial appliance is placed. • The agency's initial payment includes replacement of brackets and lost or broken orthodontic appliances, appliance removal, initial and first replacement retainer fees within six months after debanding, and final records (photos, panoramic x-rays, cephalometric films, and final trimmed study models). • Follow-up treatment must be billed after each three-month treatment interval. • Treatment must be completed within twelve months of the date of appliance placement. • Remaining units covers additional 3 month period per unit • Initial placement and first 3 months
<p>Interceptive orthodontic treatment of the transitional dentition</p>	<p>D8060</p>	<p>PA</p>			<p>X</p>			
<p>Comprehensive orthodontic treatment of the adolescent dentition</p>	<p>D8080</p>	<p>PA</p>			<p>X</p>			<ul style="list-style-type: none"> • The first six months of treatment starts on the date the initial appliance is placed and includes active treatment for the first three months. • The provider must bill the agency with the date of service that the initial appliance is placed. • The agency's initial payment includes replacement of brackets and lost or broken orthodontic appliances, appliance removal, initial and first replacement retainer fees within six months after debanding, and final records (photos, panoramic x-rays, cephalometric films, and final trimmed study models). • Continuing follow-up treatment must be billed after each three-month treatment interval, with the first three-month interval beginning six months after the initial appliance placement. • Treatment must be completed within twelve months of the date of appliance placement. • Treatment provided after thirty months from the date the appliance is placed requires a limitation extension. • Remaining units covers additional 3 month period per unit • Initial placement and first six months
<p>Fixed appliance therapy</p>	<p>D8220</p>	<p>PA</p>			<p>X</p>			

Pre-orthodontic treatment examination to monitor growth and development	D8660	PA			X			<ul style="list-style-type: none"> • Use this code for Orthodontist Case Study. • Billable only by the treating orthodontic provider. • Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination film, and panoramic film), formation of diagnosis and treatment plan from such records, and formal case conference.
Replacement of lost or broken retainer	D8692	PA			X			
Orthodontic retention (removal of appliances, construction and placement of retainers)	D8680	PA			X			<ul style="list-style-type: none"> • Appliance Removal if originally placed by different provider
Palliative Emergency Txt of Dental Pain	D9110					X	X	<ul style="list-style-type: none"> • All ages • Not allowed same day as definitive treatment
Office Based General Anesthesia first 15 minutes	D9222	PA				X	X	<ul style="list-style-type: none"> • Age 8 and younger and DDA (all ages) with no PA • Age 9-20 with diagnosis of Cleft Palate or in conjunction with a surgical procedure with no PA • Ager 21 and older with PA
Office Based General Anesthesia additional 15 minutes	D9223	PA				X	X	<ul style="list-style-type: none"> • Age 8 and younger and DDA (all ages) with no PA • Age 9-20 with diagnosis of Cleft Palate or in conjunction with a surgical procedure with no PA • Ager 21 and older with PA
Analgesia, Anxiolysis, inhalation of Nitrous Oxide	D9230					X	X	<ul style="list-style-type: none"> • All ages
intravenous moderate concious sedation first 15 minutes	D9239	PA						<ul style="list-style-type: none"> • Age 8 and younger and DDA (all ages) with no PA • Age 9-20 with diagnosis of Cleft Palate or in conjunction with a surgical procedure with no PA • Ager 21 and older with PA
intravenous moderate concious sedation additional 15 minute increments	D9243	PA				X	X	<ul style="list-style-type: none"> • Age 8 and younger and DDA (all ages) with no PA • Age 9-20 with diagnosis of Cleft Palate or in conjunction with a surgical procedure with no PA • Ager 21 and older with PA
Oral Conscious sedation	D9248	PA				X	X	<ul style="list-style-type: none"> • Age 8 and younger and DDA (all ages) with no PA • Age 9-20 with diagnosis of Cleft Palate or in conjunction with a surgical procedure with no PA • Ager 21 and older with PA
Professional Consultation with another provider	D9310	PA				X	X	<ul style="list-style-type: none"> • One per day per client per provider all ages
house/extended care facility call	D9410					X	X	<ul style="list-style-type: none"> • One per day per client per provider all ages

hospital call	D9420					X	X	• One per day per client per provider all ages
Office Visit after regularly scheduled hours	D9440					X	X	• One per day per client per provider all ages
Therapeutic Parenteral Drug, Single Administration	D9610					X	X	• All ages
Therapeutic Parenteral Drugs, two or more administrations, different medications	D9612					X	X	• All ages
other drugs and medicaments by report	D9630					X		• 20 and younger
Behavior Management	D9920	PA	X	X		X	X	• Age 8 & younger with no PA • DDA (any age) with no PA • ALF or SNF client with no PA • All others age 8 - 20 with PA
Treatment of Complications post surgical, Unusual Circumstances	D9930					X	X	• All ages
Occlusal Guard, by report	D9940	PA				X		• Ages 12-20 case by case
	D9999		X	X				• ABCD: Family Oral Health Ed. ABCD ONLY