

Chapter 505

Dental, Orthodontics, and Oral Health Services

APPENDIX 505B

COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES

ADULTS OVER 21 YEARS OF AGE

APPENDIX 505B - COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES, ADULTS OVER 21 YEARS OF AGE
Adult Oral Health Procedures/Codes
PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED

CDT Code	Description	Service Limits	Special Instructions
DIAGNOSTIC			
CLINICAL ORAL EVALUATION			
D0140	Limited oral evaluation - problem focused	EMERGENT	
DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)			
D0220	Intraoral - periapical, first radiographic image	1 per day	
D0230	Intraoral - periapical, each additional radiographic image	8 per 3 months	
D0330	Panoramic radiographic image	1 per 3 years	
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	None	
ORAL PATHOLOGY LABORATORY			
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	None	To be used in pathology laboratory reporting transepithelial, disaggregated cell samples by brush biopsy technique.
ORAL AND MAXILLOFACIAL SURGERY (INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE)			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 numbered tooth per lifetime	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.
SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)			
D7210	Surgical removal of erupted tooth requiring	1 numbered tooth	See D7140 Special Instructions

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CDT Code	Description	Service Limits	Special Instructions
	removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	lifetime	
D7220	Removal of impacted tooth - soft tissue	1 numbered tooth per lifetime	See D7140 Special Instructions
D7230	Removal of impacted tooth - partially bony	1 numbered tooth per lifetime	See D7140 Special Instructions
D7240	Removal of impacted tooth – completely bony	1 numbered tooth per lifetime	See D7140 Special Instructions
OTHER SURGICAL PROCEDURES			
D7260	Oroantral fistula closure		
D7285	Biopsy of oral tissue - hard (bone, tooth)		
D7286	Biopsy of oral tissue - soft		
SURGICAL EXCISIONS OF SOFT TISSUE LESIONS			
D7410	Excision of benign lesion up to 1.25 cm		
D7411	Excision of benign lesion greater than 1.25 cm		
SURGICAL EXTRACTIONS OF INTRA-OSSEOUS LESIONS			
D7440	Excision of malignant tumor - diameter up to 1.25 cm		
D7441	Excision of malignant tumor - lesion		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		
D7451	Removal of benign odontogenic cyst or tumor		

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CDT Code	Description	Service Limits	Special Instructions
	lesion diameter greater than 1.25 cm		
D7460	Removal of benign nonodontogenic cyst or tumor lesion diameter up to 1.25 cm		
D7461	Removal of benign nonodontogenic cyst or tumor lesion diameter greater than 1.25 cm		
SURGICAL INCISION			
D7510	Incision and drainage of abscess – intraoral soft tissue		
D7520	Incision and drainage of abscess – extraoral soft tissue		
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue		
TREATMENT OF FRACTURES - SIMPLE			
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)		
D7671	Alveolus - open reduction, may include stabilization of teeth		
D7680	Facial bones—complicated reduction with fixation and multiple surgical approaches		Requires Prior Authorization and documentation

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CDT Code	Description	Service Limits	Special Instructions
TREATMENT OF FRACTURES - COMPOUND			
D7710	Maxilla - open reduction		
D7720	Maxilla - closed reduction		
D7730	Mandible, open reduction		
D7740	Mandible, closed reduction		
D7750	Malar and/or zygomatic arch – open reduction		
D7770	Alveolus - open reduction stabilization of teeth		
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches		Requires Prior Authorization with documentation and radiographs as appropriate.
REPAIR OF TRAUMATIC WOUNDS EXCLUDES CLOSURE OF SURGICAL INCISIONS			
D7910	Suture of recent small wounds up to 5 cm		
D7911	Complicated suture - up to 5cm	1 unit: not reimbursable with D7912	Excludes closure of surgical incisions
D7912	Complicated suture – greater than 5 cm	1 unit: not reimbursable with D7911	Excludes closure of surgical incisions
D7999	Unspecified oral surgery procedure, by report		This code should be used only if a more specific code is not available. Requires Prior Authorization with radiographs, documentation, and description of procedure to be performed.
ANESTHESIA			
D9220	Deep sedation/general anesthesia – first 30	Maximum 1 unit/day	Class 4 permit required. Not reimbursable with D9230

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CDT Code	Description	Service Limits	Special Instructions
	minutes		
D9221	Deep sedation/general anesthesia – each additional 15 minutes		
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis oxide	Maximum 1 unit/day	Not reimbursable with D9220, D9221, D9241 and D9242.
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	Maximum 1 unit	Class 3 or 4 permit required. Not reimbursable with D9230
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes.	Maximum 2 units	Class 3 or 4 permit required; Must be billed with D9241. Not reimbursable with D9230