



CYNTHIA A. HARDING, MPH
Interim Director

JEFFREY D. GUNZENHAUSER, MD, MPH
Interim Health Officer

Division of HIV and STD Programs
Mario J. Pérez, Director
600 South Commonwealth Avenue, 10th floor
Los Angeles, California 90005
TEL (213) 351-8000 • FAX (213) 387-0912

www.publichealth.lacounty.gov

February 16, 2016

Dear Ryan White Program-funded Oral Health Service Provider:

PROGRAM GUIDANCE 2016.01: THE INTERSECTION OF ORAL HEALTH PROGRAMS DELIVERED UNDER DENTI-CAL AND LOS ANGELES COUNTY RYAN WHITE PROGRAM

This document is to provide written guidance to DHSP-contracted providers on the intersection of Denti-Cal and Ryan White Program (RWP)-supported oral health services. Most of the key points addressed on this document were addressed at the last OHAC meeting on November 17, 2014 and are congruent with the Powerpoint slides shared that day (Attachment I).

Background

As part of the 2009 California budget cuts, the Denti-Cal program for adults was eliminated. This action severely limited access to vital oral health services for people living with HIV. In order to address this gap in services, the Division of HIV and STD Programs (DHSP) and the Commission on HIV (COH) worked with community partners to dramatically expand access to oral health services under the local Ryan White Program (RWP). This effort resulted in the addition of new dental clinics and tripled the number of patients who could be served under the RWP.

As a result of passage of Assembly Bill 82, the State of California partially restored funding to the Denti-Cal program in order to serve adults in need of dental services. The restoration became effective May 1, 2014, resulting in partially restored benefit for Californians who are eligible for and covered under Medi-Cal. This restoration made it necessary to implement the RWP's 'payer of last resort' rule requiring that patients with health insurance first access services under their plans, and then access those RWP-supported services not already covered by their health plans.

In order to assess the impact of the DentiCal restoration on RWP-supported oral health services and develop guidance on client eligibility, procedures to be covered, and cost allocation methodologies, DHSP sought and received technical assistance from 1) a consultant assigned by the Health Resources and Services Administration (HRSA); 2) the Oral Health Advisory Group (OHAG) of the Pacific AIDS Education and Training Center; 3) members of COH's Standards



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

and Best Practices Committee; and 4) the DHSP Oral Health Advisory Committee (OHAC), comprised of the dental directors and administrators from community partners providing RWP-supported oral health services. DHSP and OHAC members met on April 30, September 4, and November 17, 2014 to discuss various aspects of the DentiCal restoration and its intersection with RWP-funded oral health services.

Eligibility Requirements

Oral health service providers must ensure that patients receiving services under the RWP meet the following eligibility criteria:

- Have an HIV positive diagnosis;
- Are residents of Los Angeles County;
- Have incomes at/or below 500% of the Federal Poverty Level; and
- Are uninsured or underinsured.

Please note that in the context of oral health services, an underinsured patient is one whose health plan does not cover a needed dental procedure that is available under the local RWP. The extent of dental coverage is generally included in a plan's *Explanation of Benefits* packet or the explanation of benefits in claim denial notices.

In addition, providers must screen for RWP eligibility every six (6) months. Finally, uninsured patients must be advised of possible eligibility for health insurance under the Affordable Care Act at every visit, and a document must be placed in the patients' charts that this advice was given. The California Office of AIDS's Management Memo 2015-23 (December 10, 2015) provides helpful insights for providers who need to review potential eligibility for health insurance under Medi-Cal or Covered California

<http://www.cdph.ca.gov/programs/aids/Documents/ADAPMM2015-23NewandUpdatedEWTools.pdf>). The last page of the document provides sample language that providers may reference in the development of a form documenting their eligibility-related conversations with their uninsured patients (Attachment III).

Oral Health Services Covered by the Local Ryan White Program

At the time of the restoration of DentiCal services for adults, the majority of patients receiving RWP-funded oral health services were uninsured but eligible for MediCal coverage as a result of Medicaid expansion resulting from the implementation of the Affordable Care Act. As such, Medi-Cal and Medi-Cal-eligible patients are also eligible for Denti-Cal services. Based on three years of service utilization data from DHSP-funded oral health services and input from stakeholders and subject matter experts, DHSP developed a table of dental procedures covered by Denti-Cal and the local RWP (Attachment II). Because the number of dental procedures covered by the Denti-Cal program is contingent on whether a patient is accessing the services through a Federally Qualified Health Center (FQHC) or an approved non-FQHC site, the list of procedures included in this Program Guidance clearly makes this distinction.

Please note that the primary function of the attached *List of Oral Health Procedures for the Los Angeles County Ryan White Program* is to indicate which procedures will be covered under DHSP-contracted oral health services. The Denti-Cal-covered procedures are included for comparison purposes and to serve as a quick reference tool when developing treatment plans. However, the Denti-Cal list of covered procedures is subject to change. Therefore, it is the providers' responsibility to always verify with Denti-Cal or any other dental health plan to determine which dental procedures are covered by those third-party payers.

Again, an underinsured patient is one whose health plan does not cover a needed dental procedure that is available under the local RWP. Therefore, it is imperative that all community partners providing oral health services under contract with DHSP participate in, be in good standing with, and bill the DentiCal program. DHSP will not reimburse for services covered under other health plans, including DentiCal, just because a provider is not part of a patient's health plan network.

Allocation of Costs

As a general rule, if a procedure is NOT covered by DentiCal or any other third-party payer, the local RWP will cover it under its oral health contracts. Providers have a choice to allocate costs to DHSP-funded oral health contracts based on a) the proportion of procedures not covered by a third-party payer in a given year, or b) the total costs of procedures not covered by a third-party payer.

For example, under methodology A, a provider performs 20,000 dental procedures in a given year and third-party payers denied payment for 60% of those procedures, the provider may allocate up to 60% of their oral health program costs to their DHSP-funded contract provided that they do not exceed the contracted allocation. Alternatively, under methodology B, providers may add the total costs of discrete denied procedures/claims and charge those to their DHSP-funded contracts provided that they do not exceed the contracted allocation.

Regardless of the methodology used, providers must remember the following:

- Patients whose dental care is being charged wholly or partially to the RWP under contract with DHSP still need to meet the eligibility criteria outlined above;
- Only unreimbursed procedures that are listed in Attachment II as 'LA RWP Covered' can be used in whichever cost allocation methodology is selected by the provider;
- Unreimbursed procedures that are part of a larger (reimbursable) global procedure should not be included in the cost allocation methodology (e.g. Oral Hygiene instruction [code D1330] is normally paired with hygiene services and/or prophylactic procedures)
- Documentation of program costs, as well as claim approvals and denials must be kept, be easily traceable, and available for programmatic and fiscal audits; and
- All program costs, budgets, and cost allocation plans must comply with the terms of the DHSP contracts and budget instructions, as well as applicable county, state, and federal laws and regulations.

In the case of underinsured individuals, a strategy for documenting un-reimbursable procedures is for providers to bill all dental procedures performed on a patient to the primary dental plan (e.g., DentiCal). The explanation of benefits in the denial notice document lists the reasons for the denial. If the denial is because the procedure(s) billed are not a covered benefit, then you have documentation for why the procedure is included in the cost allocation methodology. Claims or procedures denied because insufficient documentation was provided with the claim, or because a particular procedure is a sub-component of a larger procedure, should not be included in the allocation methodology.

Next Steps

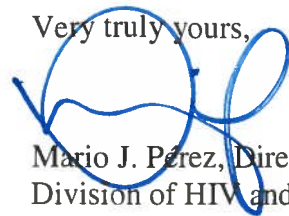
DHSP is committed to working with our network of oral health providers to ensure that RWP-eligible people living with HIV in Los Angeles County continue to access and receive high quality dental services. This includes working with our providers and other key stakeholders to monitor the changing landscape of healthcare financing, patterns of patient migration to other health plans, and service gaps to ensure that the local RWP continues to support and improve the health outcomes of the people we serve. For example and as noted on slides 16 and 17 of Attachment I, we need to continue improving service delivery processes, productivity metrics, and performance benchmarks. DHSP will convene a meeting of its oral health providers in the Spring of 2016 to resume our dialogue in these areas.

In the meantime, DHSP-funded providers of oral health services should develop and submit new cost allocation plans by February 29, 2016. The plans should indicate which of the allocation methodologies outlined in this Program Guidance they intend to follow, the type of historical data used to develop the cost allocation plan, and the type of documentation and tracking mechanisms they are using to support costs charged to the oral health contracts with DHSP.

Again, we at DHSP appreciate the dedication and input from all of our community partners and continue to look forward our collaborative work on behalf of people living with HIV in Los Angeles County.

If you have any questions or need additional information, please contact David Pieribone at 213-351-8122 or by email at dpieribone@ph.lacounty.gov.

Very truly yours,



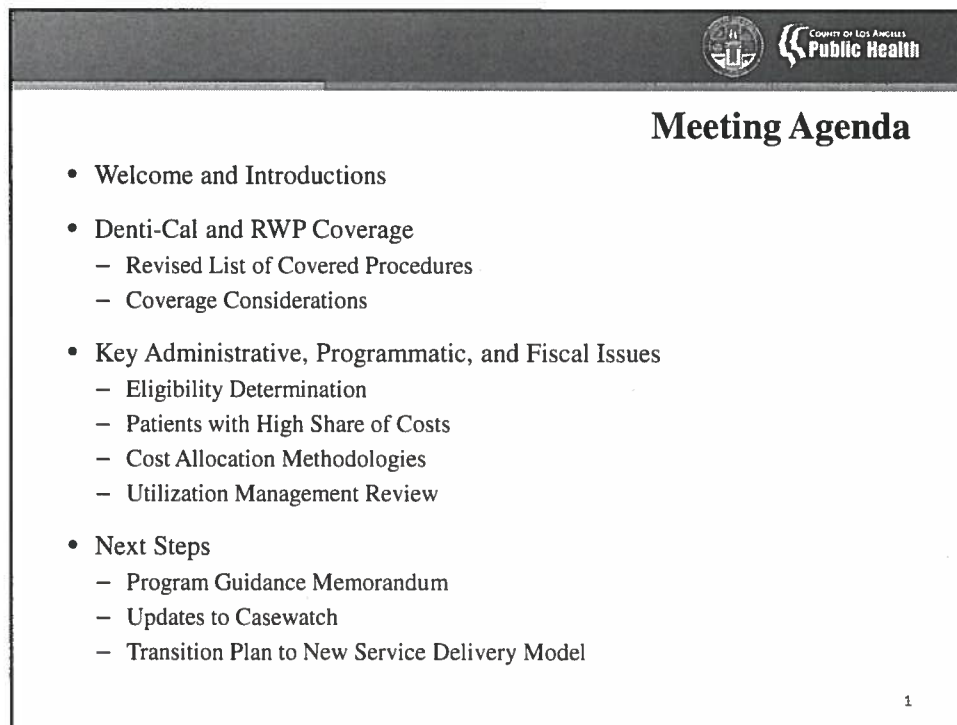
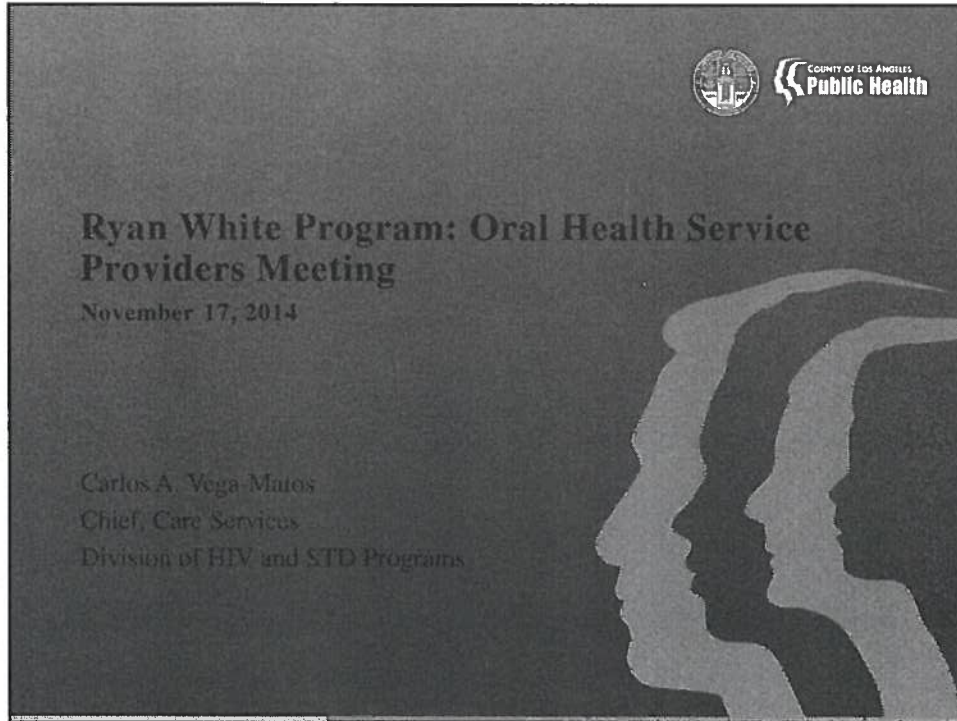
Mario J. Pérez, Director
Division of HIV and STD Programs


MJP:CVM:dlp

R:\Care Services\Program Guidance Documents\Program Guidance 2015.07 Oral Health DentiCal Interface.doc

Enclosures

c: Michael Green
Sonali Kulkarni
Dave Young
Paulina Zamudio






Revised List of Covered Procedures

Refer to handout titled " LAC Ryan White Program Table of Covered Oral Health Procedures"


2



Coverage Considerations for Certain Procedures

Ryan White Procedure Coverage Considerations			
CPT Classification	Procedure Code	Procedure Code Description	Coverage Considerations
Diagnostic	D0120	Periodic oral evaluation - established patient	Covered twice per member per calendar year. A periodic oral evaluation includes an update of the member's medical and dental history, the examination and charting of the member's dentition and associated structures, periodontal charting if applicable, diagnosis, and the preparation of treatment plans and reporting forms.
	D0140	Limited oral evaluation - problem focused	Covered twice per member per calendar year. A limited oral evaluation may necessitate further diagnostic procedures (such as radiographs) to help the provider formulate a differential diagnosis, about the member's specific problem. It is not covered on the same date of service as an emergency treatment visit.
	D0150	Detailed and extensive oral evaluation - problem focused	Covered twice per member per calendar year. It entails extensive diagnostic and cognitive modalities based on the findings of a more comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop treatment plan for a specific problem is required. The condition requiring this type of evaluation must be described and documented. A detailed and extensive oral evaluation is not covered on the same date of service as an emergency treatment visit.
	D0180	Comprehensive periodontal evaluation on new or established patient	Indicated for patients with evidence of periodontal disease, commonly encountered in patients with HIV infection and among patients with other risk factors such as smoking and diabetes.
	D0425	Caries susceptibility tests	


3



Coverage Considerations for Certain Procedures

Ryan White Procedure Coverage Considerations			
CPT Classification	Procedural Code	Procedure Code Description	Coverage Considerations
Preventive	D1310	Nutrition counseling for control of dental disease	Counseling on food selection and dietary habits as a part of prevention and control of periodontal disease and caries
	D1320	Topical fluoride for the control and prevention of dental disease	Fluoride prevention and education services include patient risks of developing tobacco-related oral disease and exposures and improve emphasis for dental health care
	D1330	Oral hygiene instructions	Instructions for home care including tooth brushing technique, flossing, and use of special oral hygiene aids
Restorative	D2822-D2824	Oral/resin-based composites	Covered if extraction would cause undue medical risk for a member with one or more medical conditions that include, but are not limited to: hemophilia; history of radiation therapy; acquired or congenital immune disorder; severe physical disabilities such as quadriplegia; profound mental retardation; profound hearing loss
	D2740	Crown - porcelain/fused to high noble metal	
	D2750	Crown - porcelain fused to high noble metal	
	D2774	Crown - porcelain fused to non-precious base metal	
	D2775	Crown - porcelain fused to noble metal	
Endodontics	D2790	Crown - full cast noble metal	
	D3110	Endodontic therapy, anterior teeth	Covered only if extraction and/or root canal treatment would cause undue medical risk for a member with one or more of the medical conditions that include but are not limited to: hemophilia; history of radiation therapy; acquired or congenital immune disorder; severe physical disabilities such as quadriplegia; profound mental retardation; profound hearing loss
	D3120	Endodontic therapy, maxillary premolars	
	D3130	Endodontic therapy, molar	
Periodontics	D3410-D3418	Alveolar bone grafting/surgery	
	D3450	Retraction filing - per root	
Prosthetics	D4341	Periapical sealing and restoration	Covered for a maximum of two quadrants on the same date of service in an office setting
	D4310	Periapical membranes	
Fixed Prosthodontics	D5211-D5214	Metallic/Nonmetallic dental castings	Covered if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound, and there is a good prognosis. Payment for a partial denture includes payment for all necessary waxing and wax
	D6210	Partials - cast high noble metal	
	D6212	Partials - cast and dominantly base metal	Covered if extraction would cause undue medical risk for a member with one or more medical conditions that include, but are not limited to: hemophilia; history of radiation therapy; acquired or congenital immune disorder; severe physical disabilities such as quadriplegia; profound mental retardation; profound hearing loss
	D6240	Partials - porcelain fused to high noble metal	
	D6242	Partials - porcelain fused to noble metal	
	D6245	Partials - fused to high noble metal	


4



Revised List of Covered Procedures

Code	Description of Service	Administrative Guidelines
D7462-D7464	Oral/resin-based composite	Crowns are optional benefits unless the tooth is damaged by decay or fracture to the point it cannot be restored by a direct restoration.
D7740	Crown - porcelain/ceramic substrate	Crowns are denied when performed for cosmetic purposes.
D7750	Crown - porcelain fused to high noble metal	
D7751	Crown - porcelain fused to predominantly based metal	
D7752	Crown - porcelain fused to noble metal	
D7780	Crown - full cast high noble metal	Indirectly fabricated restorations are a covered benefit only once per tooth per 60 months (whether it's placed on a natural tooth or implant), if within 60 months the restoration will be denied.
D7790	Crown - full cast noble metal	Criteria for anterior crown coverage: at least 50% of the incisal angle must require replacement due to decay or fracture. Crowns will not be covered when: There is untreated bone loss. The tooth has poor to hopeless prognosis from a restorative / endodontic / periodontal perspective. There is periodontal pathology or unresolved, incomplete, or failed endodontic therapy. Services are meant to treat temporomandibular joint dysfunction.


5



Coverage Considerations for Certain Procedures

Endodontics		
Root Canals		
Code	Descriptive Service	Administrative Guidelines
D3310	Endodontic therapy, anterior tooth	<p>Incompletely filled root canals, incompletely filled canal spaces or unresolved pathology are disallowed.</p> <p>Endodontic therapy is a covered benefit once in a lifetime per tooth. Subsequent endodontic therapy will be benefitted as an endodontic re-treatment.</p> <p>If a tooth is extracted within 30 days after a root canal is submitted a radiograph and detailed narrative must be documented to explain why the extraction was performed and to verify the root canal was completed.</p> <p>Apicoectomies count as a separate procedure and when following a root canal procedure that cannot be retreated with reinstrumentation.</p> <p>Endodontic therapy will not be covered when:</p> <p>There is untreated bone loss and if there has poor to hopeless prognosis from a restorative or periodontal perspective (examples: severe bone loss or furcation involvement)</p>
D3320	Endodontic therapy, bicuspid tooth	
D3330	Endodontic therapy, molar	
D1140-D1142	Apicoectomy/periradicular surgery	
D3410	Retrograde filling per root	


6



Revised List of Covered Procedures

Periodontics		
Code	Descriptive Service	Administrative Guidelines
D3941	Periodontal scaling and root planning	<p>No more than 2 quadrants of surgical/non-surgical services may be benefitted when done on the same date of service.</p> <p>Radiographs must show loss of alveolar crest height beyond the normal 1-1.5mm distance to the cemento-enamel junction (CEJ); exposure of cemental surfaces of the roots is necessary for root planning. Pockets of 4mm must be present.</p> <p>Evidence of calculus deposits on the root surfaces.</p>
D4910	Periodontal maintenance	Periodontal maintenance is disallowed if done on the same date as SRP.


7



Coverage Considerations for Certain Procedures

Prosthodontics		
Code	Descriptive Service	Administrative Guidelines
D5211	Maxillary partial denture – resin based	Once per arch per 60 months
D5212	Mandibular partial denture – resin based	
D5213	Maxillary partial denture – cast metal framework with resin denture bases	Benefits may be excluded if certain conditions are present on teeth that require clasps.
D5214	Mandibular partial denture – cast metal framework with resin denture bases	


8



Coverage Considerations for Certain Procedures

Fixed Prosthodontics		
Code	Descriptive Service	Administrative Guidelines
D4210	Partial: Cast high noble metal	<p>Fabrication of a fixed partial denture should be considered for treatment only when medical conditions or employment preclude the use of a removable partial denture.</p> <p>Medical conditions, which preclude the use of a removable partial denture, include: epileptic patient, paraplegic, and patients with neurological disorders.</p> <p>Medical conditions, which preclude the use of a removable partial denture, include:</p> <p>Fixed partial dentures are not a benefit when the prognosis of the retainer (abutment) tooth is questionable due to non-restorability or periodontal involvement.</p> <p>Posterior fixed partial dentures are not a benefit when the number of missing teeth requested to be replaced in the quadrant does not significantly impact the patient's masticatory ability.</p> <p>Fixed partial denture retainers (abutments) on root canal treated teeth shall be considered only after satisfactory completion of root canal therapy.</p> <p>There is untreated bone loss and if there has poor to hopeless prognosis from a restorative or periodontal perspective (example: severe bone loss or function involvement).</p>
D4212	Partial: Cast preformed base metal	
D4213	Partial: Porcelain fused to high noble metal	
D4214	Partial: Porcelain fused to noble metal	
D4215	Partial: Resin with noble metal	
D4230	Crown: Approximate fused to high noble metal	


9



L.A.C. RWP – Oral Health Eligibility

- Requirements
 - HIV positive diagnosis
 - LAC resident
 - Income at or below 400% FPL
 - Uninsured or under insured (insurance does not cover a needed procedure)
 - Documented eligibility every six (6) months
 - Uninsured patients must be advised of possible eligibility under the Affordable Care Act at every visit – document on the chart


10



Cost Allocation Methodologies

- The most logical way of allocating costs is to allocate costs proportionally according to the number of dental procedures billed to be reimbursed by Denti-Cal (and other payers) and the RWP. An agency will most likely have a choice between allocating based on *number* of procedures, or *cost* of the number of procedures.

11




Cost Allocation Methodologies: Considerations

Whatever the methodology chosen, it should be:

- Supported by allocation documents/spreadsheets that are traceable. For example, if it is 45% allocated to RWP and 55% to Denti-Cal and is based on number of procedures, we should be able to trace to the list of procedures performed (with relevant data such as date of procedure, patient/patient number, possibly cost, type, etc.) for both RWP and Denti-Cal (and other payers) to be able to re-calculate the percentage used.
- Included in their Cost Allocation Plan (what method, how often, to what categories of expenses, for which programs)


12



Next Steps

- DHSP Program Guidance Memorandum
- Updates to Casewatch
 - Modifications to reports section
- Continuous Service Improvements
 - Setting protocols and benchmarks
- Transition Plan to New Service Delivery Model

13




Continuous Service Improvements

Setting productivity goals (procedures/visit)

- Develop and implement clinical goals to standardize services provided, maximize revenue, guard against “unbundling” (not considering multiple procedures in one visit), and foster the timely completion of phase 1 treatment plans.

14




Continuous Service Improvements

PROPOSED BENCHMARKS – CONTINUED CONVERSATION

- 2500 encounters/year/FTE dentist
- 1300 encounters/year/FTE hygienist
- 2500 encounters/year with 1100 patient base
- 1.6 patients/hour or 12.8 patients per day per dentist
- 8 patients/day for hygienists
- 230 work days/year (or 1600 work hours/year after holidays and vacations)
- \$160.00 average cost per encounter (UDS 2012)
- 2 chairs/dentist (3:1 is ideal)
- 1.5 assistants/dentist (1RDA per chair is ideal)
- 2.5 ADA coded services/treatment visit
- At the periodic or comprehensive exam visit, it is expected that the exam, cleaning, fluoride, and any needed radiographs would all be performed at the same visit.

15


 COUNTY OF LOS ANGELES
Public Health

Continuous Service Improvements


SCOPE OF SERVICE BENCHMARKS

▪ Diagnostic	35%
▪ Preventive	33%
▪ Restorative	20%
▪ Specialty (endo/perio)	2-6%
▪ Oral surgery	5-10%
▪ Emergencies	2-6%

16

 COUNTY OF LOS ANGELES
Public Health

Division of HIV and STD Programs
600 South Commonwealth Avenue, 10th Floor
Los Angeles, California 90005
213-351-8000
<http://www.publichealth.lacounty.gov/dhsp/>



17

CDT CODES	PROCEDURE CODE DESCRIPTION	PROCEDURES COVERED by NEW 2014 DENTAL PROGRAM, non-FQHCs	ADDITIONAL DENTAL-CAL COVERAGE for FQHCs	LA RWP Covered	LOCAL RWP CONSIDERATIONS
DIAGNOSTIC					
D 0120	Periodic oral evaluation - established patient		Yes	Yes	
D 0140	Limited oral evaluation - problem focused		Yes	Yes	
D 0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver				
D 0150	Comprehensive oral evaluation - new or established patient	Yes	Yes	Yes	
D0160	Detailed and extensive oral evaluation - problem focused, by report		Yes	Yes	
D 0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		Yes	Yes	
D 0180	Comprehensive periodontal evaluation on new or established patient			Yes	Indicated for patients with evidence of periodontal disease, commonly encountered in patients with HIV infection and among patients with other risk factors such as smoking and diabetes
D 0210	Intraoral - complete series of radiographic image	Yes	Yes	Yes	
D 0220	Intraoral - periapical first radiographic image	Yes	Yes	Yes	
D 0230	Intraoral - periapical each additional radiographic image	Yes	Yes	Yes	
D 0240	Intraoral - occlusal radiographic image		Yes	Yes	Performed on patients with acute Salivary gland obstruction to rule out salivary stone
D 0250	Extraoral - first radiographic image		Yes	Yes	
D 0260	Extraoral - each additional radiographic image		Yes	Yes	
D 0270	Bitewing - single radiographic image	Yes	Yes	Yes	
D 0272	Bitewings - two radiographic images	Yes	Yes	Yes	
D 0273	Bitewing - three films			Yes	Indicated for periodic radiographic assessment of patients with certain missing teeth in the right or left posterior jaw - Prior authorization required.
D 0274	Bitewings - four radiographic images	Yes	Yes	Yes	
D 0277	Vertical bitewings - 7 to 8 films			Yes	Indicated for radiographic visualization of the parts of the posterior teeth anatomy not seen in a conventional bitewing field
D 0290	Posterior-anterior or lateral skull and facial bone survey radiographic image		Yes	Yes	
D 0310	Stialography		Yes	Yes	
D 0320	Temporomandibular joint arthrogram, including injection		Yes	Yes	Performed on patients with myofascial pain
D 0321	Other temporomandibular joint arthrogram, including injection			Yes	Performed on patients with temporomandibular joint disease
D 0322	Tomographic survey		Yes	Yes	
D 0330	Panoramic radiographic image	Yes	Yes	Yes	

	Yes	Yes	Yes	Yes	
D 0340 Cephalometric radiographic image				Yes	
D 0350 Oral/Facial photographic images		Yes		Yes	
D 0360 Cone beam CT - Craniofacial data capture				Yes	PRE-AUTHORIZATION REQUIRED. Provides highly magnified images of jaw bone structures including the trabeculae and the nervous tissues for investigation of bony pathologies, infections and neuropathies that may result from HIV infection and/or treatments; includes axial, coronal and sagittal data.
D 0362 Cone beam - two dimensional image reconstruction using existing data, includes multiple images				Yes	PRE-AUTHORIZATION REQUIRED. Necessary for reconstruction of the cone beam image data in different planes.
D 0363 Cone beam - three dimensional image reconstruction using existing data, includes multiple images				Yes	PRE-AUTHORIZATION REQUIRED. Necessary for reconstruction of the Cone beam image data in different planes.
D 0415 Collection of microorganisms for culture and sensitivity					Necessary for bacterial culture of oral infections and the selection of an appropriate antimicrobial agent
D 0416 Viral Culture					Necessary for viral culture of oral infections and the selection of an appropriate antiviral agent.
D 0417 Collection and preparation of saliva sample for laboratory testing					
D 0418 Analysis of saliva sample					
D 0421 Genetic test for susceptibility to oral diseases				Yes	
D 0425 Caries susceptibility tests				Yes	
D 0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures				Yes	Chair side diagnostic tests that may include toluidine blue dye application or optical assessment of oral premalignant or malignant lesions.
D 0460 Pulp vitality tests				Yes	Used for establishing if a tooth is still vital in preparation for endodontic treatment; includes multiple teeth and contra lateral comparison(s), as indicated.
D 0470 Diagnostic casts			Yes	Yes	
D 0472 Accession of tissue, gross examination, preparation and transmission of written report					
D 0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report					
D 0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presences of disease, preparation and transmission of written report					
D 0475 Decalcification procedure					
D 0476 Special stains for microorganisms					
D 0477 Special stains not for microorganisms					
D 0478 Immunohistochemical stains					
D 0479 Tissue in-situ hybridization, including interpretation					
D 0480 Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report					
D 0481 Electorn microscopy					
D 0482 Direct immunofluorescence					
D 0483 Indirect immunofluorescence					

D 0484	Consultation on slides prepared elsewhere												
D 0485	Consultation, including preparation of slides from biopsy material supplied by referring source												
D 0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report												
D 0502	Other oral pathology procedures, by report							Yes					
D 0999	Unspecified diagnostic procedure by report							Yes					
	Diagnosics Subtotal	9						23					33
PREVENTIVE													
D 1110	Prophylaxis - adult	Yes						Yes					Yes
D 1120	Prophylaxis - child							Yes					Yes
D 1201	Topical Application of Fluoride							Yes					Yes
D 1203	Topical application of fluoride - child 0 to 5							Yes					Yes
D 1203	Topical application of fluoride - child 6 to 20							Yes					Yes
D 1204	Topical application of fluoride - adult							Yes					Yes
D 1205	Topical application of fluoride - adult							Yes					Yes
D 1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - child 0 to 5							Yes					Yes
D 1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - 6 to 20							Yes					Yes
D 1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - adult 21 and over							Yes					Yes
D 1310	Nutritional counseling for control of dental disease												Yes
D 1320	Tobacco counseling for the control and prevention of oral disease												Yes
D 1330	Oral hygiene instructions												Yes
D 1351	Sealant - per tooth							Yes					Yes
D 1352	Preventive resin restoration in a moderate to high caries risk patient permanent tooth.							Yes					Yes
D 1510	Space maintainer - fixed - unilateral							Yes					Yes
D 1515	Space maintainer - fixed - bilateral							Yes					Yes
D 1520	Space maintainer - removal-unilateral							Yes					Yes
D 1550	Re-cementation of space maintainer							Yes					Yes
D 1555	Removal of fixed space maintainer							Yes					Yes
	Preventive Subtotal	3						15					18
RESTORATIVE-													
D 2110	Amalgam - one surface primary	Yes						Yes					Yes
D 2140	Amalgam - one surface, primary or permanent							Yes					Yes
D 2150	Amalgam - two surfaces, primary or permanent							Yes					Yes
D 2160	Amalgam - three surfaces, primary or permanent							Yes					Yes
D 2161	Amalgam - four or more surfaces, primary or permanent							Yes					Yes
D 2330	Resin-based composite - one surface, anterior							Yes					Yes
D 2331	Resin-based composite - two surfaces, anterior							Yes					Yes
D 2332	Resin-based composite - three surfaces, anterior							Yes					Yes
D 2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)							Yes					Yes

D 2390	Resin-based composite crown, anterior	Yes	Yes		
D 2391	Resin-based composite - one surface, posterior	Yes	Yes		
D 2392	Resin-based composite - two surfaces, posterior	Yes	Yes		
D 2393	Resin-based composite - three surfaces, posterior	Yes	Yes		
D 2394	Resin-based composite - four or more surfaces, posterior	Yes	Yes		
D 2410	Gold foil one-surface				
D 2420	Gold foil two-surfaces				
D 2430	Gold foil three-surfaces				
D 2510	Inlay-metallic-one surface				
D 2520	Inlay-metallic-two surfaces				
D 2530	Inlay-metallic-three surfaces				
D 2542	Onlay-metallic-two surfaces				Is useful for restoring more extensively damaged posterior teeth needing wide mesio-occluso or disto-occlusal restorations. This procedure has better long term results than amalgam.
D 2543	Onlay-metallic-three surfaces				Is useful for restoring more extensively damaged posterior teeth needing wide mesio-occluso-distal restorations. This procedure has better long term results than amalgam.
D 2544	Onlay-metallic-four or more surfaces				Is useful for restoring more extensively damaged posterior teeth needing wide mesio-occluso-distal and buccal or lingual restorations. This procedure has better long term results than amalgam.
D 2610	Inlay-porcelain/ceramic-one surface				
D 2620	Inlay-porcelain/ceramic-two surfaces				
D 2630	Inlay-porcelain/ceramic-three or more surfaces				
D 2642	Onlay-porcelain/ceramic-two surfaces				
D 2643	Onlay-porcelain/ceramic-three surfaces				
D 2644	Onlay-porcelain/ceramic-four or more surfaces				
D 2650	Inlay/resin-based composite-one surface				
D 2651	Inlay/resin-based composite-two surfaces				
D 2652	Inlay/resin-based composite-three or more surfaces				
D 2662	Onlay/resin-based composite-two surfaces				
D 2663	Onlay/resin-based composite-three surfaces				
D 2664	Onlay/resin-based composite-four or more surfaces				
D 2710	Crown-resin-based composite(indirect)	Yes	Yes		
D 2712	Crown-3/4 resin-based composite(indirect)	Yes	Yes		
D 2720	Crown-resin with high noble metal	Yes	Yes		
D 2721	Crown-resin with predominantly base metal	Yes	Yes		
D 2722	Crown-resin with noble metal	Yes	Yes		
D 2740	Crown-porcelain/ceramic substrate	Yes	Yes		
D 2750	Crown - porcelain fused to high noble metal				This is a permanently affixed extracoronal restoration that covers the outer surface of clinical crown. It reproduces the morphology and contours of the damaged coronal portions of a tooth while performing its function. It also protect the remaining tooth structure. The alloy component has at least 60% gold, palladium or platinum. This restoration is highly biocompatible.
D 2751	Crown-porcelain fused to predominantly base metal	Yes	Yes		

D 2752	Crown - porcelain fused to noble metal		Yes	This is a permanently affixed extracoronar restoration that covers the outer surface of clinical crown. It reproduces the morphology and contours of the damaged coronal portions of a tooth while performing its function. It also protect the remaining tooth structure. The alloy component has at least 25% gold, palladium or platinum.
D 2780	Crown - 3/4 cast high noble metal		Yes	This is a conservative restoration that requires less destruction of tooth structure than does a full coverage crown. Its use is based on the premise that an intact surface of tooth structure should not be covered by a crown if its inclusion is not essential to the retention, strength or esthetics. The alloy component has at least 60% gold, palladium or platinum. This restoration is highly biocompatible.
D 2781	Crown - 3/4 cast predominantly base metal	Yes	Yes	This is a conservative restoration that requires less destruction of tooth structure than does a full coverage crown. Its use is based on the premise that an intact surface of tooth structure should not be covered by a crown if its inclusion is not essential to the retention, strength or esthetics. The alloy component has at least 25% gold, palladium or platinum. This restoration is highly biocompatible.
D 2782	Crown - 3/4 cast noble metal		Yes	
D 2783	Crown - 3/4 porcelain/ceramic	Yes	Yes	Gold supports and protects the enamel margins of the tooth can be placed so accurately in the tooth that the enamel at the margin of the cavity is supported, so that, as the patient functions, the enamel is protected from breakage. It is as if the gold braces the enamel rods to prevent them from breaking down. Gold can provide precise, stable anatomical form returning a tooth to its normal, healthy form is elementary for any restoration. This produces a restoration that allows proper function with opposing teeth and allows food to pass over the dentition in a normal chewing and grinding motion. The gold casting is made in the laboratory from an accurate replica of the preparation and adjacent and opposing teeth. Since it is fabricated outside the mouth in a far more open environment, it is possible to create a final restoration that is as close as possible to ideal. Longevity is very good and this restoration is highly biocompatible.
D 2790	Crown - full cast high noble metal		Yes	
D 2791	Crown - full cast predominantly base metal	Yes	Yes	

D 2792	Crown - full cast noble metal			Yes	Noble metal restorations have grown in popularity in because they are less expensive than high noble metal ones.
D 2794	Crown - titanium			Yes	
D 2799	Provisional crown			Yes	
D 2910	Re-cement inlay, or partial coverage restoration		Yes	Yes	
D 2915	Re-cement cast or prefabricated post and core			Yes	
D 2920	Re-cement crown		Yes	Yes	
D 2930	Prefabricated stainless steel crown - primary tooth		Yes	Yes	
D 2931	Prefabricated stainless steel crown - permanent tooth		Yes	Yes	
D 2932	Prefabricated resin crown		Yes	Yes	
D 2933	Prefabricated stainless steel crown with resin window		Yes	Yes	
D 2934	Prefabricated esthetic coated stainless steel crown - primary tooth			Yes	
D 2940	Protective restoration		Yes	Yes	
D 2950	Core buildup, including any pins			Yes	
D 2951	Pin retention - per tooth, in addition to restoration		Yes	Yes	
D 2952	Post and core in addition to crown, indirectly fabricated		Yes	Yes	
D 2953	Each additional indirectly fabricated post - same tooth			Yes	
D 2954	Prefabricated post and core in addition to crown		Yes	Yes	
D 2955	Post removal (not in conjunction with endodontic therapy)			Yes	
D 2957	Each additional prefabricated post - same tooth			Yes	
D 2960	Labial veneer (resin laminate) - chairside			Yes	The resin veneer is an intermediate restoration as a conservative procedure compared to full coverage crown for an anterior tooth. It requires, minimal preparation and is a chairside procedure that can be done in one session.
D 2961	Labial veneer (resin laminate) - laboratory			Yes	
D 2962	Labial veneer (porcelain laminate) - laboratory			Yes	The laminate veneer is a conservative alternative to full coverage crown for improving the appearance of an anterior tooth. This restoration has become one of the most popular restorations because it offers superior color, shape, durability and allows for closure of the interproximal spaces. It requires, minimal preparation and is resistant to abrasion.
D 2970	Temporary crown (fractured tooth)		Yes	Yes	
D 2971	Additional procedures to construct new crown under existing partial denture framework.			Yes	
D 2975	Coping			Yes	
D 2980	Crown repair, by report		Yes	Yes	
D 2999	Unspecified restorative procedure, by report		Yes	Yes	
	Restorative Subtotal	19	35	58	
ENDODONTICS					
D 3110	Pulp cap - direct (excluding final restoration)		Yes	Yes	
D 3120	Pulp cap - indirect (excluding final restoration)			Yes	Procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.
D 3220	Therapeutic pulpotomy (excluding final restoration)		Yes	Yes	
D 3221	Pulpal debridement, primary and permanent teeth		Yes	Yes	

D 3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		Yes	Yes	
D 3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		Yes	Yes	
D 3310	Endodontic therapy, anterior tooth (excluding final restoration)		Yes	Yes	
D 3320	Endodontic therapy, bicuspid tooth (excluding final restoration)		Yes	Yes	
D 3330	Endodontic therapy, molar (excluding final restoration)		Yes	Yes	
D 3331	Treatment of root canal obstruction; non-surgical access		Yes	Yes	In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.
D 3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth				
D 3333	Internal root repair of perforation defects			Yes	
D 3346	Retreatment of previous root canal therapy - anterior	Yes		Yes	
D 3347	Retreatment of previous root canal therapy - bicuspid		Yes	Yes	
D 3348	Retreatment of previous root canal therapy - molar		Yes	Yes	
D 3351	Apexification/recalcification/pulpal regeneration - initial visit				
D 3352	Apexification/recalcification/pulpal regeneration - interim medication replacement				
D 3353	Apexification/recalcification/pulpal regeneration - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)				
D 3354	Pulpal regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration			Yes	Includes removal of intra-canal medication and procedures necessary to regenerate continued root development and necessary radiographs. This procedure includes placement of a seal at the coronal portion of the root canal system. Conventional root canal treatment is not performed. Pulpal necrosis in an immature tooth with an open apex can have devastating consequences for patients. This is a biologically based procedure to restore form and function
D 3410	Apicoectomy/periradicular surgery - anterior		Yes	Yes	
D 3421	Apicoectomy/periradicular surgery - bicuspid (first root)		Yes	Yes	
D 3425	Apicoectomy/periradicular surgery - molar (first root)		Yes	Yes	
D 3426	Apicoectomy/periradicular surgery - (each additional root)		Yes	Yes	
D 3430	Retrograde filling - per root			Yes	
D 3450	Root amputation - per root			Yes	Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920. This procedure allows for the removal of a nonrestorable root and maintenance of the remaining tooth structure.

D 3460	Endodontic endosseous implant									
D 3470	Intentional reimplantation (including necessary splinting)								Yes	
D 3910	Surgical procedure for isolation of crown of tooth with rubber dam								Yes	Allows for the preservation of strategically important root(s) and the accompanying crown.
D 3920	Hemisection (including any root removal), not including root canal therapy								Yes	A post is often necessary to retain the final restoration on an endodontically treated tooth.
D 3950	Canal preparation and fitting of preformed dowel or post								Yes	
D 3999	Unspecified endodontic procedure, by report				Yes	16			Yes	
	Endodontics Subtotal			2					25	
PERIODONTICS										
D 4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant				Yes				Yes	
D 4211	Gingivectomy or gingivoplasty - one to three contiguous teeth per quadrant				Yes				Yes	
D 4230	Anatomical crown exposure - four or more contiguous per quadrant									
D 4231	Anatomical crown exposure - one or three contiguous per quadrant									
D 4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant								Yes	A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes. If non-surgical means is not sufficient to remove plaque and calculus due to inadequate access, surgical means must be achieved for visibility and accessibility.

D 4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		Yes	A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.
D 4245	Apically positioned flap		Yes	Apically positioned flap Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/ attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis. This is done to reduce pocket depth to prevent further periodontal disease when non-surgical approach (sc/rp) is inadequate and proven insufficient.
D 4249	Clinical crown lengthening - hard tissue		Yes	This procedure is employed to allow restorative procedure or crown with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a flap and is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease. Where there are adjacent teeth, the flap design may involve a larger surgical area.
D 4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	
D 4261	Osseous surgery (including flap entry and closure) - one or three contiguous teeth or tooth bounded spaces per quadrant	Yes	Yes	
D 4263	Bone replacement graft - first site in quadrant		Yes	This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes.
D 4264	Bone replacement graft - each additional site in quadrant		Yes	This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This code is used if performed concurrently with D4263 and allows reporting of the exact number of sites involved.

D 4265	Biologic materials to aid in soft and osseous tissue regeneration	Yes	Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.
D 4266	Guided tissue regeneration - resorbable barrier, per site	Yes	A membrane is placed over the root surfaces or defect area following surgical exposure and debridement. The mucoperiosteal flaps are then adapted over the membrane and sutured. The membrane is placed to exclude epithelium and gingival connective tissue from the healing wound. This procedure may require subsequent surgical procedures to correct the gingival contours. Guided tissue regeneration may also be carried out in conjunction with bone replacement grafts or to correct deformities resulting from inadequate faciolingual bone width in an edentulous area. When guided tissue regeneration is used in association with a tooth, each site on a specific tooth should be reported separately. Other separate procedures may be required concur. Done to increase tissue thickness as a preventative method from progressive attachment loss as well as for root coverage and increased keratinization for improved hygiene after removable and fixed restorative delivery
D 4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Yes	
D 4268	Surgical revision procedure, per tooth	Yes	
D 4270	Pedicle soft tissue graft procedure	Yes	
D 4271	Free soft tissue graft procedure (including donor site surgery)	Yes	Gingival or masticatory mucosa is grafted to create or augment the gingiva at another site, with or without root coverage. This graft may also be used to eliminate the pull of frena and muscle attachments, to extend the vestibular fornix, and to correct localized gingival recession. Done to increase the zone of attached gingiva adjacent to teeth, implants, and edentulous ridges prior to removeable or restorative phases.

D 4273	Subepithelial connective tissue graft procedures, per tooth		Yes	This procedure is performed to create or augment gingiva, to obtain root coverage to eliminate sensitivity and to prevent root caries, to eliminate frenum pull, to extend the vestibular fornix, to augment collapsed ridges, to provide an adequate gingival interface with a restoration or to cover bone or ridge regeneration sites when adequate gingival tissues are not available for effective closure. There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlying flap of gingiva and/or mucosa. The connective tissue is dissected from the donor site leaving an epithelialized flap for closure. After the graft is placed on the recipient site, it is covered with the retained overlying flap. Done to increase tissue thickness as a preventative method from progressive attachment loss as well as for root coverage and increased keratinization for improved hygiene after removable and fixed restorative delivery.
D 4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)		Yes	
D 4275	Soft tissue allograft		Yes	
D 4276	Combined connective tissue and double pedicle graft, per tooth		Yes	
D 4320	Provisional splinting - intracoronal		Yes	
D 4321	Provisional splinting - extracoronal		Yes	
D 4341	Periodontal scaling and root planning - four or more teeth per quadrant (for beneficiaries in a SNF or ICF)	Yes	Yes	
D 4342	Periodontal scaling and root planning - one to three teeth per quadrant (for beneficiaries in a SNF or ICF)	Yes	Yes	
D 4355	Full mouth debridement to enable comprehensive evaluation and diagnosis		Yes	The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.
D 4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report		Yes	FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.
D 4910	Periodontal maintenance	Yes	Yes	
D 4920	Unscheduled dressing change (by someone other than treating doctor)	Yes	Yes	
D 4999	Unspecified periodontal procedure, by report			
		0	10	28
PROSTHODONTICS (Removable)				
D 5110	Complete denture - maxillary	Yes	Yes	Yes

D 5120	Complete denture - mandibular	Yes	Yes	Yes	
D 5130	Immediate denture - maxillary	Yes	Yes	Yes	
D 5140	Immediate denture - mandibular	Yes	Yes	Yes	
D 5211	Maxillary partial denture - resin base		Yes	Yes	
D 5212	Mandibular partial denture - resin base		Yes	Yes	
D 5213	Maxillary partial denture - cast metal framework with resin denture bases		Yes	Yes	
D 5214	Mandibular partial denture - cast metal framework with resin denture bases		Yes	Yes	
D 5225	Maxillary partial denture - flexible base (including any conventional clasps, rests, and teeth)			Yes	Replacement of upper arch missing teeth in the partially edentulous patient improves ability to chew and consequently digest food. There are also improvements in self esteem associated with the placement of missing teeth.
D 5226	Mandibular partial denture - flexible base (including any conventional clasps, rests, and teeth)			Yes	Replacement of lower arch missing teeth in the partially edentulous patient improves ability to chew and consequently digest food. There are also improvements in self esteem associated with the placement of missing teeth.
D 5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)			Yes	
D 5410	Adjust complete denture - maxillary	Yes	Yes	Yes	
D 5411	Adjust complete denture - mandibular	Yes	Yes	Yes	
D 5421	Adjust partial denture - maxillary		Yes	Yes	
D 5422	Adjust partial denture - mandibular		Yes	Yes	
D 5510	Repair broken complete denture base	Yes	Yes	Yes	
D 5520	Replace missing or broken teeth - complete denture (each tooth)	Yes	Yes	Yes	
D 5610	Repair resin denture base	Yes	Yes	Yes	
D 5620	Repair cast framework	Yes	Yes	Yes	
D 5630	Repair or replace broken clasp	Yes	Yes	Yes	
D 5640	Replace broken teeth - per tooth	Yes	Yes	Yes	
D 5650	Add tooth to existing partial denture	Yes	Yes	Yes	
D 5660	Add clasp to existing partial denture	Yes	Yes	Yes	
D 5670	Replace all teeth and acrylic on cast metal framework (maxillary)			Yes	
D 5671	Replace all teeth and acrylic on cast metal framework (mandibular)			Yes	
D 5710	Rebase complete maxillary denture			Yes	
D 5711	Rebase complete mandibular denture			Yes	
D 5720	Rebase maxillary partial denture			Yes	
D 5721	Rebase mandibular partial denture			Yes	
D 5730	Reline complete maxillary denture (chairside)	Yes	Yes	Yes	
D 5731	Reline complete mandibular denture (chairside)	Yes	Yes	Yes	
D 5740	Reline maxillary partial denture (chairside)		Yes	Yes	
D 5741	Reline mandibular partial denture (chairside)		Yes	Yes	
D 5750	Reline complete maxillary denture (laboratory)	Yes	Yes	Yes	
D 5751	Reline complete mandibular denture (laboratory)	Yes	Yes	Yes	
D 5760	Reline maxillary partial denture (laboratory)		Yes	Yes	
D 5761	Reline mandibular partial denture (laboratory)		Yes	Yes	

D 5810	Interim complete denture (maxillary)		Yes	The replacement of the upper complete arch of missing teeth maintains the patient's ability to chew and digest food as he/she transitions from natural teeth to prosthetic teeth. During the transition, the patient also maintains the esthetics needed to function in the public eye.
D 5811	Interim complete denture (mandibular)		Yes	The replacement of the complete lower arch of missing teeth maintains the patient's ability to chew and digest food as he/she transitions from natural teeth to prosthetic teeth. During the transition, the patient also maintains the esthetics needed to function in the public eye.
D 5820	Interim partial denture (maxillary)		Yes	The replacement of the upper arch of missing teeth maintains the patient's ability to chew and digest food as he/she transitions from natural teeth to prosthetic teeth. During the transition, the partially edentulous patient also maintains the esthetics needed to function in the public eye.
D 5821	Interim partial denture (mandibular)		Yes	The replacement of the lower arch of missing teeth maintains the patient's ability to chew and digest food as he/she transitions from natural teeth to prosthetic teeth. During the transition, the partially edentulous patient also maintains the esthetics needed to function in the public eye.
D 5850	Tissue conditioning, maxillary	Yes	Yes	
D 5851	Tissue conditioning, mandibular	Yes	Yes	
D 5860	Overdenture - complete, by report	Yes	Yes	
D 5861	Overdenture - partial, by report			
D 5862	Precession attachment, by report			
D 5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)			
D 5875	Modification of removable prosthesis following implant surgery			
D 5899	Unspecified removable prosthodontic procedure, by report			
	Prosthodontics Subtotal	16	30	44
MAXILLOFACIAL PROSTHETICS				
D 5911	Facial moulage (sectional)		Yes	Yes
D 5912	Facial moulage (complete)		Yes	Yes
D 5913	Nasal prosthesis		Yes	Yes
D 5914	Auricular prosthesis		Yes	Yes
D 5915	Orbital prosthesis		Yes	Yes

D 5916	Ocular prosthesis		Yes	Yes	
D 5919	Facial prosthesis		Yes	Yes	
D 5922	Nasal septal prosthesis		Yes	Yes	
D 5923	Ocular prosthesis, interim		Yes	Yes	
D 5924	Cranial prosthesis		Yes	Yes	
D 5925	Facial augmentation implant prosthesis		Yes	Yes	
D 5926	Nasal prosthesis, replacement		Yes	Yes	
D 5927	Articular prosthesis, replacement		Yes	Yes	
D 5928	Orbital prosthesis, replacement		Yes	Yes	
D 5929	Facial prosthesis, replacement		Yes	Yes	
D 5931	Obturator prosthesis, surgical		Yes	Yes	Fabricated for patients after jaw resection
D 5932	Obturator prosthesis, definitive		Yes	Yes	Fabricated for patients after jaw resection
D 5933	Obturator prosthesis, modification		Yes	Yes	Fabricated for patients after jaw resection
D 5934	Mandibular resection prosthesis with guide flange		Yes	Yes	
D 5935	Mandibular resection prosthesis without guide flange		Yes	Yes	
D 5936	Obturator prosthesis, interim		Yes	Yes	Fabricated for patients after jaw resection
D 5937	Trismus appliance (not for TMD treatment)		Yes	Yes	
D 5951	Feeding aid		Yes	Yes	
D 5952	Speech aid prosthesis, pediatric		Yes		
D 5953	Speech aid prosthesis, adult		Yes	Yes	
D 5954	Palatal augmentation prosthesis		Yes	Yes	
D 5955	Palatal lift prosthesis, definitive		Yes	Yes	
D 5958	Palatal lift prosthesis, interim		Yes	Yes	
D 5959	Palatal lift prosthesis, modification		Yes	Yes	
D 5960	Speech aid prosthesis, modification		Yes	Yes	
D 5982	Surgical stent		Yes	Yes	
D 5983	Radiation carrier		Yes	Yes	
D 5984	Radiation shield		Yes	Yes	
D 5985	Radiation cone locator		Yes	Yes	
D 5986	Fluoride gel carrier		Yes	Yes	
D 5987	Commissure splint		Yes	Yes	
D 5988	Surgical splint		Yes	Yes	
D 5991	Topical Medicament Carrier		Yes	Yes	Used for topical delivery of drugs
D 5992	Adjust maxillofacial prosthetic appliance, by report			Yes	
D 5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral)			Yes	
D 5999	Unspecified maxillofacial prosthesis, by report				
	Maxillofacial Prosthetics Subtotal	0	38	39	
IMPLANT SERVICES					
D 6010	Surgical placement of implant body: endosteal implant				
D 6040	Surgical placement: eposteal implant				
D 6050	Surgical placement: transosteal implant				
D 6053	Implant/Abutment support removable denture for completely edentulous arch				
D 6054	Implant/Abutment supported removable denture for partially edentulous arch				
D 6055	Connecting bar - implant supported or abutment supported				
D 6056	Prefabricated abutment, includes placement				
D 6057	Custom abutment, includes placement				
D 6058	Abutment supported porcelain/ceramic crown				
D 6059	Abutment supported porcelain fused to metal crown (high noble metal)				

D 6060	Abutment supported porcelain fused to metal crown (predominantly base metal)				
D 6061	Abutment supported porcelain fused to metal crown (noble metal)				
D 6062	Abutment supported cast metal crown (high noble metal)				
D 6063	Abutment supported cast metal crown (predominately base metal)				
D 6064	Abutment supported cast metal crown (noble metal)				
D 6065	Implant supported porcelain/ceramic crown				
D 6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)				
D 6067	Implant supported metal crown (titanium alloy, high noble metal)				
D 6068	Abutment supported retainer for porcelain/ceramic FPD				
D 6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)				
D 6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)				
D 6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)				
D 6072	Abutment supported retainer for cast metal FPD (high noble metal)				
D 6073	Abutment supported retainer for cast metal FPD (predominantly base metal)				
D 6074	Abutment supported retainer for cast metal FPD (noble metal)				
D 6075	Implant supported retainer for ceramic FPD				
D 6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)				
D 6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)				
D 6078	Implant/Abutment supported fixed denture for completely edentulous arch				
D 6079	Implant/Abutment supported fixed denture for partially edentulous arch				
D 6080	Implant maintenance procedures, including removal of prosthesis, cleansign of prosthesis and abutments and reinsertion of prosthesis				
D 6090	Repair implant supported prosthesis, by report				
D 6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment				
D 6092	Recement implant/abutment supported crown	Yes	Yes		
D 6093	Recement implant/abutment supported fixed partial denture				
D 6094	Abutment supported crown (titanium)				
D 6095	Repair implant abutment, by report				
D 6100	Implant removal, by report	Yes	Yes		
D 6190	Radiographic/Surgical Implant index, by report				
D 6194	Abutment supported retainer crown for FPD (titanium)				
D 6199	Unspecified implant procedure, by report				
Implant Services Subtotal		0	2	2	
FIXED PROSTHODONTICS					

D 6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis				
D 6600	Inlay - porcelain/ceramic, two surfaces				
D 6601	Inlay - porcelain/ceramic, three or more surfaces				
D 6602	Inlay - cast high noble metal, two surfaces				
D 6603	Inlay - cast high noble metal, three or more surfaces				
D 6604	Inlay - cast predominantly base metal, two surfaces				
D 6605	Inlay - cast predominantly base metal, three or more surfaces				
D 6606	Inlay - cast noble metal, two surfaces				
D 6607	Inlay - cast noble metal, three or more surfaces				
D 6608	Onlay - porcelain/ceramic, two surfaces				
D 6609	Onlay - porcelain/ceramic, three or more surfaces				
D 6610	Onlay - cast high noble metal, two surfaces				
D 6611	Onlay - cast high noble metal, two surfaces				
D 6612	Onlay - cast predominantly base metal, two surfaces				
D 6613	Onlay - cast predominantly base metal, three or more surfaces				
D 6614	Onlay - cast noble metal, two surfaces				
D 6615	Onlay - cast noble metal, three or more surfaces				
D 6624	Inlay - titanium				
D 6634	Onlay - titanium				
D 6710	Crown - indirect resin based composite				
D 6720	Crown - resin with high noble metal				
D 6721	Crown - resin with predominantly base metal				
D 6722	Crown - resin with noble metal	Yes	Yes		
D 6740	Crown - porcelain/ceramic	Yes	Yes		
D 6750	Crown - porcelain fused to high noble metal				A crown is cemented or permanently affixed extracoronal restoration that covers the outer surface of clinical crown. It reproduce the morphology and contours of the damage coronal portions of a tooth while performing its function. It also protect the remaining tooth structure. The alloy component has at least 60% gold, palladium or platinum. This restoration is highly biocompatible.
D 6751	Crown - porcelain fused to predominantly base metal	Yes	Yes		
D 6752	Crown - porcelain fused to noble metal				A crown is a cemented or permanently affixed extracoronal restoration that covers the outer surface of clinical crown. It reproduce the morphology and contours of the damage coronal portions of a tooth while performing its function. It also protect the remaining tooth structure. The alloy component has at least 25% gold, palladium or platinum.
D 6780	Crown 3/4 cast high noble metal				
D 6781	Crown - 3/4 cast predominantly base metal	Yes	Yes		
D 6782	Crown - 3/4 cast noble metal				
D 6783	Crown - 3/4 porcelain/ceramic	Yes	Yes		
D 6793	Crown - provisional retainer crown				
D 6794	Crown - titanium				

	0	13	23	
D 6795 Interim retainer crown				
D 6920 Connector bar		Yes	Yes	
D 6930 Recement fixed partial denture				
D 6940 Stress breaker		Yes	Yes	
D 6950 Precision attachment				
D 6970 Post and core in addition to fixed partial denture retainer indirectly fabricated		Yes	Yes	
D 6972 Prefabricated post and core in addition to fixed partial denture retainer		Yes	Yes	
D 6973 Core build up for retainer, including any pins			Yes	
D 6975 Coping - metal				
D 6976 Each additional indirectly fabricated post - same tooth				
D 6977 Each additional prefabricated pos - same tooth		Yes	Yes	
D 6980 Fixed partial denture repair, by report				
D 6985 Pediatric partial denture, fixed				
D 6999 Unspecified fixed prosthodontic procedure, by report				
Fixed Prosthodontics Subtotal	0	13	23	
ORAL and MAXILLOFACIAL SURGERY				
D 7111 Extraction, coronal remnants - deciduous tooth	Yes	Yes	Yes	
D 7140 Extraction, erupted tooth or exposed root (elevation and /or forceps removal)	Yes	Yes	Yes	
D 7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Yes	Yes	Yes	
D 7220 Removal of impacted tooth - soft tissue		Yes	Yes	
D 7230 Removal of impacted tooth - partially bony		Yes	Yes	
D 7240 Removal of impacted tooth - completely bony		Yes	Yes	
D 7241 Removal of impacted tooth - completely bony, with unusual surgical complications		Yes	Yes	
D 7250 Surgical removal of residual tooth roots (cutting procedure)	Yes	Yes	Yes	
D 7251 Coronectomy - intentional partial tooth removal	Yes	Yes	Yes	
D 7260 Oroantral fistula closure	Yes	Yes	Yes	
D 7261 Primary closure of a sinus perforation	Yes	Yes	Yes	
D 7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	Yes	Yes	
D 7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)				Mostly a pediatric procedure.
D 7280 Surgical access of an unerupted tooth	Yes			Mostly a pediatric procedure.
D 7282 Mobilization of erupted or malpositioned tooth to aid eruption	Yes			Mostly a pediatric procedure.
D 7283 Placement of device to facilitate eruption of impacted tooth				
D 7285 Biopsy of oral tissue - hard (bone, tooth)	Yes	Yes	Yes	
D 7286 Biopsy of oral tissue - soft (all others)	Yes	Yes	Yes	
D 7287 Exfoliative cytological sample collection				A chair side procedure for collection of non-transepithelial cytology sample via mild scraping of the oral mucosal lesions in order to aid in the diagnosis of microorganisms and tumors

D 7288	Brush biopsy - transepithelial sample collection			Yes	A chair side procedure For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosal lesions suspected as being malignant
D 7290	Surgical repositioning of teeth		Yes	Yes	
D 7291	Transseptal fibrotomy/supra crestal fibrotomy, by report		Yes	Yes	
D 7292	Surgical placement: temporary anchorage device without surgical flap				
D 7293	Surgical placement: temporary anchorage device requiring surgical flap				
D 7294	Surgical placement: temporary anchorage device without surgical flap				
D 7295	Harvest of bone for use in autogenous grafting procedure				
D 7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		Yes	Yes	
D 7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant			Yes	Ill fitting dentures are often the result of irregular surfaces in the areas without teeth in the patient's mouth. This procedure is often required to smooth and prepare the bony surface of the ridge before denture placement.
D 7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		Yes	Yes	
D 7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant			Yes	Ill fitting dentures are often the result of irregular surfaces in the areas without teeth in the patient's mouth. This procedure is often required to smooth and prepare the bony surface of the ridge before denture placement.
D 7340	Vestibuloplasty - ridge extension (secondary epithelialization)		Yes	Yes	
D 7350	Vestibuloplasty - ridge extension (including soft tissue grafts)		Yes	Yes	
D 7410	Excision of benign lesion up to 1.25 cm		Yes	Yes	
D 7411	Excision of benign lesion greater than 1.25 cm		Yes	Yes	
D 7412	Excision of benign lesion, complicated		Yes	Yes	
D 7413	Excision of malignant lesion up to 1.25 cm		Yes	Yes	
D 7414	Excision of malignant lesion greater than 1.25 cm		Yes	Yes	
D 7415	Excision of malignant lesion, complicated		Yes	Yes	
D 7440	Excision of malignant tumor - lesion diameter up to 1.25 cm		Yes	Yes	
D 7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm		Yes	Yes	
D 7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		Yes	Yes	
D 7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		Yes	Yes	
D 7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		Yes	Yes	
D 7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		Yes	Yes	

D 7465	Destruction of lesion(s) by physical or chemical method, by report	Yes	Yes
D 7471	Removal of lateral exostosis (maxilla or mandible)	Yes	Yes
D 7472	Removal of torus palatinus	Yes	Yes
D 7473	Removal of torus mandibularis	Yes	Yes
D 7485	Surgical reduction of osseous tuberosity	Yes	Yes
D 7490	Radical resection of mandible with bone graft	Yes	Yes
D 7510	Incision and drainage of abscess - intraoral soft tissue	Yes	Yes
D 7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Yes	Yes
D 7520	Incision and drainage of abscess - extraoral soft tissue	Yes	Yes
D 7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Yes	Yes
D 7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	Yes	Yes
D 7540	Removal of reaction producing foreign bodies, musculoskeletal system	Yes	Yes
D 7550	Partial osteotomy/osteostomy for removal of non-vital bone	Yes	Yes
D 7560	body	Yes	Yes
D 7610	Maxilla - open reduction (teeth immobilized, if present)	Yes	Yes
D 7620	Maxilla - closed reduction (teeth immobilized, if present)	Yes	Yes
D 7630	Mandible - open reduction (teeth immobilized, if present)	Yes	Yes
D 7640	Mandible - closed reduction (teeth immobilized, if present)	Yes	Yes
D 7650	Malar and/or zygomatic arch - open reduction	Yes	Yes
D 7660	Malar and/or zygomatic arch - closed reduction	Yes	Yes
D 7670	Alveolus - closed reduction, may include stabilization of teeth	Yes	Yes
D 7671	Alveolus - open reduction, may include stabilization of teeth	Yes	Yes
D 7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Yes	Yes
D 7710	Maxilla - open reduction	Yes	Yes
D 7720	Maxilla - closed reduction	Yes	Yes
D 7730	Mandible - open reduction	Yes	Yes
D 7740	Mandible - closed reduction	Yes	Yes
D 7750	Malar and/or zygomatic arch - open reduction	Yes	Yes
D 7760	Malar and/or zygomatic arch - closed reduction	Yes	Yes
D 7770	Alveolus - open reduction stabilization of teeth	Yes	Yes
D 7771	Alveolus - closed reduction stabilization of teeth	Yes	Yes
D 7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	Yes	Yes
D 7810	Open reduction of dislocation	Yes	Yes
D 7820	Closed reduction of dislocation	Yes	Yes
D 7830	Manipulation under anesthesia	Yes	Yes
D 7840	Condylectomy	Yes	Yes
D 7850	Surgical discectomy, with/without implant	Yes	Yes
D 7852	Disc repair	Yes	Yes
D 7854	Synovectomy	Yes	Yes
D 7856	Miotomy	Yes	Yes
D 7858	Joint reconstruction	Yes	Yes
D 7860	Arthroscopy	Yes	Yes

D 7865	Arthroplasty	Yes	Yes	Yes
D 7870	Arthrocentesis	Yes	Yes	Yes
D 7871	Non-arthroscopic lysis and lavage	Yes	Yes	Yes
D 7872	Arthroscopy - diagnosis, with or without biopsy	Yes	Yes	Yes
D 7873	Arthroscopy - surgical: lavage and lysis of adhesions	Yes	Yes	Yes
D 7874	Arthroscopy - surgical: disc repositioning and stabilization	Yes	Yes	Yes
D 7875	Arthroscopy - surgical: synovectomy	Yes	Yes	Yes
D 7876	Arthroscopy - surgical: discectomy	Yes	Yes	Yes
D 7877	Arthroscopy - surgical: debridement	Yes	Yes	Yes
D 7880	Occlusal orthotic device, by report	Yes	Yes	Yes
D 7899	Unspecified TMD therapy, by report	Yes	Yes	Yes
D 7910	Suture of recent small wounds up to 5 cm	Yes	Yes	Yes
D 7911	Complicated suture - up to 5 cm	Yes	Yes	Yes
D 7912	Complicated suture - greater than 5 cm	Yes	Yes	Yes
D 7920	Skin graft	Yes	Yes	Yes
D 7940	Osteoplasty - for orthognathic deformities	Yes	Yes	Yes
D 7941	Osteotomy - mandibular rami	Yes	Yes	Yes
D 7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Yes	Yes	Yes
D 7944	Osteotomy - segmented or subapical	Yes	Yes	Yes
D 7945	Osteotomy - body of mandible	Yes	Yes	Yes
D 7946	LeFort I (maxilla - total)	Yes	Yes	Yes
D 7947	LeFort I (maxilla - segmented)	Yes	Yes	Yes
D 7948	LeFort II or LeFort III - without bone graft	Yes	Yes	Yes
D 7949	LeFort II or LeFort III - with bone graft	Yes	Yes	Yes
D 7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	Yes	Yes	Yes
D 7951	Sinus Augmentation with bone or bone substitutes	Yes	Yes	Yes
D 7953	Bone replacement graft for ridge preservation - per site	Yes	Yes	Yes
D 7955	Repair of maxillofacial soft and/or hard tissue defect	Yes	Yes	Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize autograft, allograft, or alloplastic materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations.
D 7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	Yes	Yes	Yes
D 7963	Frenuloplasty	Yes	Yes	Yes
D 7970	Excision of hyperplastic tissue - per arch	Yes	Yes	Yes
D 7971	Excision of pericoronal gingiva	Yes	Yes	Yes
D 7972	Surgical reduction of fibrous tuberosity	Yes	Yes	Yes

D 7980	Stialithotomy	Yes	Yes	
D 7981	Excision of salivary gland, by report	Yes	Yes	
D 7982	Sialodochoplasty	Yes	Yes	
D 7983	Closure of salivary fistula	Yes	Yes	
D 7990	Emergency tracheotomy	Yes	Yes	
D 7991	Coronoidectomy	Yes	Yes	
D 7995	Synthetic graft - mandible or facial bones, by report			
D 7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report			
D 7997	Appliance removal (not by dentists who placed appliance), includes removal of archbar	Yes		
D 7998	Intraoral placement of a fixation device not in conjunction with a fracture	Yes		
D 7999	Unspecified ora surgery procedure, by report			
	Oral and Maxillofacial Surgery Subtotal	2	113	107
ORTHODONTICS				
D 8010	Limited orthodontic treatment of the primary dentition			
D 8020	Limited orthodontic treatment of the transitional dentition			
D 8030	Limited orthodontic treatment of the adolescent dentition			
D 8040	Limited orthodontic treatment of the adult dentition			
D 8050	Interceptive orthodontic treatment of the primary dentition			
D 8060	Interceptive orthodontic treatment of the transitional dentition			
D 8070	Comprehensive orthodontic treatment of the transitional dentition			
D 8080	Comprehensive orthodontic treatment of the adolescent dentition, Handicapping malocclusion	Yes		
D 8080	Comprehensive orthodontic treatment of the adolescent dentition, cleft palate - primary dentition	Yes		
D 8080	Comprehensive orthodontic treatment of the adolescent dentition, cleft palate - mixed dentition	Yes		
D 8080	Comprehensive orthodontic treatment of the adolescent dentition - permanent dentition	Yes		
D 8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - primary dentition	Yes		
D 8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - mixed dentition	Yes		
D 8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - permanent dentition	Yes		
D 8090	Comprehensive orthodontic treatment of the adult dentition			
D 8210	Removable appliance therapy	Yes		
D 8220	Fixed appliance therapy	Yes		
D 8660	Pre-orthodontic treatment visit	Yes		
D 8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - primary dentition	Yes		
D 8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - mixed dentition	Yes		
D 8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - permanent dentition	Yes		

D 8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - primary dentition	Yes						
D 8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - mixed dentition	Yes						
D 8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - permanent dentition	Yes						
D 8670	Orthodontic retention (removal of appliances, construction and placement of retainers)	Yes						
D 8690	Orthodontic treatment (alternate billing of a contract fee)	Yes						
D 8691	Repair of orthodontic appliance	Yes						
D 8692	Replacement of lost or broken retainer	Yes						
D 8693	Rebonding or recementing; and/or repair, as required of fixed retainers	Yes						
D 8999	Unspecified orthodontic procedure, by report	20	0	0				
ADJUNCTIVES								
D 9110	Palliative (emergency) treatment of dental pain - minor procedure	Yes					Yes	
D 9120	Fixed partial denture sectioning	Yes					Yes	PRE-AUTHORIZATION REQUIRED.
D 9210	Local anesthesia not in conjunction with operative or surgical procedures	Yes					Yes	
D 9211	Regional block anesthesia						Yes	Administration of a local anesthetic agent near a major nerve branch in a way that an entire section of the jaw is anesthetized. This procedure may be performed in preparation for a dental procedure or in the assessment or treatment of chronic orofacial pain.
D 9212	Trigeminal division block anesthesia						Yes	Administration of a local anesthetic agent near a major branch of the trigeminal nerve in a way that an entire quadrant of the jaw is anesthetized. This procedure may be performed in preparation for a dental procedure or in the assessment or treatment of chronic orofacial pain.
D 9215	Local anesthesia in conjunction with operative or surgical procedures						Yes	Administration of a local anesthetic agent in preparation for a dental or surgical procedure.
D 9220	Deep sedation/general anesthesia - first 30 minutes	Yes					Yes	
D 9221	Deep sedation/general anesthesia - each additional 15 minutes	Yes					Yes	
D 9230	Inhalation of nitrous oxide/analgesia	Yes					Yes	
D 9241	Intravenous conscious sedation/analgesia - first 30 minutes	Yes					Yes	
D 9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	Yes					Yes	
D 9248	Non-intravenous conscious sedation	Yes					Yes	

D 9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician			Yes	A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.
D 9410	House/extended care facility call	Yes		Yes	
D 9420	Hospital or ambulatory surgical center call	Yes		Yes	
D 9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Yes		Yes	
D 9440	Office visit - after regularly scheduled hours	Yes		Yes	
D 9450	Case presentation, detailed and extensive treatment planning				
D 9610	Therapeutic parenteral drug, single administration	Yes		Yes	Includes single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. This code should not be used to report administration of sedative, anesthetic or reversal agents.
D 9612	Therapeutic parenteral drug, two or more administrations, different medications			Yes	Oral antibiotics and analgesics are dispensed in the office at times when the invasive dental procedures are recommended for patients who need to have perioperative antibiotic and analgesics. Topical fluoride gel and varnish, high fluoride toothpastes or other caries prevention medicaments (e.g. MI paste, MI paste plus, xylitol gum, chlorohexidine varnish) are dispensed in the office to patients with moderate and high caries risks. Chlorohexidine oral rinses and other high fluoride mouth rinse are prescribed to patients with increased risk for caries or periodontal disease. These medications are dispensed in the office to provide wrap around services to HIV/AIDS patients determined by the Ryan White Grant. Clinical protocols for caries management by risk assessment includes, but is not limited to, oral antibiotics, oral analgesics, and topical fluoride dispensed in the office for home use; does not include writing prescriptions.
D 9630	Other drugs and/or medicaments, by report			Yes	
D 9910	Application of desensitizing medicament	Yes		Yes	

D 9911	Application of desensitizing resin for cervical and/or root surface, per tooth			Yes	Exposed and sensitive cervical and root surfaces can cause accelerated loss of tooth structure by caries or by erosion and abrasion, which can progress to pulpal involvement and decrease quality of life of the patient. Application of desensitizing resin can decrease the sensitivity as well as prevent the exposed cervical and root surfaces from caries and other wear and tear processes. Typically reported on a "per tooth" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.
D 9920	Behavior management, by report				
D 9930	Treatment of complications (post-surgical) - unusual circumstances, by report		Yes	Yes	
D 9940	Occlusal guard, by report			Yes	Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors. Occlusal guard can protect the existing dentition from attrition secondary to bruxism. Occlusal guard is reported to be modestly useful in patients with bruxism (sleep, drug-induced) and patients with temporomandibular disorders secondary to bruxism.
D 9941	Fabrication of athletic mouth guard			Yes	Occlusal guard can be repaired or relined in some cases in order to prevent making a new one when the patient needs extraction, other restorative works or in cases of repairable defects in the occlusal guard from wear and tear.
D 9942	Repair and/or reline of occlusal guard				
D 9950	Occlusion analysis - mounted case		Yes	Yes	
D 9951	Occlusion adjustment - limited		Yes	Yes	
D 9952	Occlusal adjustment - complete		Yes	Yes	
D 9970	Enamel microabrasion				
D 9971	Odontoplasty 1-2 teeth; includes removal of enamel projections				
D 9972	External bleaching - per arch				
D 9973	External bleaching - per tooth				
D 9974	Internal bleaching - per tooth				
D 9999	Unspecified adjunctive procedure, by report				
	Adjunctives Subtotal	0	19	19	
	Total Procedures Covered by Plan / Program	51	334	396	



**Los Angeles County Ryan White Program
6 Months Self-Attestation of Continued Eligibility**

Client ID# _____

Date:

Dear Client,

Your program eligibility is due for renewal on: ____/____/____. Follow the steps below to complete and submit this form before the expiration date.

STEP 1—Review and Verify Your Eligibility Information

BELOW IS THE INFORMATION LAST REPORTED BY YOU		Is the eligibility information still the same?
(Input Information)	Is still my residential address	<input type="checkbox"/> YES <input type="checkbox"/> NO
(Input Information)	Is still the insurance coverage for health services I am enrolled in:	<input type="checkbox"/> YES <input type="checkbox"/> NO
\$ (Input Information)	Is still my annual income:	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you marked “YES” in all three (3) boxes above: (A) Read and sign client acknowledgement in STEP 2 (below): and (B) Submit this form by mail to _____ using the pre-paid envelope provided. You can also submit the form to your Ryan White Program/Eligibility Manager before your eligibility expiration date highlighted above.

If you marked “NO” in any of the three (3) boxes above: You must contact your Enrollment Worker/Enrollment site to complete your eligibility recertification process and complete a Self-Attestation of Change Form. Do not submit this form by Mail if a Self-Attestation of Change Form needs to be completed.

STEP 2---Read and Sign Acknowledgement

Clients Acknowledgement of Understanding

I am providing information in this completed form to recertify for the program. I understand that I may be denied program services if I have given false information or fail to give complete information by the eligibility expiration date highlighted above. By signing below, I certify that to the best of my knowledge the information provided is true and correct.

Client Signature: _____

Date: ____/____/____

If you have questions or need help completing this form, please contact your Enrollment Worker/RW Program Manager