



Nevada Medicaid - Child
Schedule of Benefits
Coverage, Limitations and Prior Authorization Requirements

Code	Description	Child Population - Limitations	Pregnancy Population - Limitations	Prior Auth Required	Documentation/X-Ray Required
	Diagnostic Services				
D0120	Periodic oral evaluation	1 (D0120) every 6 months ¹	1 (D0120) every 6 months ¹		
D0140	Limited oral evaluation	2 (D0140) every 6 months ¹ , considered inclusive and is not payable on the same date of service as preventive services	2 (D0140) every 6 months ¹ , considered inclusive and is not payable on the same date of service as preventive services		
D0145	Oral evaluation under age 3	1 (D0145) every 6 months ¹ , up to age 3	Not Covered		
D0150	Comprehensive oral evaluation	1 (D0150) every 12 months ¹	1 (D0150) every 12 months ¹		
D0160	Oral evaluation, problem focused				
D0170	Re-evaluation, limited, problem focused	1 of (D0160, D0170) every 6 months ¹	1 of (D0160, D0170) every 6 months ¹		
D0190	Screening of a patient	1 of (D0190, D0191) every 6 months. 1 additional of (D0190, D0191) every 12 months by a PCP or their clinical staff, or by mobile based providers, to facilitate PCP Fluoride Varnish - (VAF)	1 of (D0190, D0191) every 6 months. 1 additional of (D0190, D0191) every 12 months by a PCP or their clinical staff, or by mobile based providers, to facilitate PCP Fluoride Varnish - (VAF)		
D0191	Assessment of a patient				
D0210	Intraoral, comprehensive series of radiographic images	1 of (D0210, D0709) every 36 months	1 of (D0210, D0709) every 36 months		
D0220	Intraoral, periapical, first radiographic image	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210 or D0709.	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210 or D0709.		
D0230	Intraoral, periapical, each add'l radiographic image	12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and /or D0230 may be billed within 12 months	12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and /or D0230 may be billed within 12 months		
D0240	Intraoral, occlusal radiographic image	2 of (D0240, D0706) every 12 months	2 of (D0240, D0706) every 12 months		
D0270	Bitewing, single radiographic image				
D0272	Bitewings, two radiographic images				
D0273	Bitewings, three radiographic images				
D0274	Bitewings, four radiographic images				
D0277	Vertical bitewings, 7 to 8 radiographic images				
D0322	Tomographic survey	1 (D0322) every 6 months	1 (D0322) every 6 months		
D0330	Panoramic radiographic image	1 of (D0330, D0701) every 36 months. Not payable in conjunction with orthodontic treatment.	1 of (D0330, D0701) every 36 months. Not payable in conjunction with orthodontic treatment.		
D0340	2D cephalometric radiographic image, measurement and analysis	1 of (D0340, D0702) every 36 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.	1 of (D0340, D0702) every 36 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.		Narrative required with claim submission
D0364	Cone beam CT capture & interpretation, limited view, less than one whole jaw				
D0365	Cone beam CT capture & interpretation, view of one full arch, mandible				
D0366	Cone beam CT capture & interpretation, view of one full arch, maxilla, cranium				
D0367	Cone beam CT capture & interpretation, view of both jaws; cranium				
D0370	Maxillofacial ultrasound capture and interpretation				
D0372	Intraoral tomosynthesis, comprehensive series of radiographic images	1 of (D0370, D0386) every 36 months	1 of (D0370, D0386) every 36 months		
D0373	Intraoral tomosynthesis, bitewing radiographic image	1 (D0372) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230 and/or D0270-D0274	1 (D0372) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230 and/or D0270-D0274	Y	Narrative & x-rays required with prior authorization
D0374	Intraoral tomosynthesis, periapical radiographic image	1 (D0373) every 36 months. May not be billed on the same date of service as D0210 and D0270-D0274	1 (D0373) every 36 months. May not be billed on the same date of service as D0210 and D0270-D0274	Y	Narrative & x-rays required with prior authorization
D0380	Intraoral tomosynthesis, periapical radiographic image	1 (D0374) every 36 months. May not be billed on the same date of service as D0210, D0220 and D0230	1 (D0374) every 36 months. May not be billed on the same date of service as D0210, D0220 and D0230	Y	Narrative & x-rays required with prior authorization
D0380	Cone beam CT image capture with limited field of view, less than one whole jaw				
D0381	Cone beam CT image capture with field of view of one full dental arch, mandible				
D0382	Cone beam CT image capture with field of view of one full dental arch, maxilla				
D0383	Cone beam CT image capture with field of view of both jaws				
D0386	Maxillofacial ultrasound image capture				
D0387	Intraoral tomosynthesis, comprehensive series, radiographic images, image capture only	1 of (D0380-D0383) every 36 months	1 of (D0380-D0383) every 36 months		
D0387	Intraoral tomosynthesis, comprehensive series, radiographic images, image capture only	1 (D0387) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230, D0270-D0274, D0372 and/or D0709	1 (D0387) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230, D0270-D0274, D0372 and/or D0709	Y	Narrative & x-rays required with prior authorization
D0388	Intraoral tomosynthesis, bitewing radiographic image, image capture only	1 (D0388) every 36 months. May not be billed on the same date of service as D0270-D0274, D0373 and/or D0708	1 (D0388) every 36 months. May not be billed on the same date of service as D0270-D0274, D0373 and/or D0708	Y	Narrative & x-rays required with prior authorization
D0389	Intraoral tomosynthesis, periapical radiographic image, image capture only	1 (D0389) every 36 months. May not be billed on the same date of service as D0220, D0230, D0374 and/or D0707	1 (D0389) every 36 months. May not be billed on the same date of service as D0220, D0230, D0374 and/or D0707	Y	Narrative & x-rays required with prior authorization
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report				
D0415	Collection of microorganisms for culture				
D0416	Viral culture	1 of (D0414-D0416) every 6 months	1 of (D0414-D0416) every 6 months		
D0460	Pulp vitality tests	1 (D0460) per patient, per day, same provider ¹	1 (D0460) per patient, per day, same provider ¹		
D0470	Diagnostic casts	1 (D0470) every 12 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.	1 (D0470) every 12 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.		Narrative required with claim submission
D0502	Other oral pathology procedures, by report	1 (D0502) every 12 months	1 (D0502) every 12 months		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	1 (D0600) every 6 months	1 (D0600) every 6 months		
D0601	Caries risk assessment and documentation, low risk	1 of (D0601-D0603) every 12 months ¹ - (VA)	1 of (D0601-D0603) every 12 months ¹ - (VA)		
D0602	Caries risk assessment and documentation, moderate risk	The Caries Risk Assessment (D0601, D0602, D0603) must be performed at the same visit as an evaluation (D0120, D0140, D0145, D0150).	The Caries Risk Assessment (D0601, D0602, D0603) must be performed at the same visit as an evaluation (D0120, D0140, D0145, D0150).		
D0603	Caries risk assessment and documentation, high risk				
D0701	Panoramic radiographic image, image capture only	1 of (D0330, D0701) every 36 months. Not payable in conjunction with orthodontic treatment.	1 of (D0330, D0701) every 36 months. Not payable in conjunction with orthodontic treatment.		
D0702	2-D cephalometric radiographic image, image capture only	1 of (D0340, D0702) every 36 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.	1 of (D0340, D0702) every 36 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally, image capture only	1 (D0703) every 12 months	1 (D0703) every 12 months		
D0706	Intraoral, occlusal radiographic image, image capture only	2 of (D0240, D0706) every 12 months	2 of (D0240, D0706) every 12 months		
D0707	Intraoral, periapical radiographic image, image capture only	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210 or D0709.	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210 or D0709.		
D0708	Intraoral, bitewing radiographic image, image capture only	1 of (D0270-D0277, D0708) every 6 months	1 of (D0270-D0277, D0708) every 6 months		



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	Diagnostic Services (continued)				
D0709	Intraoral, comprehensive series of radiographic images, image capture only	1 of (D0210, D0709) every 36 months	1 of (D0210, D0709) every 36 months		
	Preventive Services				
D1110	Prophylaxis, adult	1 of (D1110, D1120) every 6 months	1 of (D1110, D1120) every 6 months, 2 additional (D1110, D1120) every 12 months (VAF)		
D1120	Prophylaxis, child				
D1206	Topical application of fluoride varnish	1 (D1206) every 6 months. 1 additional (D1206) every 12 months at Primary Care Physician or their clinical staff, or by mobile based providers, to facilitate PCP Fluoride Varnish - (VAF)	1 (D1206) every 6 months. 1 additional (D1206) every 12 months at Primary Care Physician or their clinical staff, or by mobile based providers, to facilitate PCP Fluoride Varnish - (VAF)		
D1208	Topical application of fluoride, excluding varnish	1 (D1208) every 6 months	1 (D1208) every 6 months		
D1351	Sealant, per tooth	1 (D1351) per tooth every 60 months, limited to fully erupted permanent pre-molars, 1st and 2nd molars	1 (D1351) per tooth every 60 months, limited to fully erupted permanent pre-molars, 1st and 2nd molars		
D1353	Sealant repair, per tooth	1 (D1353) per tooth every 36 months	1 (D1353) per tooth every 36 months		
D1354	Application of caries arresting medicament, per tooth	1 (D1354) per tooth every 6 months	1 (D1354) per tooth every 6 months		
D1355	Caries preventive medicament application, per tooth	1 (D1355) per tooth every 6 months, limited to teeth with no history of D1354	1 (D1355) per tooth every 6 months		
D1510	Space maintainer, fixed, unilateral, per quadrant	4 of (D1510) in a lifetime any provider, no more than 2 units every 12 months	4 of (D1510) in a lifetime any provider, no more than 2 units every 12 months		
D1516	Space maintainer, fixed, bilateral, maxillary	2 of (D1516, D1517) per arch in a lifetime any provider, no more than 1 unit per arch every 12 months	2 of (D1516, D1517) per arch in a lifetime any provider, no more than 1 unit per arch every 12 months		
D1517	Space maintainer, fixed, bilateral, mandibular				
D1520	Space maintainer, removable, unilateral, per quadrant	4 of (D1520) in a lifetime any provider, no more than 2 units every 12 months	4 of (D1520) in a lifetime any provider, no more than 2 units every 12 months		
D1526	Space maintainer, removable, bilateral, maxillary	2 of (D1526, D1527) per arch in a lifetime any provider, no more than 1 unit per arch every 12 months	2 of (D1526, D1527) per arch in a lifetime any provider, no more than 1 unit per arch every 12 months		
D1527	Space maintainer, removable, bilateral, mandibular				
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	2 (D1551) in a lifetime	2 (D1551) in a lifetime		
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	2 (D1552) in a lifetime	2 (D1552) in a lifetime		
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	2 (D1553) per quadrant in a lifetime	2 (D1553) per quadrant in a lifetime		
D1556	Removal of fixed unilateral space maintainer, per quadrant	1 (D1556) per quadrant in a lifetime	1 (D1556) per quadrant in a lifetime		
D1557	Removal of fixed bilateral space maintainer, maxillary	1 (D1557) in a lifetime	1 (D1557) in a lifetime		
D1558	Removal of fixed bilateral space maintainer, mandibular	1 (D1558) in a lifetime	1 (D1558) in a lifetime		
D1575	Distal shoe space maintainer, fixed, per quadrant	4 (D1575) in a lifetime any provider, no more than 2 units every 12 months	4 (D1575) in a lifetime any provider, no more than 2 units every 12 months		
	Restorative Services				
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		
D2150	Amalgam, two surfaces, primary or permanent				
D2160	Amalgam, three surfaces, primary or permanent				
D2161	Amalgam, four or more surfaces, primary or permanent				
D2330	Resin-based composite, one surface, anterior				
D2331	Resin-based composite, two surfaces, anterior				
D2332	Resin-based composite, three surfaces, anterior				
D2335	Resin-based composite, four or more surfaces				
D2390	Resin-based composite crown, anterior	1 (D2390) per tooth every 36 months	1 (D2390) per tooth every 36 months		
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		
D2392	Resin-based composite, two surfaces, posterior				
D2393	Resin-based composite, three surfaces, posterior				
D2394	Resin-based composite, four or more surfaces, posterior				
D2712	Crown, ¾ resin-based composite (indirect)				
D2721	Crown, resin with predominantly base metal	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime		Narrative & x-rays required with claim submission
D2740	Crown, porcelain/ceramic				
D2751	Crown, porcelain fused to predominantly base metal				
D2781	Crown, ¾ cast predominantly base metal				
D2791	Crown, full cast predominantly base metal				
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	1 of (D2910, D2920) per tooth every 12 months	1 of (D2910, D2920) per tooth every 12 months		
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	1 (D2915) per tooth in a lifetime	1 (D2915) per tooth in a lifetime		
D2920	Re-cement or re-bond crown	1 of (D2910, D2920) per tooth every 12 months	1 of (D2910, D2920) per tooth every 12 months		
D2921	Reattachment of tooth fragment, incisal edge or cusp	1 (D2921) per tooth in a lifetime	1 (D2921) per tooth in a lifetime		Narrative & x-rays required with claim submission
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	1 of (D2928, D2929, D2931) per tooth in a lifetime	1 of (D2928, D2929, D2931) per tooth in a lifetime		
D2929	Prefabricated porcelain/ceramic crown, primary tooth				
D2930	Prefabricated stainless steel crown, primary tooth	1 of (D2930, D2932, D2933) per tooth every 36 months	1 of (D2930, D2932, D2933) per tooth every 36 months		
D2931	Prefabricated stainless steel crown, permanent tooth	1 of (D2928, D2929, D2931) per tooth in a lifetime	1 of (D2928, D2929, D2931) per tooth in a lifetime		
D2932	Prefabricated resin crown	1 of (D2930, D2932, D2933) per tooth every 36 months	1 of (D2930, D2932, D2933) per tooth every 36 months		
D2933	Prefabricated stainless steel crown with resin window				
D2940	Placement of interim direct restoration	2 (D2940) per tooth every 6 months	2 (D2940) per tooth every 6 months		
D2950	Core buildup, including any pins when required	1 (D2950) per tooth every 36 months	1 (D2950) per tooth every 36 months		Narrative & x-rays required with claim submission
D2951	Pin retention, per tooth, in addition to restoration	2 (D2951) per tooth every 36 months	2 (D2951) per tooth every 36 months		
D2952	Post and core in addition to crown, indirectly fabricated	1 of (D2952, D2954) per tooth in a lifetime	1 of (D2952, D2954) per tooth in a lifetime		Narrative & x-rays required with claim submission
D2953	Each additional indirectly fabricated post, same tooth	1 of (D2953, D2957) per tooth in a lifetime	1 of (D2953, D2957) per tooth in a lifetime		
D2954	Prefabricated post and core in addition to crown	1 of (D2952, D2954) per tooth in a lifetime	1 of (D2952, D2954) per tooth in a lifetime		Narrative & x-rays required with claim submission
D2955	Post removal	1 (D2955) per tooth in a lifetime	1 (D2955) per tooth in a lifetime		X-rays required with claim submission
D2957	Each additional prefabricated post, same tooth	1 of (D2953, D2957) per tooth in a lifetime	1 of (D2953, D2957) per tooth in a lifetime		
D2975	Coping	1 (D2975) per tooth in a lifetime	1 (D2975) per tooth in a lifetime		
D2980	Crown repair necessitated by restorative material failure	1 (D2980) per tooth in a lifetime	1 (D2980) per tooth in a lifetime		



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Endodontic Services					
D3110	Pulp cap, direct (excluding final restoration)	1 of (D3110, D3120) per tooth every 36 months. D3120 - Not payable in conjunction with (D3110, D3220-D3222, D3230, D3240, D3310-D3330, D3351-D3353, D3410-D3426, D3430, D3460, D3920, D3950) This procedure code is not utilized as a protective line when caries are not in close proximity to the pulp	1 of (D3110, D3120) per tooth every 36 months. D3120 - Not payable in conjunction with (D3110, D3220-D3222, D3230, D3240, D3310-D3330, D3351-D3353, D3410-D3426, D3430, D3460, D3920, D3950) This procedure code is not utilized as a protective line when caries are not in close proximity to the pulp		
D3120	Pulp cap, indirect (excluding final restoration)				Pre-operative x-ray(s) required with claim submission
D3220	Therapeutic pulpotomy (excluding final restoration)	1 (D3220) per tooth every 36 months	1 (D3220) per tooth every 36 months		
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	1 (D3222) per tooth in a lifetime	1 (D3222) per tooth in a lifetime		
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	1 of (D3230, D3240) per tooth in a lifetime	1 of (D3230, D3240) per tooth in a lifetime		
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)				Post-operative periapical x-ray(s) required with claim submission
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth in a lifetime	1 of (D3310-D3330) per tooth in a lifetime		
D3330	Endodontic therapy, molar tooth (excluding final restoration)				
D3351	Apexification/recalcification, initial visit	1 (D3351) per tooth in a lifetime	1 (D3351) per tooth in a lifetime		Post-operative periapical x-ray(s) required with claim submission
D3352	Apexification/recalcification, interim medication replacement	1 (D3352) per tooth in a lifetime	1 (D3352) per tooth in a lifetime		
D3353	Apexification/recalcification, final visit	1 (D3353) per tooth in a lifetime	1 (D3353) per tooth in a lifetime		
D3410	Apicoectomy, anterior				Post-operative periapical x-ray(s) required with claim submission
D3421	Apicoectomy, premolar (first root)	1 of (D3410-D3425) per tooth in a lifetime	1 of (D3410-D3425) per tooth in a lifetime		
D3425	Apicoectomy, molar (first root)				
D3426	Apicoectomy, (each additional root)	1 (D3426) per tooth in a lifetime	1 (D3426) per tooth in a lifetime		
D3430	Retrograde filling, per root	1 (D3430) per tooth in a lifetime - multiple roots may be claimed	1 (D3430) per tooth in a lifetime - multiple roots may be claimed		Post-operative periapical x-ray(s) required with claim submission
D3450	Root amputation, per root	1 (D3450) per tooth in a lifetime	1 (D3450) per tooth in a lifetime		
D3460	Endodontic endosseous implant	1 (D3460) per tooth in a lifetime	1 (D3460) per tooth in a lifetime		
D3471	Surgical repair of root resorption, anterior	1 (D3471) per tooth in a lifetime	1 (D3471) per tooth in a lifetime		
D3472	Surgical repair of root resorption, premolar	1 (D3472) per tooth in a lifetime	1 (D3472) per tooth in a lifetime		
D3473	Surgical repair of root resorption, molar	1 (D3473) per tooth in a lifetime	1 (D3473) per tooth in a lifetime		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	1 (D3501) per tooth in a lifetime	1 (D3501) per tooth in a lifetime		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar	1 (D3502) per tooth in a lifetime	1 (D3502) per tooth in a lifetime		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar	1 (D3503) per tooth in a lifetime	1 (D3503) per tooth in a lifetime		
D3920	Hemisection, not including root canal therapy	1 (D3920) per tooth in a lifetime	1 (D3920) per tooth in a lifetime		Post-operative periapical x-ray(s) required with claim submission
D3921	Decoronation or submergence of an erupted tooth	1 (D3921) per tooth in a lifetime	1 (D3921) per tooth in a lifetime		Narrative & x-rays required with claim submission
D3950	Canal preparation and fitting of preformed dowel or post	1 (D3950) per tooth in a lifetime	1 (D3950) per tooth in a lifetime		
Periodontal Services					
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant				
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant				
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth				
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant				
D4231	Anatomical crown exposure, one to three teeth per quadrant				
D4240	Gingival flap procedure, four or more teeth per quadrant				
D4241	Gingival flap procedure, one to three teeth per quadrant				
D4249	Clinical crown lengthening, hard tissue				
D4260	Osseous surgery, four or more teeth per quadrant				
D4261	Osseous surgery, one to three teeth per quadrant				
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	1 of (D4210-D4283) per site/quadrant every 60 months	1 of (D4210-D4283) per site/quadrant every 60 months		Narrative & x-rays required with claim submission
D4264	Bone replacement graft, retained natural tooth, each additional site				
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site				
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site				
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site				
D4270	Pedicle soft tissue graft procedure				
D4273	Autogenous connective tissue graft procedure, first tooth				
D4274	Mesial/distal wedge procedure, single tooth				
D4277	Free soft tissue graft, first tooth			Y	
D4278	Free soft tissue graft, each additional tooth			Y	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site				
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	1 of (D4322, D4323) per site/quad every 60 months	1 of (D4322, D4323) per site/quad every 60 months		Narrative & x-rays required with claim submission
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns				
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per site/quadrant every 12 months, for members age 14 and over	1 of (D4341, D4342) per site/quadrant every 12 months, for members age 14 and over		X-Rays, narrative, and perio charting required with claim submission
D4342	Periodontal scaling and root planing, one to three teeth per quadrant				
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 (D4346) every 12 months	1 (D4346) every 12 months		X-Rays, narrative, and perio charting required with claim submission
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	1 (D4355) every 12 months, not payable with D0120, D0150, D0160	1 (D4355) every 12 months, not payable with D0120, D0150, D0160		X-Rays, narrative, and perio charting required with claim submission
D4381	Localized delivery of antimicrobial agent/per tooth	1 (D4381) per tooth every 12 months	1 (D4381) per tooth every 12 months		X-Rays, narrative, and perio charting required with claim submission
D4910	Periodontal maintenance	1 (D4910) every 3 months	1 (D4910) every 3 months		
Removable Prosthodontic Services					
D5110	Complete denture, maxillary				
D5120	Complete denture, mandibular	1 of (D5110-D5140) per arch every 60 months, unless medically necessary	1 of (D5110-D5140) per arch every 60 months, unless medically necessary		Narrative & x-rays required with claim submission
D5130	Immediate denture, maxillary				
D5140	Immediate denture, mandibular				
D5211	Maxillary partial denture, resin base				
D5212	Mandibular partial denture, resin base	1 of (D5211-D5228) per arch every 60 months unless medically necessary	1 of (D5211-D5228) per arch every 60 months unless medically necessary		Narrative & x-rays required with claim submission
D5213	Maxillary partial denture, cast metal, resin base				



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Code	Description	Child Population - Limitations	Pregnancy Population - Limitations	Prior Auth Required	Documentation/X-Ray Required
Removable Prosthodontic Services					
D5214	Mandibular partial denture, cast metal, resin base	1 of (D5211-D5228) per arch every 60 months unless medically necessary	1 of (D5211-D5228) per arch every 60 months unless medically necessary		Narrative & x-rays required with claim submission
D5221	Immediate maxillary partial denture, resin base				
D5222	Immediate mandibular partial denture, resin base				
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base				
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base				
D5227	Immediate maxillary partial denture, flexible base				
D5228	Immediate mandibular partial denture, flexible base				
D5410	Adjust complete denture, maxillary	1 of (D5410-D5422) per arch every 6 months, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5410-D5422) per arch every 6 months, no additional payment is allowed within 6 months of delivery date of appliance		
D5411	Adjust complete denture, mandibular				
D5421	Adjust partial denture, maxillary				
D5422	Adjust partial denture, mandibular				
D5511	Repair broken complete denture base, mandibular	1 of (D5511, D5512) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5511, D5512) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5512	Repair broken complete denture base, maxillary			Y	
D5520	Replace missing or broken teeth, complete denture, per tooth	1 (D5520) per tooth every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	1 (D5520) per tooth every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5611	Repair resin partial denture base, mandibular	1 of (D5611, D5612) per arch every 60 months	1 of (D5611, D5612) per arch every 60 months	Y	
D5612	Repair resin partial denture base, maxillary			Y	
D5621	Repair cast partial framework, mandibular	1 of (D5621, D5622) per arch every 60 months	1 of (D5621, D5622) per arch every 60 months	Y	
D5622	Repair cast partial framework, maxillary			Y	
D5630	Repair or replace broken retentive clasping materials, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5640	Replace missing or broken teeth, partial denture, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5650	Add tooth to existing partial denture, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5660	Add clasp to existing partial denture, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5670, D5671) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5670, D5671) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular			Y	
D5730	Reline complete maxillary denture, direct			Y	
D5731	Reline complete mandibular denture, direct			Y	
D5740	Reline maxillary partial denture, direct			Y	
D5741	Reline mandibular partial denture, direct			Y	
D5750	Reline complete maxillary denture, indirect			Y	
D5751	Reline complete mandibular denture, indirect	1 of (D5730-D5761) per arch every 6 months, no more than 3 per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5730-D5761) per arch every 6 months, no more than 3 per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	Y	
D5760	Reline maxillary partial denture, indirect			Y	
D5761	Reline mandibular partial denture, indirect			Y	
D5820	Interim partial denture, maxillary	1 of (D5820, D5821) per arch every 60 months	1 of (D5820, D5821) per arch every 60 months		Narrative & x-rays required with claim submission
D5821	Interim partial denture, mandibular				
D5850	Tissue conditioning, maxillary	1 of (D5850, D5851) per arch every 12 months	1 of (D5850, D5851) per arch every 12 months		
D5851	Tissue conditioning, mandibular				
D5862	Precision attachment, by report	1 (D5862) every 60 months	1 (D5862) every 60 months	Y	
D5899	Unspecified removable prosthodontic procedure, by report	2 (D5899) every 60 months	2 (D5899) every 60 months		
Maxillofacial Prosthetic Services					
D5931	Obturator prosthesis, surgical	1 (D5931) in a lifetime	1 (D5931) in a lifetime		
D5932	Obturator prosthesis, definitive	1 (D5932) in a lifetime	1 (D5932) in a lifetime		
D5933	Obturator prosthesis, modification	1 (D5933) in a lifetime	1 (D5933) in a lifetime		
D5936	Obturator prosthesis, interim	1 (D5936) in a lifetime	1 (D5936) in a lifetime		
D5983	Radiation carrier	1 (D5983) every 12 months	1 (D5983) every 12 months	Y	
D5984	Radiation shield	1 (D5984) every 12 months	1 (D5984) every 12 months	Y	
D5985	Radiation cone locator	1 (D5985) every 12 months	1 (D5985) every 12 months	Y	
D5988	Surgical splint	1 (D5988) in a lifetime	1 (D5988) in a lifetime	Y	
D5992	Adjust maxillofacial prosthetic appliance, by report	1 (D5992) every 6 months	1 (D5992) every 6 months		Narrative required with claim submission
D5993	Maintenance & cleaning, maxillofacial prosthesis, other than required adjustments, by report	1 (D5993) every 6 months	1 (D5993) every 6 months		Narrative required with claim submission
D5995	Periodontal medicament carrier w/ peripheral seal, laboratory processed, maxillary	4 of (D5995) every 60 months	4 of (D5995) every 60 months		
D5996	Periodontal medicament carrier w/ peripheral seal, laboratory processed, mandibular	4 of (D5996) every 60 months	4 of (D5996) every 60 months		
Fixed Prosthodontic Services					
D6930	Re-cement or re-bond fixed partial denture	1 (D6930) per site every 12 months	1 (D6930) per site every 12 months		
Oral and Maxillofacial Services					
D7111	Extraction, coronal remnants, primary tooth				
D7140	Extraction, erupted tooth or exposed root				
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth				Narrative & x-rays required with claim submission
D7220	Removal of impacted tooth, soft tissue				Narrative & x-rays required with claim submission
D7230	Removal of impacted tooth, partially bony				Narrative & x-rays required with claim submission
D7240	Removal of impacted tooth, completely bony				Narrative & x-rays required with claim submission
D7241	Removal impacted tooth, complete bony, complication				Narrative & x-rays required with claim submission
D7250	Removal of residual tooth roots (cutting procedure)	Not payable separately within 91 days of extraction when rendered by the same provider	Not payable separately within 91 days of extraction when rendered by the same provider		Narrative & x-rays required with claim submission
D7251	Coronectomy, intentional partial tooth removal	2 (D7251) in a lifetime	2 (D7251) in a lifetime		Narrative & x-rays required with claim submission
D7260	Oroantral fistula closure	Contraindicated any provider, within 91 days	Contraindicated any provider, within 91 days		Narrative & x-rays required with claim submission
D7261	Primary closure of a sinus perforation	Contraindicated any provider, within 91 days	Contraindicated any provider, within 91 days		Narrative & x-rays required with claim submission
D7270	Tooth reimplantation and/or stabilization, accident	Contraindicated any provider, within 91 days	Contraindicated any provider, within 91 days		Narrative & x-rays required with claim submission
D7280	Exposure of an unerupted tooth	1 (D7280) per tooth in a lifetime	1 (D7280) per tooth in a lifetime		Narrative & x-rays required with claim submission



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Code	Description	Child Population - Limitations	Pregnancy Population - Limitations	Prior Auth Required	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)				
D7283	Placement, device to facilitate eruption, impaction				Narrative & x-rays required with claim submission
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)				Narrative & x-rays required with claim submission
D7286	Incisional biopsy of oral tissue, soft				Narrative required with claim submission
D7287	Exfoliative cytological sample collection				Narrative required with claim submission
D7288	Brush biopsy, transepithelial sample collection				Narrative required with claim submission
D7290	Surgical repositioning of teeth				Narrative & x-rays required with claim submission
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report				Narrative & x-rays required with claim submission
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap				Narrative & x-rays required with claim submission
D7293	Placement of temporary anchorage device requiring flap				Narrative & x-rays required with claim submission
D7294	Placement of temporary anchorage device without flap				Narrative & x-rays required with claim submission
D7295	Harvest of bone for use in autogenous grafting procedure				Narrative required with claim submission
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap				Narrative & x-rays required with claim submission
D7299	Removal of temporary anchorage device, requiring flap				Narrative & x-rays required with claim submission
D7300	Removal of temporary anchorage device without flap				Narrative & x-rays required with claim submission
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	1 of (D7310-D7321) per quadrant in a lifetime, contraindicated any provider within 60 days	1 of (D7310-D7321) per quadrant in a lifetime, contraindicated any provider within 60 days		Narrative & x-rays required with claim submission
D7311	Alveoloplasty with extractions, one to three teeth per quadrant				
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant				
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant				
D7410	Excision of benign lesion, up to 1.25 cm				Narrative & x-rays required with claim submission
D7411	Excision of benign lesion, greater than 1.25 cm				Narrative & x-rays required with claim submission
D7412	Excision of benign lesion, complicated				Narrative & x-rays required with claim submission
D7440	Excision of malignant tumor, up to 1.25 cm				Narrative & x-rays required with claim submission
D7441	Excision of malignant tumor, greater than 1.25 cm				Narrative & x-rays required with claim submission
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm				Narrative & x-rays required with claim submission
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm				Narrative & x-rays required with claim submission
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm				Narrative & x-rays required with claim submission
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm				Narrative & x-rays required with claim submission
D7465	Destruction of lesion(s) by physical or chemical method, by report				Narrative & x-rays required with claim submission
D7472	Removal of torus palatinus	2 of (D7472, D7473) in a lifetime	2 of (D7472, D7473) in a lifetime		Narrative & x-rays required with claim submission
D7473	Removal of torus mandibularis				
D7490	Radical resection of maxilla or mandible			Y	
D7509	Marsupialization of odontogenic cyst	1 (D7509) per site, every 24 months	1 (D7509) per site, every 24 months	Y	Narrative & x-rays required with prior authorization
D7510	Incision & drainage of abscess, intraoral soft tissue	Incidental already part of another procedure	Incidental already part of another procedure		Narrative & x-rays required with claim submission
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated				Narrative & x-rays required with claim submission
D7520	Incision & drainage of abscess, extraoral soft tissue	Incidental already part of another procedure	Incidental already part of another procedure		Narrative & x-rays required with claim submission
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated				Narrative & x-rays required with claim submission
D7530	Remove foreign body, mucosa, skin, tissue				Narrative required with claim submission
D7540	Removal of reaction producing foreign bodies, musculoskeletal system				Narrative & x-rays required with claim submission
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone				Narrative & x-rays required with claim submission
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body				Narrative & x-rays required with claim submission
D7610	Maxilla, open reduction (teeth immobilized, if present)				Narrative & x-rays required with claim submission
D7620	Maxilla, closed reduction (teeth immobilized, if present)				Narrative & x-rays required with claim submission
D7630	Mandible, open reduction (teeth immobilized, if present)				Narrative & x-rays required with claim submission
D7640	Mandible, closed reduction (teeth immobilized, if present)				Narrative & x-rays required with claim submission
D7650	Malar and/or zygomatic arch, open reduction	1 of (D7650, D7660, D7750, D7760) in a lifetime	1 of (D7650, D7660, D7750, D7760) in a lifetime		Narrative & x-rays required with claim submission
D7660	Malar and/or zygomatic arch, closed reduction				Narrative & x-rays required with claim submission
D7670	Alveolus, closed reduction, may include stabilization of teeth				Narrative & x-rays required with claim submission
D7671	Alveolus, open reduction, may include stabilization of teeth				Narrative & x-rays required with claim submission
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches				Narrative & x-rays required with claim submission
D7710	Maxilla, open reduction				Narrative & x-rays required with claim submission
D7720	Maxilla, closed reduction				Narrative & x-rays required with claim submission
D7730	Mandible, open reduction				Narrative & x-rays required with claim submission
D7740	Mandible, closed reduction				Narrative & x-rays required with claim submission
D7750	Malar and/or zygomatic arch, open reduction	1 of (D7650, D7660, D7750, D7760) in a lifetime	1 of (D7650, D7660, D7750, D7760) in a lifetime		Narrative & x-rays required with claim submission
D7760	Malar and/or zygomatic arch, closed reduction				
D7770	Alveolus, open reduction stabilization of teeth				
D7771	Alveolus, closed reduction stabilization of teeth				
D7780	Facial bones, complicated reduction with fixation and multiple approaches				Narrative & x-rays required with claim submission
D7810	Open reduction of dislocation			Y	
D7820	Closed reduction of dislocation				Narrative required with claim submission
D7840	Condylectomy		Not Covered		Narrative & x-rays required with claim submission
D7850	Surgical discectomy, with/without implant		Not Covered		Narrative & x-rays required with claim submission
D7852	Disc repair		Not Covered		Narrative & x-rays required with claim submission
D7854	Synovectomy		Not Covered		Narrative & x-rays required with claim submission
D7858	Joint reconstruction		Not Covered	Y	
D7860	Arthrotomy		Not Covered		Narrative & x-rays required with claim submission
D7865	Arthroplasty		Not Covered		Narrative & x-rays required with claim submission
D7870	Arthrocentesis		Not Covered		Narrative & x-rays required with claim submission
D7872	Arthroscopy, diagnosis, with or without biopsy		Not Covered		Narrative & x-rays required with claim submission
D7873	Arthroscopy: lavage and lysis of adhesions		Not Covered		Narrative & x-rays required with claim submission
D7874	Arthroscopy: disc repositioning and stabilization		Not Covered		Narrative & x-rays required with claim submission
D7875	Arthroscopy: synovectomy		Not Covered		Narrative & x-rays required with claim submission
D7876	Arthroscopy: discectomy		Not Covered		Narrative & x-rays required with claim submission



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Code	Description	Child Population - Limitations	Pregnancy Population - Limitations	Prior Auth Required	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)				
D7877	Arthroscopy: debridement		Not Covered		Narrative & x-rays required with claim submission
D7880	Occlusal orthotic device, by report		Not Covered		Narrative required with claim submission
D7910	Suture of recent small wounds up to 5 cm				Narrative required with claim submission
D7911	Complicated suture, up to 5 cm				Narrative required with claim submission
D7912	Complicated suture, greater than 5 cm				Narrative required with claim submission
D7921	Collection and application of autologous blood concentrate product	1 (D7921) per tooth, in a lifetime	1 (D7921) per tooth, in a lifetime		
D7940	Osteoplasty, for orthognathic deformities	1 (D7940) in a lifetime	1 (D7940) in a lifetime	Y	
D7941	Osteotomy, mandibular rami	1 (D7941) in a lifetime	1 (D7941) in a lifetime	Y	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	1 (D7943) in a lifetime	1 (D7943) in a lifetime	Y	
D7944	Osteotomy, segmented or subapical			Y	
D7945	Osteotomy, body of mandible	1 (D7945) in a lifetime	1 (D7945) in a lifetime	Y	
D7946	LeFort I (maxilla, total)	1 (D7946) in a lifetime	1 (D7946) in a lifetime	Y	
D7947	LeFort I (maxilla, segmented)	1 (D7947) in a lifetime	1 (D7947) in a lifetime	Y	
D7948	LeFort II or LeFort III, without bone graft	1 (D7948) in a lifetime	1 (D7948) in a lifetime	Y	
D7949	LeFort II or LeFort III, with bone graft			Y	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach				Narrative & x-rays required with claim submission
D7953	Bone replacement graft for ridge preservation, per site				Narrative & x-rays required with claim submission
D7955	Repair of maxillofacial soft and/or hard tissue defect	1 (D7955) every 24 months	1 (D7955) every 24 months	Y	
D7961	Buccal/labial frenectomy (frenulectomy)	3 of (D7961) per arch, in a lifetime	3 of (D7961) per arch, in a lifetime		Narrative required with claim submission
D7962	Lingual frenectomy (frenulectomy)	3 (D7962) in a lifetime	3 (D7962) in a lifetime		Narrative required with claim submission
D7963	Frenuloplasty				Narrative required with claim submission
D7970	Excision of hyperplastic tissue, per arch				Narrative required with claim submission
D7971	Excision of pericoronal gingiva				Narrative required with claim submission
D7980	Surgical sialolithotomy				Narrative required with claim submission
D7981	Excision of salivary gland, by report				Narrative required with claim submission
D7982	Sialodochoplasty				Narrative required with claim submission
D7983	Closure of salivary fistula				Narrative required with claim submission
D7990	Emergency tracheotomy				Narrative required with claim submission
D7991	Coronoidectomy	1 (D7991) in a lifetime	1 (D7991) in a lifetime		Narrative required with claim submission
D7993	Surgical placement of craniofacial implant, extra oral	3 of (D7993) in a lifetime	3 of (D7993) in a lifetime		A narrative of attesting to site/location, medical necessity and final restorative treatment plan, all diagnostic images extra-oral and intra-oral such as radiographs, CT scans, MRI's, Models, etc.
D7994	Surgical placement: zygomatic implant	3 of (D7994) in a lifetime	3 of (D7994) in a lifetime		
D7996	Implant-mandible for augmentation purposes, by report			Y	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture				Narrative required with claim submission
	Adjunctive General Services				
D9110	Palliative treatment of dental pain, per visit	1 (D9110) per day same provider, 2 every 6 months ¹	1 (D9110) per day same provider, 2 every 6 months ¹		
D9120	Fixed partial denture sectioning	1 (D9120) every 60 months	1 (D9120) every 60 months	Y	
D9210	Local anesthesia not in conjunction, operative or surgical procedures				Narrative required with claim submission
D9212	Trigeminal division block anesthesia				Narrative required with claim submission
D9215	Local anesthesia in conjunction with operative or surgical procedures	Not payable with restorative procedures and extractions	Not payable with restorative procedures and extractions		Narrative required with claim submission
D9222	Administration of deep sedation/general anesthesia, first 15 minute increment, or any portion thereof	5 of (D9222, D9223) per day ¹ , not to be completed on same date of service with D9239, D9243. Anesthesia must show actual beginning and ending times. Anesthesia time begins when the provider start to physically prepare the recipient for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance (i.e., when the recipient can be safe placed under postoperative supervision)	5 of (D9222, D9223) per day ¹ , not to be completed on same date of service with D9239, D9243. Anesthesia must show actual beginning and ending times. Anesthesia time begins when the provider start to physically prepare the recipient for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance (i.e., when the recipient can be safe placed under postoperative supervision)		Narrative & x-rays required with claim submission
D9223	Administration of deep sedation/general anesthesia, each subsequent 15 minute increment, or any portion thereof	6 (D9230) every 12 months	6 (D9230) every 12 months		
D9230	Administration of nitrous oxide	Not payable in conjunction with sedation codes D9222, D9223, D9239, D9243, D9244, and D9245	Not payable in conjunction with sedation codes D9222, D9223, D9239, D9243, D9244, and D9245		
D9239	Administration of moderate sedation, intravenous, first 15 minute increment, or any portion thereof	5 of (D9239, D9243) per day ¹ , not to be completed on same date of service with D9222, D9223. Anesthesia must show actual beginning and ending times. Anesthesia time begins when the provider start to physically prepare the recipient for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance (i.e., when the recipient can be safe placed under postoperative supervision)	5 of (D9239, D9243) per day ¹ , not to be completed on same date of service with D9222, D9223. Anesthesia must show actual beginning and ending times. Anesthesia time begins when the provider start to physically prepare the recipient for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance (i.e., when the recipient can be safe placed under postoperative supervision)		Narrative & x-rays required with claim submission
D9243	Administration of moderate sedation, intravenous, each subsequent 15 minute increment, or any portion thereof	6 of (D9244, D9245) every 12 months	6 of (D9244, D9245) every 12 months		
D9244	In-office administration of minimal sedation, single drug, enteral	Not payable in conjunction with sedation codes D9222, D9223, D9230, D9239, D9243	Not payable in conjunction with sedation codes D9222, D9223, D9230, D9239, D9243		
D9245	Administration of moderate sedation, enteral				Narrative of medical necessity required for patients ages 12 and over
D9310	Consultation, other than requesting dentist				
D9311	Consultation with a medical health care professional	1 (D9311) every 6 months	1 (D9311) every 6 months		Narrative required with claim submission
D9410	House/extended care facility call				
D9420	Hospital or ambulatory surgical center call				
D9440	Office visit, after regularly scheduled hours	1 (D9440) every 12 months	1 (D9440) every 12 months		Narrative required with claim submission
D9610	Therapeutic parenteral drug, single administration	1 (D9610) every 12 months	1 (D9610) every 12 months		Narrative required with claim submission
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 (D9612) every 12 months	1 (D9612) every 12 months		Narrative required with claim submission
D9630	Drugs or medicaments dispensed in the office for home use				Narrative required with claim submission
D9930	Treatment of complications, post surgical, unusual, by report	1 (D9930) every 12 months	1 (D9930) every 12 months		Narrative required with claim submission
D9942	Repair and/or reline of occlusal guard	1 (D9942) in a lifetime	1 (D9942) in a lifetime		Narrative required with claim submission
D9944	Occlusal guard, hard appliance, full arch			Y	
D9945	Occlusal guard, soft appliance, full arch	1 of (D9944-D9946) every 36 months	1 of (D9944-D9946) every 36 months	Y	
D9946	Occlusal guard, hard appliance, partial arch			Y	
D9950	Occlusion analysis, mounted case	1 (D9950) in a lifetime	1 (D9950) in a lifetime		Narrative required with claim submission



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Code	Description	Child Population - Limitations	Pregnancy Population - Limitations	Prior Auth Required	Documentation/X-Ray Required
	Adjunctive General Services (continued)				
D9951	Occlusal adjustment, limited	1 (D9951) in a lifetime	1 (D9951) in a lifetime		
D9952	Occlusal adjustment, complete	1 (D9952) in a lifetime	1 (D9952) in a lifetime		
D9991	Dental case management, addressing appointment compliance barriers	1 of (D9991-D9994) every 6 months	1 of (D9991-D9994) every 6 months		Narrative required with claim submission
D9992	Dental case management, care coordination				Narrative required with claim submission ³
D9993	Dental case management, motivational interviewing				Narrative required with claim submission
D9994	Dental case management, patient education to improve oral health literacy				Narrative required with claim submission