

Proc Code	Description Codes	Covered	Prior Auth required (Y/N)	Limitations	Tooth # required	Quadrant required	Surface required	Films required	Adult Non-emergency	Adult Emergency
D0120	Periodic Oral Examination, established patient	Covered	N	Limited to 2 times per service year. 1 time per year for adult emergency	N	N	N	N	Y	N
D0140	Limited Oral Evaluation-problem focused	Covered	N	Relating to a dental emergency, requires documentation of findings, diagnosis and treatment pain, may not be used while patient undergoing comprehensive care, may not be used more than once per day	Y	Y	Y	Y	Y	Y
D0210	Intraoral-complete series (including bitewings)	Covered	N	Limit one set per 3 service years, includes not less than 14 images	N	N	N	N	N	N
D0220	Intraoral-periapical, First Film Image	Covered	N	1 per day, exclusive of D0210	N	N	N	N	Y	Y
D0230	Intraoral-periapical each additional film	Covered	N	Not to exceed 4 per day, exclusive of D0210	N	N	N	N	Y	Y
D0240	Intraoral-occlusal film	Covered	N	Not to exceed 1 per day	N	N	N	N	N	N
D0270	Bitewing-single film	Covered	N	Limited to two times per service year, 1 per day	N	N	N	N	Y	N
D0272	Bitewing-two films	Covered	N	Limited to two times per service year	N	N	N	N	Y	N
D0274	Bitewing-four films	Covered	N	Limited to two times per service year. 1 per day	N	N	N	N	Y	N
D0290	Posterior-anterior or lateral skull and facial bone survey film	Covered	N	1 per day	N	N	N	N	N	N
D0310	Sialography	Covered	N	1 per day	N	N	N	N	N	N
D0330	Panoramic Film	Covered	N	Limited to one film every two service years, not used with D0210	N	N	N	N	N	Y
D0340	Cephalometric film	Covered	N	Requires medical review	N	N	N	N	N	N
D1110	Prophylaxis - adult	Covered	N	Limited to two times per service year. Limited to ages 15 through 20, adult emergency, one per one year	N	N	N	N	Y	N
D1120	Prophylaxis - child	Covered	N	Limited to two times per service year. Limited to birth through age 14	N	N	N	N	N	N
D1203	Topical application of fluoride (prophylaxis not included)-child	Covered	N	Limited to two times per service year. Limited to birth through age 14, including the use of fluoride varnish	N	N	N	N	N	N
D1204	Topical application of fluoride (prophylaxis not included)-adult	Covered	N	Limited to two times per service year. Limited to ages 15 through 20	N	N	N	N	N	N

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D1351	Sealant – per tooth	Covered	N	Covered for 1st and 2nd permanent molars. A tooth may be re-sealed once every five service years if necessary. Not covered on teeth previously restored D21XX. Not covered when performed on the same day as a D21XX on the same tooth.	Y	N	N	N	N	N
D1510	Space maintainer - fixed lateral	Covered	N	4 per 2 years	N	N	N	N	N	N
D1515	Space maintainer - fixed bilateral	Covered	N	4 per 2 years	N	N	N	N	N	N
D1550	Recementation of space maintainer	Covered	N	1/year	N	N	N	N	N	N
D2140	Amalgam – 1 surface, Primary or permanent	Covered	N	Coding per restoration is on a per tooth basis. Separate, multiple restorations per tooth are not covered. 1 per tooth, per year	Y	N	Y	N	Y	N
D2150	Amalgam – 2 surfaces, primary, permanent	Covered	N	Coding per restoration is on a per tooth basis. Separate, multiple restorations per tooth are not covered. 1 per tooth, per year	Y	N	Y	N	Y	N
D2160	Amalgam – 3 surfaces, primary, permanent	Covered	N	Coding per restoration is on a per tooth basis. Separate, multiple restorations per tooth are not covered. 1 per tooth, per year	Y	N	Y	N	Y	N
D2161	Amalgam - 4 or more surfaces, primary, permanent	Covered	N	Coding per restoration is on a per tooth basis. Separate, multiple restorations per tooth are not covered. 1 per tooth, per year	Y	N	Y	N	Y	N
D2330	Resin-based composite-one surface, anterior	Covered	N	Coding per restoration is on a per tooth basis. Separate, multiple restorations per tooth are not covered. 1 per tooth, per year. 6 thru 11, 22-27, C thru H, M thru R	Y	N	Y	N	Y	N
D2331	Resin-based composite-two surfaces, anterior	Covered	N	Coding per restoration is on a per tooth basis. Separate, multiple restorations per tooth are not covered. 1 per tooth, per year. 6 thru 11, 22-27, C thru H, M thru R	Y	N	Y	N	Y	N
D2332	Resin-based composite-three surfaces, anterior	Covered	N	Coding per restoration is on a per tooth basis. Separate, multiple restorations per tooth are not covered. 6 thru 11, 22-27, C thru H, M thru R	Y	N	Y	N	Y	N
D2335	Resin-based composite-four or more surfaces or involving incisal angle, anterior	Covered	N	1 per tooth, per year 6 thru 11, 22-27, C thru H, M thru R	Y	N	Y	N	Y	N
D2752	Crown-porcelain fused to noble metal	Covered	Y	Limited to cases involving endodontic treatment or loss of at least one major cusp. One per five years.	Y	N	N	N	N	N

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D2792	Crown-full cast noble metal	Covered	Y	Limited to cases involving endodontic treatment or loss of at least one major cusp.	Y	N	N	N	N	N
D2910	Recement inlay, onlay or partial coverage restoration	Covered	N	1 tooth/dy	Y	N	N	N	N	N
D2920	Recement Crown	Covered	N	1 tooth/dy	Y	N	N	N	N	N
D2930	Prefabricated stainless steel crown-primary tooth	Covered	N	1 tooth/dy, teeth a thru t	Y	N	N	N	N	N
D2931	Stainless Steel Crown/ Prefabricated stainless steel crown-permanent tooth	Covered	N	1 tooth/dy,	Y	N	N	N	Y	N
D2932	Prefabricated resin crown	Covered	Y	Limited to cases involving endodontic treatment or loss of at least one major cusp. 1 tooth/dy	Y	N	N	N	N	N
D2950	Core buildup - including any pins	Covered	N	1tooth/d	Y	N	N	N	N	N
D2951	Pin retention-per tooth, in addition	Covered	N	1tooth/d	Y	N	N	N	N	N
D2952	Post and core in addition to crown, indirectly fabricated	Covered	N	1tooth/d	Y	N	N	N	N	N
D2954	Prefabricated post and core in addition to crown	Covered	N	1tooth/d	Y	N	N	N	N	N
D2970	Temporary Crown (fractured tooth)	Covered	Y	Limited to cases involving endodontic treatment or loss of at least one major cusp. 1 tooth/dy	Y	N	N	N	N	N
D2999	Unspecified restorative procedure, by report	FQHC Use Only								
D3220	Therapeutic pulpotomy (excluding final restoration)	Covered	N	1 tooth/dy per lifetime	Y	N	N	N	N	N
D3310	Anterior (excluding final restoration)	Covered	N	Limited to permanent teeth. Submit post-procedure x-ray with claim. Limited to one per tooth per lifetime.	Y	N	N	Y	N	N
D3320	Bicuspid (excluding final restoration)	Covered	N	Limited to permanent teeth. Submit post-procedure x-ray with claim. Limited to one per tooth per lifetime.	Y	N	N	Y	N	N
D3330	Molar (excluding final restoration)	Covered	Y - 1, 16, 17, 32	Limited to permanent teeth. Submit post-procedure x-ray with claim. Limited to one per tooth per lifetime.	Y	N	N	Y	N	N
D3351	Apexification/recalcification-initial visit	Covered	N	Limited to permanent teeth. Submit pre- and post-procedure x-ray with claim. Limited to one per tooth per lifetime.	Y	N	N	Y	N	N

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D3352	Apexification/recalcification-interim medication preplacement	Covered	N	Limited to permanent teeth. Submit pre- and post-procedure x-ray with claim. Limited to one per tooth per lifetime.	Y	N	N	Y	N	N
D3353	Apexification/recalcification-final visit	Covered	N	Limited to permanent teeth. Submit pre- and post-procedure x-ray with claim. Limited to one per tooth per lifetime.	Y	N	N	Y	N	N
D5110	Complete denture-maxillary	Covered	Y	21 or older. 1/d, require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5110	Complete denture-maxillary	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5120	Complete denture-mandibular	Covered	Y	21 or older. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5120	Complete denture-mandibular	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5130	Immediate denture-maxillary	Covered	Y	21 or older. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5130	Immediate denture-maxillary	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5140	Immediate denture-mandibular	Covered	Y	21 or older. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5140	Immediate denture-mandibular	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5211	Maxillary partial denture-resin base	Covered	Y	21 or older. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5211	Maxillary partial denture-resin base	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5212	Mandibular partial denture-resin base	Covered	Y	21 or older. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5212	Mandibular partial denture-resin base	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5213	Maxillary partial denture-cast metal framework with resin denture bases	Covered	Y	21 or older. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5213	Maxillary partial denture-cast metal framework with resin denture bases	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N

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D5214	Mandibular partial denture-cast metal framework with resin denture bases	Covered	Y	21 or older. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5214	Mandibular partial denture-cast metal framework with resin denture bases	Covered	Y	Under 21. 1/d require documentation of missing teeth, charting or x-rays, 1 per 5 years	Y	N	N	N	Y	N
D5410	Adjust complete denture - maxillary	Covered	N	1/d	N	N	N	N	N	N
D5411	Adjust complete denture - mandibular	Covered	N	1/d	N	N	N	N	N	N
D5421	Adjust partial denture - maxillary	Covered	N	1/d	N	N	N	N	N	N
D5422	Adjust partial denture - mandibular	Covered	N	1/d	N	N	N	N	N	N
D5510	Repair broken complete denture base	Covered	N	1/d	N	N	N	N	N	N
D5520	Replace missing or broken teeth-complete denture (each tooth)	Covered	N	1/d	N	N	N	N	N	N
D5610	Repair resin denture base	Covered	N	1/d	N	N	N	N	N	N
D5620	Repair cast framework	Covered	N	1/d	N	N	N	N	N	N
D5630	Repair or replace broken clasp	Covered	N	1/d	N	N	N	N	N	N
D5640	Replace broken teeth-per tooth	Covered	N	1/d	N	N	N	N	N	N
D5650	Add tooth to existing partial denture	Covered	N	none	N	N	N	N	N	N
D5660	Add clasp to existing partial denture	Covered	N	none	N	N	N	N	N	N
D5710	Rebase complete maxillary denture	Covered	N	1/d	N	N	N	N	N	N
D5711	Rebase complete mandibular denture	Covered	N	1/d	N	N	N	N	N	N
D5720	Rebase maxillary partial denture	Covered	N	1/d	N	N	N	N	N	N
D5721	Rebase mandibular partial denture	Covered	N	1/d	N	N	N	N	N	N
D5750	Reline complete maxillary denture (laboratory)	Covered	Y for adults only	1/d	N	N	N	N	Y	N
D5751	Reline complete mandibular denture (laboratory)	Covered	Y for adults only	1/d	N	N	N	N	Y	N
D5760	Reline maxillary partial denture (laboratory)	Covered	Y for adults only	1/d	N	N	N	N	Y	N
D5761	Reline mandibular partial denture (laboratory)	Covered	Y for adults only	1/d	N	N	N	N	Y	N
D5933	Obturator prosthesis, modification	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N

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D5934	Mandibular resection prosthesis with guide flange	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5935	Mandibular resection prosthesis without guide flange	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5936	Obturator prosthesis, interim	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5937	Trismus appliance (not for TMD treatment)	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5951	Feeding aid	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5952	Speech aid prosthesis, pediatric	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5953	Speech aid prosthesis, adult	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5954	Palatal augmentation prosthesis	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5955	Palatal lift prosthesis, definitive	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5958	Palatal lift prosthesis, interim	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5959	Palatal lift prosthesis, modification	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5960	Speech aid prosthesis, modification	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5982	Surgical stent	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5983	Radiation carrier	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5984	Radiation shield	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5985	Radiation cone locator	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5986	Fluoride gel carrier	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5987	Commissure splint	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5988	Surgical splint	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D5999	Unspecified maxillofacial prosthesis, by report	Covered	Y w/report	Submit report with claim.	N	N	N	N	N	N
D7140	Extraction, erupted tooth or exposed root	Covered	N	1 /lifetime	Y	N	N	N	N	Y
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone	Covered	Y - 1, 16, 17, 32	1 /lifetime	Y	N	N	Y	N	Y
D7220	Removal of impacted tooth-soft tissue	Covered	N	If 3rd Molar, requires prior authorization, 1 tooth/life	Y	N	N	Y	N	Y

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D7230	Removal of impacted tooth-partially bony	Covered	Y	If 3rd Molar, requires prior authorization/Prior Auth required for 3rd molars (tooth numbers 1, 16, 17, 32), 1 tooth/life	Y	N	N	Y	N	Y
D7240	Removal of impacted tooth-completely bony with unusual surgical complications	Covered	Y	If 3rd Molar, requires prior authorization/Prior Auth required for 3rd molars (tooth numbers 1, 16, 17, 32), 1 tooth/life	Y	N	N	Y	N	Y
D7241	Surgical removal of impacted tooth-completely bony	Covered	Y	Prior Auth required for 3rd molars (tooth numbers 1, 16, 17, 32), 1 tooth/life	Y	N	N	Y	N	Y
D7250	Surgical removal of residual tooth roots (cutting procedure)	Covered	N	Applicable to fistulas. Not applicable to iatrogenic sinus exposure.	N	Y	N	N	N	Y
D7260	Oroantral fistula closure	Covered	N	Requires pathologic OA fistula. Not applicable to iatrogenic defects.	N	N	N	N	N	Y
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	Covered	N	1 tooth / lifetime	Y	N	N	N	N	Y
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	Covered	Y		Y	N	N	N	N	N
D7283	Placement of device to facilitate eruption of impacted tooth.	Covered	Y	Limited to cases approved for orthodontic coverage, 2 thru 15, 18 thru 31	Y	N	N	N	N	N
D7285	Biopsy of oral tissue-hard (bone, tooth)	Covered	N	By report	Y	N	N	N	N	Y
D7286	Biopsy of oral tissue-soft	Covered	N	Requires the submission of a copy of the pathology report. Not applicable to the routine removal of the peri-radicular inflammatory tissues, by report	Y	N	N	N	N	Y
D7310	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant	Covered	N	4/d when claimed together with D7210 or greater, then considered included as a component of the procedure.	N	Y	N	N	N	Y
D7311	Alveoloplasty in conjunction with extractions- four or more teeth or tooth spaces, per quadrant.	Covered	N	4/d when claimed together with D7210 or greater, then considered included as a component of the procedure.	N	Y	N	N	N	Y
D7320	Alveoloplasty not in conjunction with extractions-per quadrant	Covered	N	4/d when claimed together with D7210 or greater, then considered included as a component of the procedure.	N	Y	N	N	N	Y
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	Covered	N	4/d when claimed together with D7210 or greater, then considered included as a component of the procedure.	N	Y	N	N	N	Y

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D7410	Radical excision-lesion diameter up to 1.25 cm	Covered	N		N	N	N	N	N	Y
D7510	Incision and drainage of abscess-intraoral soft tissue	Covered	N	Requires separate surgical procedure involving tissue incision and drain placement	Y	N	N	N	N	Y
D7511	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	Covered	N		N	N	N	N	N	Y
D7520	Incision and drainage of abscess-extraoral soft tissue	Covered	N	Covered under medical benefit (QUEST plan or Medicaid)	Y	N	N	N	N	Y
D7960	Frenulectomy (frenectomy or frenotomy) separate procedures	Covered	N	once per lifetime	N	N	N	N	N	N
D7970	Excision of hyperplastic tissue-per arch	Covered	N		N	N	N	N	N	Y
D7971	Excision of pericornal gingiva	Covered	N		N	N	N	N	N	Y
D8010	Limited orthodontic treatment of the primary dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8020	Limited orthodontic treatment of the transitional dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8030	Limited orthodontic treatment of the adolescent dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8040	Limited orthodontic treatment of the adult dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8050	Interceptive orthodontic treatment of the primary dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N



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D8060	Interceptive orthodontic treatment of the transitional dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8070	Comprehensive orthodontic treatment of the transitional dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8090	Comprehensive orthodontic treatment of the adult dentition	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8210	Removable appliance therapy	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8220	Fixed appliance therapy	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8660	Pre-orthodontic treatment visit	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8670	Periodic orthodontic treatment visit	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8690	Orthodontic treatment (alternative billing to a contract fee)	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N

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D8691	Repair of orthodontic appliance	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8692	Replacement of lost or broken retainer	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D8693	Rebonding or recementing; and/or repair, as required, of fixed	Covered	y		N	N	N	N	N	N
D8999	Unspecified orthodontic procedures, by report	Covered	Y	Limited to repair of cleft lip and palate or other severe craniofacial defects or injury for which the function of speech, swallowing, or chewing shall be restored.	N	N	N	N	N	N
D9110	Palliative Treatment/Palliative (emergency) treatment of dental pain-minor procedure	Covered	N	Billable only once per visit regardless of the number of teeth treated, not covered if performed within 90 days prior to completion date of D33XX. Requires a surgical intervention.	Y	N	N	N	N	Y
D9230	Analgesia, Anxiolysis, inhalation of nitrous oxide	Covered	N	Limited to under 13 y only and in conjunction with a treatment service, requires training through a formal post-graduate (accredited clinical specialty, residency and fellowship programs).	N	N	N	N	N	N
D9241	Intravenous sedation/analgesia first 30 minutes	Covered	N		N	N	N	N	N	Y
D9242	Intravenous sedation/analgesia each additional 15 minutes	Covered	N		N	N	N	N	N	Y
D9310	Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician	Covered	N	Dental specialist billing the consultation code may not provide treatment for which the consultation is obtained. Limited to formally trained dental specialists. 1/ day	N	N	N	N	N	Y
D9420	Hospital Call	Covered	N	1/ d	N	N	N	N	N	Y
D9440	Office visit after regularly scheduled hours	Covered	N	only billable in conjunction with an emergency service. This code can only be used when the dentist is returning to the office for an unscheduled, emergency visit after the office has been closed for the day.	N	N	N	N	N	Y