



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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DENTAL BULLETIN

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DENTAL PROGRAM

Effective for dates of service on or after September 1, 2005, Missouri Medicaid will **only** consider dental services for adults (except individuals under a category of assistance for pregnant women, the blind or vendor nursing facility residents) if the dental care is related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury or for treatment of a medical condition without which the health of the individual would be adversely affected. Dental services may be provided if dental care is related to:

- Traumatic injury of jaw, mouth, teeth, or other contiguous (adjoining) sites (above the neck)
- Medical condition related to or for a:
 - Transplant patient
 - Chemo/radiation therapy patient
 - Systemic diseases
 - AIDS
 - Other autoimmune diseases
 - Uncontrolled diabetics
 - Paraplegic
 - Quadraplegic

- Any other medical condition if left untreated, the dental problems would adversely affect the health of the individual resulting in a higher level of care

Reimbursement for dental services is unchanged for children (ages 20 and under) or persons receiving Medicaid under a category of assistance for pregnant women or the blind. Medicaid recipients living in a nursing facility will not experience the service reductions. Nursing facility level of care must be indicated on the Medicaid eligibility file. When providing services to a recipient who is living in a nursing facility, providers should continue to submit claims to Missouri Medicaid. Medicaid eligible nursing facility residents will have payments for dental care adjudicated through the Medicaid claims payment system.

Dental care related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury or for treatment of a medical condition without which the health of the individual would be adversely affected will **not require prior authorization**.

Dental services for treating adults related to trauma or treatment of a medical condition are limited to the procedure codes listed in Attachment A.

Dental codes that are considered support codes are **only** billable for the adult population when provided with services to treat trauma or treatment of a medical condition. The procedure codes in Attachment B are considered support codes and are only billable in conjunction with a trauma and medical code listed in Attachment A.

The patient record must include documentation to substantiate services billed are related to trauma or other medical condition and must be provided to the state upon request.

OUTPATIENT HOSPITAL AND EMERGENCY ROOM

Dental services provided to an adult in an outpatient hospital or emergency room setting must be related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury or for treatment of a medical condition without which the health of the individual would be adversely affected. Facility and ancillary charges can only be billed for an adult if those services are related to trauma of the mouth, jaw, teeth, or other contiguous sites as a result of injury or treatment of a medical condition without which the health of the individual would be adversely affected. Services for eligible needy children and persons receiving Medicaid under a category of assistance for pregnant women, the blind, or those residing in a nursing facility are unchanged.

MANAGED CARE

Dental services for adult managed care enrollees related to trauma are covered under the managed care health plan. Dental services for adult managed care enrollees

related to a medical condition are carved out of the health plan benefits and are reimbursable through fee-for-service.

CUSTOM-MADE ITEMS

Custom-made items, including full and partial dentures ordered or fabricated prior to September 1, 2005 and placement occurs on or after September 1, 2005, are covered under the custom-made item policy. Refer to section 13.10 of the Dental Manual for further information on the custom-made item policy.

REMOVAL OF RESTRICTIONS

Effective for dates of service on or after October 1, 2005, the Division of Medical Services, in order to eliminate paper attachments where possible, will no longer require prior authorization for procedure codes D2955 (Post removal) and D4241 (Gingival flap).

Effective for dates of service on or after October 1, 2005, office notes or operative reports for the procedure codes listed below are no longer required to be submitted with the claim.

D5913 Nasal prosthesis	D5936 Obturator prosthesis, interim	D5988 Surgical stent
D5914 Auricular prosthesis	D5952 Speech aid prosthesis, pediatric	D7472 Removal of torus palatinus
D5922 Nasal septal prosthesis	D5953 Speech aid prosthesis, adult	D7473 Removal of torus mandibularis
D5926 Nasal prosthesis, replacement	D5954 Palatal augmentation prosthesis	D7945 Osteotomy-body of mandible
D5927 Auricular prosthesis, replacement	D5955 Palatal lift prosthesis, definitive	D7947 LeFort I
D5932 Obturator prosthesis, definitive	D5958 Palatal lift prosthesis, interim	D7948 LeFort II or LeFort III
D5934 Mandibular resection prosthesis with guide flange	D5959 Palatal lift prosthesis, modification	
D5935 Mandibular resection prosthesis without guide flange	D5960 Speech aid prosthesis, modification	

The documentation to substantiate services billed, including office notes and operative reports, must remain in the medical file and must be provided to the state upon request.

COINSURANCE

The coinsurance amount applied to each interim, partial and full denture continues to be 5% of the lesser of the Medicaid maximum allowable or the provider's billed charge, unless one of the following exceptions apply:

- Children under the age of 19;
- Foster Care children up to 21 years of age;
- Institutionalized recipients who are residing in a skilled nursing facility, psychiatric hospital, residential care facility or an adult boarding home; and
- MC+ health care plan enrollees for services provided by the health plan.

BILLING REMINDER

All Current Procedural Terminology (CPT) procedure codes must be billed on the professional claim form (HCFA 1500). The dental claim form does not allow CPT codes to be entered. American Dental Association codes must be billed on the dental claim form. Professional and dental claim forms can be submitted electronically at www.emomed.com if no attachments are required. Procedures requiring attachments must be submitted on a paper claim. The professional (HCFA1500) and dental claim forms can be downloaded under "Forms" at www.dss.mo.gov/dms.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline
573-751-2896**

ATTACHMENT A

Dental Services Procedure Codes Considered for Trauma or Medical Condition

Procedure Code	Code Description
10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10120	Incision and removal of foreign body, subcutaneous tissues; simple
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
11044	Debridement; skin, subcutaneous tissue, muscle and bone
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane(including simple closure), unless otherwise listed (separate procedure);.single lesion
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane(including simple closure), unless otherwise listed (separate procedure); each separate/ additional lesion <i>(list separately in addition to code for primary procedure).</i>
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11441	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 or less
11641	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter over 4.0 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm

13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 5 cm or less. <i>(List separately in addition to code for primary procedure.)</i>
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less <i>(list separately in addition to code for primary procedure.)</i>
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
15000	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
15120	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm <i>(list separately in addition to code for primary procedure).</i>
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm <i>(list separately in addition to code for primary procedure).</i>
17000	Destruction by any method, including laser, with or without surgical curettment, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one lesion
17280	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
20000	Incision of soft tissue abscess (e.g., secondary to osteomyelitis); superficial
20005	Incision of soft tissue abscess (e.g., secondary to osteomyelitis); deep or complicated
20200	Biopsy, muscle; superficial
20205	Biopsy, muscle; deep
20206	Biopsy, muscle, percutaneous needle
20220	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)
20225	Biopsy, bone, trocar, or needle; deep (vertebral body, femur)
20240	Biopsy, bone, excisional; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur)
20245	Biopsy, bone, excisional; deep (e.g., humerus, ischium, femur)
20520	Removal of foreign body in muscle or tendon sheath; simple

20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20605	Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20670	Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure)
20680	Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation system (e.g. Ilizarov, Monticelli type)
20693	Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	Removal, under anesthesia, of external fixation system
20900	Bone graft, any donor area; minor or small (e.g., dowel or button)
20902	Bone graft, any donor area; major or large
20910	Cartilage graft; costochondral
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)
21010*	Arthrotomy, temporomandibular joint
21015	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp
21025	Excision of bone (e.g., for osteomyelitis or bone abscess); mandible
21026	Excision of bone (e.g., for osteomyelitis or bone abscess); facial bone(s)
21029	Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia)
21030	Excision of benign tumor or cyst of facial bone other than mandible
21031	Excision of torus mandibularis
21032	Excision of maxillary torus palatinus
21034	Excision of malignant tumor of maxilla or zygoma
21040	Excision of benign cyst or tumor of mandible; simple
21044	Excision of malignant tumor of mandible
21045	Excision of malignant tumor of mandible; radical resection
21050*	Condylectomy, temporomandibular joint (separate procedure)
21060*	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070*	Coronoidectomy (separate procedure)
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21085	Impression and custom preparation; oral surgical splint
21086	Impression and custom preparation; auricular prosthesis P.A. required
21087	Impression and custom preparation; nasal prosthesis P.A. required
21088	Impression and custom preparation; facial prosthesis P.A. required
21089	Unlisted maxillofacial prosthetic procedure Limitation-Report Required
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, two or more osteotomies (e.g. wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft

21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21193	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21230	Graft, rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) P.A. required
21235	Graft, ear cartilage, autogenous, to nose or ear (includes obtaining graft) P.A. required
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction

21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299	Unlisted craniofacial and maxillofacial procedure, Report Required
21300	Closed treatment of skull fracture without operation
21310	Closed treatment of nasal bone fracture; without manipulation
21315	Closed treatment of nasal bone fracture; without stabilization
21320	Closed treatment of nasal bone fracture; with stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	Open treatment of nasoethmoid fracture; with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type), with wiring and/or local fixation
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (eg, Gilles approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)
21386	Open treatment of orbital floor "blowout" fracture; periorbital approach
21387	Open treatment of orbital floor "blowout" fracture; combined approach
21390	Open treatment of orbital floor "blowout" fracture; periorbital approach, with alloplastic or other implant
21395	Open treatment of orbital floor "blowout" fracture; periorbital approach with bone graft (includes obtaining graft)
21400*	Closed treatment of fracture of orbit, except "blowout"; without manipulation
21401*	Closed treatment of fracture of orbit, except "blowout"; with manipulation
21406	Open treatment of fracture of orbit, except "blowout"; without implant
21407	Open treatment of fracture of orbit, except "blowout"; with implant
21408	Open treatment of fracture of orbit, except "blowout"; with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint

21422	Open treatment of palatal or maxillary fracture (LeFort I type)
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	Closed treatment of mandibular fracture; with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	Open treatment of mandibular fracture; with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21493	Closed treatment of hyoid fracture; without manipulation
21494	Closed treatment of hyoid fracture; with manipulation
21495	Open treatment of hyoid fracture
21497	Interdental wiring, for condition other than fracture
21499	Unlisted musculoskeletal procedure, head, Report Required
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	Repair fistula; oronasal
31020*	Sinusotomy, maxillary (antrotomy); intranasal
31030*	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032*	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31600	Tracheostomy, planned (separate procedure)
31603	Tracheostomy, emergency procedure; transtracheal
31605	Tracheostomy, emergency procedure; cricothyroid membrane
40490	Biopsy of lip
40500	Vermilionectomy (lip shave), with mucosal advancement
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; V-excision with primary direct linear closure
40530	Resection of lip, more than one-fourth, without reconstruction
40650	Repair lip, full thickness; vermilion only
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated

40804	Removal of embedded foreign body, vestibule of mouth; simple
40805	Removal of embedded foreign body, vestibule of mouth; complicated
40806	Incision of labial frenum (frenotomy)
40808	Biopsy, vestibule of mouth
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	Excision of mucosa of vestibule of mouth as donor graft
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	Vestibuloplasty; anterior – Report Required
40842	Vestibuloplasty; posterior, unilateral – Report Required
40843	Vestibuloplasty; posterior, bilateral – Report Required
40844	Vestibuloplasty; entire arch – Report Required
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning) – Report Required
40899	Unlisted procedure, vestibule of mouth, Report Required
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	Incision of lingual frenum (frenotomy)
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41100	Biopsy of tongue; anterior two-thirds
41105	Biopsy of tongue; posterior one-third
41108	Biopsy of floor of mouth
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	Excision of lesion of tongue with closure; posterior one-third
41114	Excision of lesion of tongue with closure; with local tongue flap (list code 41114 in addition to code 41112 or 41113)
41115	Excision of lingual frenum(frenectomy)
41116	Excision, lesion of floor of mouth
41120	Glossectomy; less than one-half tongue
41130	Glossectomy; hemiglossectomy
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection

41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41599	Unlisted procedure, tongue, floor of mouth – Report Required
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	Removal of embedded foreign body from dentoalveolar structures; bone
41821	Operculectomy, excision pericoronar tissues – Report Required
41822	Excision of fibrous tuberosities, dentoalveolar structures – Report Required
41825	Excision of lesion or tumor(except listed above), dentoalveolar structures; without repair
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	Excision of lesion or tumor(except listed above), dentoalveolar structures; with complex repair
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41899	Unlisted procedure, dentoalveolar structures, Report Required
42000	Drainage of abscess of palate, uvula
42100	Biopsy of palate, uvula
42104	Excision, lesion of palate, uvula; without closure
42106	Excision, lesion of palate, uvula; with simple primary closure
42107	Excision, lesion of palate, uvula; with local flap closure
42120	Resection of palate or extensive resection of lesion
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	Repair, laceration of palate; up to 2 cm
42182	Repair, laceration of palate; over 2 cm or complex
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	Palatoplasty for cleft palate; major revision
42220	Palatoplasty for cleft palate; secondary lengthening procedure
42225	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
42260	Repair of nasolabial fistula
42280	Maxillary impression for palatal prosthesis
42281	Insertion of pin-retained palatal prosthesis
42299	Unlisted procedure, palate, uvula, Report Required
42300	Drainage of abscess; parotid, simple
42305	Drainage of abscess; parotid, complicated
42310	Drainage of abscess; submaxillary or sublingual, intraoral
42320	Drainage of abscess; submaxillary, external
42325	Fistulization of sublingual salivary cyst (ranula)
42326	Fistulization of sublingual salivary cyst (ranula); with prosthesis
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	Sialolithotomy; parotid, extraoral or complicated intraoral

42400	Biopsy of salivary gland; needle
42405	Biopsy of salivary gland; incisional
42408	Excision of sublingual salivary cyst (ranula)
42409	Marsupialization of sublingual salivary cyst (ranula) (For fistulization of sublingual salivary cyst, see 42325)
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440	Excision of submandibular (submaxillary) gland
42450	Excision of sublingual gland
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	Parotid duct diversion, bilateral (Wilke type procedure)
42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42550	Injection procedure for sialography
42600	Closure salivary fistula
42650	Dilation salivary duct
42660	Dilation and catheterization of salivary duct, with or without injection
42665	Ligation salivary duct, intraoral
42699	Unlisted procedure, salivary glands or ducts, Report Required
42700	Incision and drainage abscess; peritonsillar
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	Biopsy; oropharynx
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64732	Transection or avulsion of; supraorbital nerve
64734	Transection or avulsion of; infraorbital nerve
64736	Transection or avulsion of; mental nerve
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	Transection or avulsion of; lingual nerve
64795	Biopsy of nerve
99050	Services requested after office hours in addition to basic service.
99058	Office services provided on an emergency basis.
99201	Office or other outpatient visit for the evaluation and management of a new patient, problem focused.
99202	Office or other outpatient visit for the evaluation and management of a new patient, expanded problem focused.
99203	Office or other outpatient visit for the evaluation and management of a new patient, with medical decision making of low complexity.
99204	Office or other outpatient visit for the evaluation and management of a new patient, comprehensive, with medical decision making of moderate complexity.
99205	Office or other outpatient visit for the evaluation and management of a new patient, comprehensive, with medical decision making of high complexity.

99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) is minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, problem focused.
99213	Office or other outpatient visit for the evaluation and management of an established patient, expanded problem focused.
99214	Office or other outpatient visit for the evaluation and management of an established patient, detailed, with medical decision making of moderate complexity.
99215	Office or other outpatient visit for the evaluation and management of an established patient, comprehensive, with medical decision making of high complexity.
99221	Initial hospital care, per day, for the evaluation and management of a patient, detailed, with medical decision making that is straightforward or of low complexity. Problems requiring admission are usually of low severity and physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.
99222	Initial hospital care, per day, for the evaluation and management of a patient, comprehensive, with medical decision making of moderate complexity. Problems requiring admission are usually of moderate severity and physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.
99223	Initial hospital care, per day, for the evaluation and management of a patient, comprehensive, with medical decision making of high complexity. Problems requiring admission are usually of high severity and physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, problem focused, with medical decision making that is straightforward/low complexity. The patient is usually stable, recovering or improving and physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, expanded problem focused with medical decision making of moderate complexity. Patient is usually responding inadequately or has developed a minor complication and physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, detailed examination; with medical decision making of high complexity. Patient is usually unstable or has developed a significant complication or a significant new problem and physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.
99241	Office consultation for a new or established patient, problem focused with straightforward medical decision making. Problems are usually self-limited or minor.
99242	Office consultation for a new or established patient, expanded problem focused with straightforward medical decision making. Problems are of low severity.
99244	Office consultation for a new or established patient, comprehensive with medical decision of moderate complexity.
99245	Office consultation for a new or established patient, comprehensive with medical decision making of high complexity.
99251	Initial inpatient consultation for a new or established patient, problem focused with straightforward medical decision making. Problems are usually self-limited or minor.
99252	Initial inpatient consultation for a new or established patient, expanded problem focused, with straightforward medical decision making. Problems are usually of low severity.
99261	Follow-up inpatient consultation for an established patient, problem focused with medical decision making that is straightforward or of low complexity.
99262	Follow-up inpatient consultation for an established patient, expanded problem focused with medical decision making of moderate complexity.

99281	Emergency department visit for the evaluation and management of a patient, a problem focused with straightforward medical decision making. Presenting problem(s) is self-limited or minor.
99282	Emergency department visit for the evaluation and management of a patient, expanded problem focused with medical decision making of low complexity. Presenting problems are of low to moderate severity.
99283	Emergency department visit for the evaluation and management of a patient, expanded problem focused with medical decision making of moderate complexity. Presenting problem(s) is of moderate severity.
99284	Emergency department visit for the evaluation and management of a patient, detailed with medical decision making of moderate complexity. Presenting problems are of high severity and require urgent evaluation by the physician, but do not pose an immediate, significant threat to life or physiologic function.
99301	Evaluation and management of a new or established patient involving a nursing facility, detailed with medical decision making that is straightforward or of low complexity.
99302	Evaluation and management of a new or established patient involving a nursing facility, detailed with medical decision making of moderate to high complexity.
99303	Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, comprehensive with medical decision making of moderate to high complexity.
99311	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, problem focused with medical/dental decision making that is straightforward or of low complexity.
99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, expanded problem focused with medical decision making of moderate complexity.
99313	Evaluation and management of a new or established patient involving a nursing facility, detailed with medical decision making of moderate to high complexity.
99321	Domiciliary or rest home visit, problem focused with medical decision making of straightforward or of low complexity.
99322	Domiciliary or rest home visit, expanded problem focused with medical decision making of moderate complexity.
99331	Domiciliary or rest home visit, problem focused with medical/dental decision making that is straightforward or of low complexity.
99332	Domiciliary or rest home visit, expanded problem focused with medical/dental decision making of moderate complexity.
99342	Home visit for the evaluation and management of a new patient, expanded problem focused with medical decision making of low complexity.
99343	Home visit for the evaluation and management of a new patient, with medical decision making of moderate complexity.
D0140	Limited oral evaluation—problem focused
D0150	Comprehensive oral evaluation
D0160	Detailed and extensive oral evaluation problem focused
D0170	Re-evaluation—limited, problem focused (Established patient; not post-operative visit)
D0210	Intraoral—complete series (including bitewings) <i>(one in 24 months, may not bill D0330 during same 24 month period.)</i>
D0220	Intraoral—periapical first film <i>(one on a date of service)</i>
D0230	Intraoral—periapical each additional film <i>(maximum of 4 same date of service as D0220)</i>
D0240	Intraoral—occlusal film <i>(one on a date of service)</i>
D0250	Extraoral—first film <i>(one on a date of service)</i>

D0260	Extraoral—each additional film <i>(maximum of 6 same date of service as D0250)</i>
D0270	Bitewing—single film <i>(maximum quantity of 4-single, or combination of D0270 (qty 2) and D0272 (qty 1) in 6 months) (not covered during same six months as D0274 or D0277)</i>
D0272	Bitewings—two films <i>(not covered during same six months as D0274 or D0277)</i>
D0274	Bitewings—four films <i>(not covered during same six months as D0272 or D0277)</i>
D0277	Vertical bitewings —7 to 8 films <i>(not covered during same six months as D0272 or D0274) (cannot bill on the same date of service as regular bitewings)</i>
D0290	Posterior—anterior or lateral skull and facial bone survey film
D0310	Sialography <i>(includes injectable material)</i>
D0330	Panoramic film <i>(one in 24 months, may not bill D0210 during same 24 month period) (See also D0999)</i>
D4240	Gingival flap procedure, includes root planning, 4 or more teeth....
D4241	Gingival flap procedure, includes root planning, 1-3 teeth....
D4341	Periodontal scaling and root planing, per quadrant P.A. required. Office notes, pre-treatment x-rays and periodontal chart required with P. A. request.
D4342	Periodontal scaling and root planning-1-3 teeth per quadrant P.A. required. Office notes, pre-treatment x-rays and periodontal chart required with P. A. request.
D4920	Unscheduled dressing change—by someone other than treating dentist
D5913	Nasal prosthesis
D5914	Auricular prosthesis
D5919	Facial prosthesis Operative report sent with claim
D5922	Nasal septal prosthesis
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis, replacement
D5932	Obturator prosthesis, definitive— <i>for surgically excised palatal tissue complete procedure</i>
D5934	Mandibular resection prosthesis with guide flange
D5935	Mandibular resection prosthesis without guide flange
D5936	Obturator prosthesis, interim
D5952	Speech aid prosthesis, pediatric <i>(temporary or interim prosthesis, when growth is still possible)</i>
D5953	Speech aid prosthesis, adult <i>(when no further growth is anticipated)</i>
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5988	Surgical stent
D5999	Unspecified maxillofacial prosthesis, by report Operative report sent with claim
D6010	Surgical replacement of implant body: endosteal implant
D6040	Surgical placement: eposteal implant
D6050	Surgical placement: transosteal implant
D6090	Repair implant supported prosthesis, by report Operative report sent with claim
D6095	Repair implant abutment, by report Operative report sent with claim
D6100	Implant removal, by report Operative report sent with claim

D7260	Oroantral fistula closure
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus
D7285	Biopsy of oral tissue—hard
D7286	Biopsy of oral tissue—soft
D7340	Vestibuloplasty-ridge extension (secondary epithelialization) Operative report sent with claim
D7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) Operative report sent with claim
D7410	Radical excision-lesion diameter up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated Office notes/operative report and pathology report sent with claim.
D7413	Excision of malignant lesion up to 1.25 cm Office notes/operative report and pathology report sent with claim
D7414	Excision of malignant lesion greater than 1.25 cm Office notes/operative report and pathology report sent with claim
D7415	Excision of malignant lesion, complicated Office notes/operative report and pathology report sent with claim
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm
D7450	Removal of odontogenic cyst or tumor-lesion diameter up to 1.25 cm
D7451	Removal of odontogenic cyst or tumor-lesion diameter greater than 1.25 cm
D7460	Removal of nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm
D7461	Removal of nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm
D7471	Removal of exostosis—per site (indicate right/left and upper/lower on the claim.)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity Office notes or operative report sent with claim
D7490	Radical resection of mandible with bone graft
D7510	Incision and drainage of abscess-Intraoral soft tissue
D7520	Incision and drainage of abscess-Extraoral soft tissue
D7530	Removal of foreign body, skin, or subcutaneous alveolar tissue
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system
D7550	Sequestrectomy for osteomyelitis
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla-open reduction (teeth immobilized, if present)
D7620	Maxilla-closed reduction (teeth immobilized, if present)
D7630	Mandible-open reduction (teeth immobilized, if present)
D7640	Mandible-closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch-open reduction
D7660	Malar and/or zygomatic arch-closed reduction
D7670	Alveolus-stabilization of teeth, closed reduction splinting

D7671	Alveolus-open reduction, may include stabilization of teeth Office notes or operative report sent with claim
D7680	Facial bones-complicated reduction with fixation and multiple surgical approaches
D7710	Maxilla-open reduction
D7720	Maxilla-closed reduction
D7730	Mandible-open reduction
D7740	Mandible-closed reduction
D7750	Malar and/or zygomatic arch-open reduction
D7760	Malar and/or zygomatic arch-closed reduction
D7770	Alveolus-stabilization of teeth, open reduction splinting
D7771	Alveolus, closed reduction, stabilization of teeth Office notes or operative report sent with claim
D7780	Facial bones-complicated reduction with fixation and multiple surgical approaches
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7871	Non-arthroscopic lysis and lavage Office notes or operative report sent with claim.
D7872	Arthroscopy-diagnosis, with or without biopsy
D7873	Arthroscopy-surgical: lavage and lysis of adhesions
D7874	Arthroscopy-surgical: disc repositioning and stabilization
D7875	Arthroscopy-surgical: synovectomy
D7876	Arthroscopy-surgical: discectomy
D7877	Arthroscopy-surgical: debridement
D7880	Occlusal orthotic device, by report Operative report sent with claim.
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture—up to 5 cm
D7912	Complicated suture—greater than 5 cm
D7920	Skin graft (identify defect covered, location and type of graft)
D7940	Osteoplasty-for orthognathic deformities
D7941	Osteotomy-mandibular rami
D7943	Osteotomy-mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy-segmented or subapical-per sextant or quadrant
D7945	Osteotomy-body of mandible
D7946	LeFort I (maxilla-total) Operative report sent with claim.
D7947	LeFort I (maxilla-segmented)
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft

D7949	LeFort II or LeFort III-with bone graft Operative report sent with claim.
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones-autogenous or nonautogenous, by report Operative report sent with claim.
D7953	Bone replacement graft for ridge preservation-per site <i>Office notes or operative report sent with claim</i>
D7955	Repair of maxillofacial soft and hard tissue defect Operative report sent with claim.
D7960	Frenulectomy (frenectomy or frenotomy)-separate procedure
D7970	Excision of hyperplastic tissue-per arch
D7971	Excision of pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity <i>Office notes or operative report sent with claim</i>
D7980	Sialolithotomy
D7981	Excision of salivary gland, by report Operative report sent with claim.
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7995	Synthetic graft-mandible or facial bones, Operative report sent with claim.
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge) Operative report sent with claim.
D7997	Appliance removal (<i>not by dentist who placed appliance</i>), includes removal of archbar
D7999	Unspecified oral surgery procedure Operative report sent with claim.
D9212	Trigeminal division block (<i>for diagnostic purposes only; not to be used for a Second Division Block.</i>)
D9220	General anesthesia—first 30 minutes
D9221	General anesthesia—each additional 15 minutes
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	Intravenous sedation/analgesia—first 30 minutes
D9242	Intravenous sedation/analgesia—each additional 15 minutes
D9248	Non-intravenous conscious sedation
D9310	Consultation (<i>diagnostic service provided by dentist or physician other than practitioner providing treatment</i>)
D9410	House/extended care facility call
D9420	Hospital call
D9440	Office visit-after regularly scheduled hours
D9951	Occlusal adjustment (limited) (<i>emergency treatment</i>)

*These procedures can be performed bilaterally and billed with the “50” modifier.

ATTACHMENT B

Dental Services Procedure Codes Considered Support
(Only billable in conjunction with a trauma or medical code listed on Attachment A)

Procedure Code	Code Description
D0999	Unspecified diagnostic procedure, by report (For panorex more than 1 in 24 months, include office notes and reason for the medical necessity of second panorex)
D1110	Prophylaxis—adult— <i>both arches (One per recipient in 6-month intervals) (See also D9999)</i>
D1204	Topical application of fluoride (prophylaxis not included)—adult. (Specify conditions or criteria on the dental claim form.)
D2140	Amalgam—one surface, permanent
D2150	Amalgam—two surfaces, permanent
D2160	Amalgam—three surfaces, permanent
D2161	Amalgam—four or more surfaces, 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 or involving incisal angle (anterior)
D2390	Resin-based composite crown-anterior
D2391	Resin-based composite-one surface, anterior
D2392	Resin-based composite-two surfaces, posterior
D2393	Resin-based composite-three surfaces, posterior
D2394	Resin-based composite-four or more surfaces, posterior
D2799	Provisional Crown
D2910	Recement inlay
D2915	Recement cast or prefab post and core
D2920	Recement crown
D2930	Prefabricated stainless steel crown—primary tooth Replacement within 6 months is not covered.
D2931	Prefabricated stainless steel crown—permanent tooth Replacement within 6 months is not covered.
D2932	Prefabricated resin crown— <i>anterior tooth only</i> Replacement within 6 months is not covered.
D2933	Prefab stainless steel crown with resin window
D2934	Prefab esthetic coated stainless steel crown-primary tooth
D2940	Sedative filling. (<i>Emergency treatment not to be used as base.</i>)
D2950	Core buildup, including any pins
D2951	Pin retention—per tooth , in addition to restoration
D2952	Cast post and core in addition to crown
D2953	Each additional cast post—same tooth (<i>to be used with D2954</i>)
D2954	Prefabricated post and core in addition to crown
D2955	Post removal—(not in conjunction with endodontic therapy)
D2957	Each additional prefabricated post—tooth (to be used with D2954)

D2999	Unspecified restorative procedure, by report
D3110	Pulp cap-direct (excluding final restoration)
D3120	Pulp cap-indirect (excluding final restoration)
D3220	Therapeutic pulpotomy, (excluding final restoration) <i>(including complete amputation of vital coronal pulp and placement of suitable drug over remaining exposed tissue)</i>
D3221	Gross pulpal debridement primary and permanent teeth—gross pulpal debridement for the relief of acute pain prior to conventional root canal therapy
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)
D3310	Anterior (excluding final restoration)
D3320	Bicuspid (excluding final restoration)
D3330	Molar (excluding final restoration)
D3331	Treatment of root canal obstruction; non-surgical access Report required, office notes sent with claim.
D3332	Incomplete endodontic therapy; inoperable or fractured tooth Report required, office notes sent with claim.
D3333	Internal root repair of perforation defects Report required, office notes sent with claim.
D3346	Retreatment of previous root canal therapy-anterior Permanent teeth only. Must be 2 years between first root canal and retreatment of the tooth.
D3347	Retreatment of previous root canal therapy-bicuspid Permanent teeth only. Must be 2 years between first root canal and retreatment of the tooth.
D3348	Retreatment of previous root canal therapy-molar. Permanent teeth only. Must be 2 years between first root canal and retreatment of the tooth.
D3351	Apexification/recalcification—initial visit. Permanent teeth only
D3352	Apexification/recalcification—interim medication replacement. Permanent teeth only
D3353	Apexification/recalcification—final visit. Permanent teeth only
D3410	Apicoectomy/periradicular surgery—anterior—performed as separate surgical procedure (per tooth first root). Permanent teeth only <i>(When conventional root canal therapy is unsuccessful.)</i>
D3421	Apicoectomy/periradicular surgery—bicuspid (first root) Permanent teeth only <i>(When conventional root canal therapy is unsuccessful.)</i>
D3425	Apicoectomy/periradicular surgery—molar (first root) Permanent teeth only <i>(When conventional root canal therapy is unsuccessful.)</i>
D3426	Apicoectomy/periradicular surgery (each additional root) Permanent teeth only <i>(When conventional root canal therapy is unsuccessful.)</i>
D3430	Retrograde filling-per root.
D3450	Root amputation-per root. Permanent teeth only.
D3910	Surgical procedures for isolation of tooth with rubber dam
D3999	Unspecified endodontic procedure, by report P.A. required. Pre-treatment x-rays required with P. A. request.
D4210	Gingivectomy or gingivoplasty—per quadrant <i>(Requires office notes if billed on same date of service as D7310 or D7320)</i>
D4211	Gingivectomy or gingivoplasty per tooth
D4220	Gingival curettage-per quadrant <i>(Requires office notes if billed on same date of service as D7310 or D7320)</i>

D4240	Gingival flap procedure, including root planning-per quadrant.
D4245	Apically positional flap Office notes or operative report sent with claim.
D4260	Osseous surgery
D4261	Osseous surgery1-3 teeth per quadrant
D4265	Biologic materials to aid in soft & osseous tissue regeneration
D4275	Soft tissue allograft
D4276	Combined connective tissue and double pedicle graft, per tooth
D4320	Provisional splinting-intracoronal
D4321	Provisional splinting-extracoronal
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis.
D4381	Localized delivery of chemotherapeutic agents via controlled release vehicle into diseased crevicular tissue, per tooth.
D4910	Periodontal maintenance procedures <i>Office visit non-covered on the date of service</i>
D4999	Unspecified periodontal procedure P.A. required.
D5899	Unspecified removable prosthodontic procedure P.A. required.
D6930	Recement fixed partial denture
D6999	Unspecified, fixed prosthodontic procedure P.A. required. (A report describing the prosthesis must be sent in with the P. A. request).
D7111	Extraction, coronal remnants- deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and /or forceps removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Permanent teeth only
D7220	Removal of impacted tooth—soft tissue Pre-treatment x-rays required for tooth numbers other than third molars
D7230	Removal of impacted tooth—partially bony Pre-treatment x-rays required for tooth numbers other than third molars
D7240	Removal of impacted tooth—completely bony Pre-treatment x-rays required for tooth numbers other than third molars
D7241	Removal of impacted tooth—completely bony, with unusual surgical complications. Pre-treatment x-rays required for tooth numbers other than third molars
D7250	Surgical removal of residual tooth roots (cutting procedure) Pre-treatment x-rays and office notes or operative report sent with claim. (cannot be billed on same date of service as an extraction of the same tooth)
J0120	Tetracycline (Achromycin)
J0290	Ampicillin sodium
J0530	Penicillin G benzathine and penicillin G procaine (Bicillin-CR)
J0540	Penicillin G benzathine and penicillin G procaine (Bicillin-CR)
J0550	Penicillin G benzathine and penicillin G procaine (Bicillin-CR)
J0560	Penicillin G benzathine (Bicillin-LA)
J0570	Penicillin G benzathine (Bicillin-LA)
J0580	Penicillin G benzathine (Bicillin-LA)
J0692	Cefepime hydrochloride
J0702	Betamethasone acetate and betamethasone sodium phosphate (Celestone Soluspan)
J0704	Betamethasone sodium phosphate (Betameth, celestone phosphate, Cel-U-Jec, Selestoject)
J1100	Dexamethasone sodium phosphate
J1720	Hydrocortisone sodium succinate (Solu-Cortef, A-Hydrocort)

J2175	Meperidine (Demerol HCL)
J2250	Midazolam Hcl (Versed)
J2270	Morphine sulfate
J2510	Penicillin G procaine, aqueous (Wycillin, Duracillin A.S., Pfizerpen A.S., Crysticillin 300 A.S., Crysticillin 600 A.S.)
J2550	Promethazine HCl (Phenergan, Anergan 25, Anergan 50, Phenazine 25, Phenazine 50, Prorex-25, Prorex-50, Prothazine, V-Gan 25, V-Gan 50)
J3000	Streptomycin (Streptomycin Sulfate)
J3070	Pentazocine HCl (Talwin)
J3360	Diazepam (Valium, Zetran)
J3410	Hydroxyzine HCl (Vistaril, Vistaject-25, Hyzine-50)

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