



AZ DDD-ICF, Tribal Enhanced Adults

Emergency \$1,000 Benefit Year Maximum and Preventative \$1,000 Benefit Year Maximum

Member's receive an annual \$1,000 emergency benefit year maximum to be used towards the list of specific procedure codes that are in the benefits listed below

Member's receive an annual \$1,000 preventative benefit year maximum to be used towards the preventive services listed below (see Preventative section below)

*Frequency limits and maximum may be exceeded for DDD-ICF and Tribal members with prior authorization on the basis of medical necessity

***PA - Procedure codes requires pre-authorization and are subject to clinical guidelines (see documentation/X-rays required)

**PPR - Procedure codes require claim pre-payment review and are subject to clinical guidelines. (see documentation/X-rays required)

Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Diagnostic Services (Applies Toward Emergency Benefit Year Maximum)				
D0140	Limited oral evaluation			
D0220	Intraoral, periapical, first radiographic image	3 (D0220) every 6 months. Limited to symptomatic teeth only		
D0230	Intraoral, periapical, each add 1 radiographic image	6 (D0230) every 12 months. Limited to symptomatic teeth only		
D0330	Panoramic radiographic image	3 of (D0330) per lifetime per provider. Limited to symptomatic teeth only	PPR	Narrative of medical necessity required with claim submission
D0461	Testing for cracked tooth	1(D0461) per day per tooth		
D0701	Panoramic radiographic image, image capture only	Must be billed with (D9995 or D9996) teledentistry codes		
D0707	Intraoral, periapical radiographic image, image capture only	5 of (D0707) per day. Must be billed with one of the teledentistry codes (D9995 or D9996)		
Restorative Services (Applies Toward Emergency Benefit Year Maximum)				
D2140	Amalgam, one surface, primary or permanent	1 of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 24 months per surface per tooth		
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			
D2391	Resin-based composite, one surface, posterior			
D2392	Resin-based composite, two surfaces, posterior			
D2393	Resin-based composite, three surfaces, posterior			
D2394	Resin-based composite, four or more surfaces, posterior			
D2740	Crown, porcelain/ceramic	1 of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Months per tooth. Endodontically treated teeth only	PA	Post-Operative X-rays showing completed endodontic treatment required with prior authorization
D2750	Crown, porcelain fused to high noble metal		PA	
D2751	Crown, porcelain fused to predominantly base metal		PA	
D2752	Crown, porcelain fused to noble metal		PA	
D2753	Crown, porcelain fused to titanium and titanium alloys		PA	
D2790	Crown, full cast high noble metal		PA	
D2791	Crown, full cast predominantly base metal		PA	
D2792	Crown, full cast noble metal		PA	
D2794	Crown, titanium and titanium alloys		PA	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage		Tooth must be clinically sound. Not allowed within 6 months of placement	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	Tooth must be clinically sound. Not allowed within 6 months of placement		
D2920	Re-cement or re-bond crown	1 (D2920) every 24 months, per tooth. Tooth must be clinically sound. Not allowed within 6 months of placement		
D2921	Reattachment of tooth fragment, incisal edge or cusp	Due to recent tooth fracture only		
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	1of (D2928, D2931, D2932, D2933) per 36 Month(s) Per Provider per tooth	PPR	Pre and Post-Operative X-rays required with claim submission. Allowed for recent tooth fracture only
D2931	Prefabricated stainless steel crown, permanent tooth		PPR	
D2932	Prefabricated resin crown		PPR	
D2933	Prefabricated stainless steel crown with resin window		PPR	
D2940	Placement of interim direct restoration	1 of (D2940) per 12 Month per tooth. Limited to tooth receiving emergency treatment only. Not to be intended as a base under restoration or crown	PPR	Narrative of medical necessity and post-operative X-rays with claim submission
D2950	Core buildup, including any pins when required	1 of (D2950, D2952, D2954) per 24 months per tooth. Same tooth for endodontically treated teeth. Refers to building up of anatomical crown when restorative crown will be placed	PPR	Post-Endodontic X-rays Required with claim submission
D2952	Post and core in addition to crown, indirectly fabricated		PPR	
D2954	Prefabricated post and core in addition to crown		PPR	



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Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Endodontic Services (Applies Toward Emergency Benefit Year Maximum)				
D3110	Pulp cap, direct (excluding final restoration)	1 (D3110) per tooth per lifetime		
D3120	Pulp cap, indirect (excluding final restoration)	1 (D3120) per tooth per lifetime		
D3220	Therapeutic pulpotomy (excluding final restoration)	1 (D3220) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain	PPR	Pre-Operative X-rays with claim submission
D3221	Pulpal debridement, primary and permanent teeth	Not to be billed with restoration of same tooth on the same day. Only covered when indicated for the treatment of acute infection or to eliminate pain		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 of (D3310-D3330) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain	PPR	Pre and Post-operative X-rays required with claim submission
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		PPR	
D3330	Endodontic therapy, molar tooth (excluding final restoration)		PPR	
D3331	Treatment of root canal obstruction; non-surgical access	Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	Pre and Post-operative X-rays required with claim submission
D3346	Retreatment of previous root canal therapy, anterior	1 of (D3346-D3348) per lifetime, per tooth, unless medically necessary. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	Pre and Post-operative X-rays required with claim submission
D3347	Retreatment of previous root canal therapy, premolar		PPR	
D3348	Retreatment of previous root canal therapy, molar		PPR	
D3410	Apicoectomy, anterior		1 of (D3410-D3425) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	
D3421	Apicoectomy, premolar (first root)	PPR		
D3425	Apicoectomy, molar (first root)	PPR		
D3426	Apicoectomy, (each additional root)	1 (D3426) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	
D3430	Retrograde filling, per root	1 (D3430) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	
Oral & Maxillofacial Surgical Services (Applies Toward Emergency Benefit Year Maximum)				
D7140	Extraction, erupted tooth or exposed root		PPR only for teeth 1, 16, 17, 32	Pre-operative X-ray required with claim submission only for teeth 1, 16, 17, 32
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth		PPR	Pre-operative X-ray required with claim submission
D7220	Removal of impacted tooth, soft tissue		PA	Pre-operative X-ray required with prior authorization
D7230	Removal of impacted tooth, partially bony		PA	Pre-operative X-ray required with prior authorization
D7240	Removal of impacted tooth, completely bony		PA	Pre-operative X-ray required with prior authorization
D7241	Removal impacted tooth, complete bony, complication	By Report	PA	Pre-operative X-ray required with prior authorization
D7260	Oroantral fistula closure		PPR	Narrative of medical necessity, Pre- Op x-rays required with claim submission
D7270	Tooth reimplantation and/or stabilization, accident		PPR	
D7510	Incision & drainage of abscess, intraoral soft tissue	(D7510) inclusive if done with extraction. By report	PPR	Narrative or pathology report required with claim submission
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	By Report	PPR	
D7520	Incision & drainage of abscess, extraoral soft tissue	By Report	PPR	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	By Report	PPR	
Adjunctive General Services (Applies Toward Emergency Benefit Year Maximum)				
D9110	Palliative treatment of dental pain, per visit	Not allowed with any other services other than radiographs and behavior management		
D9222	Administration of deep sedation/general anesthesia, first 15 minute increment	12 total units per day. Only reimbursable when provided by a qualified dental provider who has the appropriate level of certification in Dental Anesthesia. Not payable with (D9239, D9243, D9244, D9245, D9246, D9247, or D9230). If additional units are necessary, documentation of medical necessity required with claim submission	PPR	Narrative and anesthesia log required with claim submission
D9223	Administration of deep sedation/general anesthesia, each subsequent 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9224	Administration of general anesthesia with advanced airway, first 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9225	Administration of general anesthesia with advanced airway, each subsequent 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9230	Administration of nitrous oxide	1 of (D9230) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9244, D9224, D9225, D9245, D9246, or D9247)	PPR	Narrative and anesthesia log required with claim submission
D9239	Administration of moderate sedation, intravenous, first 15 minute increment	12 total units per day. Will only be reimbursable when provided by a qualified dental provider who has the appropriate level of certification in Dental Anesthesia. Not to be combined with (D9222, D9223, D9224, D9225, D9244, D9245, D9246, D9247, or D9230). If additional units are necessary, documentation of medical necessity required with claim submission	PPR	Narrative and anesthesia log required with claim submission
D9243	Administration of moderate sedation, intravenous, each subsequent 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9244	In-office administration of minimal sedation, single drug, enteral	1 of (D9244) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9224, D9225, D9245, D9246, D9247, or D9230)	PPR	Narrative and anesthesia log required with claim submission



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Adjunctive General Services (Applies Toward Emergency Benefit Year Maximum)				
D9245	Administration of moderate sedation, enteral	1 of (D9245) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9244, D9224, D9225, D9246, D9247, or D9230)	PPR	Narrative and anesthesia log required with claim submission
D9246	Administration of moderate sedation, non-intravenous parenteral, first 15 minute increment	1 of (D9246) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9224, D9225, D9244, D9245, or D9230)	PPR	Narrative and anesthesia log required with claim submission
D9247	Administration of moderate sedation, non-intravenous parenteral, each subsequent 15 minute increment	11 of (D9247) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9224, D9225, D9244, D9245, or D9230)	PPR	Narrative and anesthesia log required with claim submission
D9995	Teledentistry, synchronous; real-time encounter	Payable with D0140, D0170, D0220, D0230, D0240, D0270, D0272, D0273, D0274, D0277, D0330. Not allowed on same date of service with D0120 or D0150		
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	Payable with D0140, D0170, D0220, D0230, D0240, D0270, D0272, D0273, D0274, D0277, D0330. Not allowed on same date of service with D0120 or D0150		
AZ DDD-ICF Tribal Enhanced Adult Preventative \$1,000 Benefit Year Maximum Member's receive an annual \$1,000 preventative benefit year maximum to be used towards the list of specific procedure codes that are in the benefits listed below *Frequency limits and maximum may be exceeded for DDD-ICF and Tribal members with prior authorization on the basis of medical necessity				
Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Diagnostic Services (Applies Toward Preventative Benefit Year maximum)				
D0120	Periodic oral evaluation	1 of (D0120, D0150, D0160, D0171, D0180) per 6 months		
D0150	Comprehensive oral evaluation			
D0160	Oral evaluation, problem focused			
D0170	Re-evaluation, limited, problem focused	1 of (D0120, D0150, D0160, D0171, D0180) per 6 months		
D0171	Re-evaluation, post operative office visit			
D0180	Comprehensive periodontal evaluation		PPR	Narrative of medical necessity required with claim submission
D0190	Screening of a patient	1 of (D0190, D0191) per 12 months		
D0191	Assessment of a patient			
D0210	Intraoral, comprehensive series of radiographic images	1 of (D0210, D0372) per 24 months		
D0240	Intraoral, occlusal radiographic image	1 (D0240) per arch every 36 months		
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	1 (D0250) per benefit year	PPR	Narrative of medical necessity required with claim submission
D0251	Extra-oral posterior dental radiographic image	1 (D0251) per benefit year		
D0270	Bitewing, single radiographic image	2 (D0270) per benefit year		
D0272	Bitewings, two radiographic images	2 of (D0272, D0273, D0274) per 12 months		
D0273	Bitewings, three radiographic images			
D0274	Bitewings, four radiographic images			
D0277	Vertical bitewings, 7 to 8 radiographic images	1 (D0277) per 24 months		
D0310	Sialography		PPR	Narrative of medical necessity required with claim submission
D0320	TMJ arthrogram, including injection	2 (D0320) per 24 months	PPR	Narrative of medical necessity required with claim submission
D0321	Other TMJ radiographic images, by report	2 (D0321) every 12 months, by report	PPR	Narrative of medical necessity required with claim submission
D0340	2D cephalometric radiographic image, measurement and analysis		PPR	Narrative of medical necessity required with claim submission
D0350	2D oral/facial photographic image, intra-orally/extra-orally		PPR	Narrative of medical necessity required with claim submission
D0364	Cone beam CT capture & interpretation, limited view, less than one whole jaw	2 (D0364) per benefit year	PPR	Narrative of medical necessity required with claim submission
D0372	Intraoral tomosynthesis, comprehensive series of radiographic images	1 of (D0210, D0372) per 24 months		
D0373	Intraoral tomosynthesis, bitewing radiographic image	1 (D0373) per 6 months; Cannot be billed with D0270		
D0374	Intraoral tomosynthesis, periapical radiographic image	1 (D0374) per day per provider or location; Cannot be billed with D0220 or D0230		
D0388	Intraoral tomosynthesis, bitewing radiographic image, image capture only	1 (D0388) per 6 months. Must be billed with one of the teledentistry codes (D9995 or D9996)		
D0389	Intraoral tomosynthesis, periapical radiographic image, image capture only	1 (D0389) per day per provider or location; Must be billed with D9995 or D9996		



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Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Diagnostic Services (Applies Toward Preventative Benefit Year maximum)				
D0393	Virtual treatment simulation using 3D image volume or surface scan		PPR	Narrative of medical necessity required with claim submission
D0396	3D printing of a 3D dental surface scan	1 (D0396) per 12 months	PPR	Narrative of medical necessity required with claim submission
D0470	Diagnostic casts		PPR	Narrative of medical necessity required with claim submission
D0502	Other oral pathology procedures, by report		PPR	Narrative of medical necessity required with claim submission
D0604	Antigen testing for a public health related pathogen including coronavirus			
D0605	Antibody testing for a public health related pathogen including coronavirus			
D0606	Molecular testing for a public health related pathogen, including coronavirus			
D0702	2-D cephalometric radiographic image, image capture only	Must be billed with one of the teledentistry codes (D9995 or D9996)	PPR	Narrative of medical necessity required with claim submission
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally, image capture only	Must be billed with one of the teledentistry codes (D9995 or D9996)	PPR	Narrative of medical necessity required with claim submission
D0705	Extra-oral posterior dental radiographic image, image capture only	Must be billed with one of the teledentistry codes (D9995 or D9996)		
D0706	Intraoral – occlusal radiographic image – image capture only	Must be billed with one of the teledentistry codes (D9995 or D9996)		
D0708	Intraoral, bitewing radiographic image, image capture only	4 of (D0708) per day. Must be billed with one of the teledentistry codes (D9995 or D9996)		
D0999	Unspecified diagnostic procedure, by report		PPR	Narrative of medical necessity required with claim submission
Preventative Services (Applies Toward Preventative Benefit Year maximum)				
D1110	Prophylaxis, adult	2 (D1110) per benefit year		
D1206	Topical application of fluoride varnish	4 (D1206, D1208) per 12 months		
D1208	Topical application of fluoride, excluding varnish			
D1354	Application of caries arresting medicament, per tooth	4 (D1354) per benefit year, per tooth; No more than 10 teeth per day	PPR only requested if over frequency limit	Narrative of medical necessity required with claim submission only if over the frequency limit
D1355	Caries preventive medicament application, per tooth	4 (D1355) per benefit year, per tooth; No more than 10 teeth per day	PPR only requested if over frequency limit	
D1999	Unspecified preventive procedure, by report		PPR	Narrative of medical necessity required with claim submission
Restorative Services (Applies Toward Preventative Benefit Year maximum)				
D2390	Resin-based composite crown, anterior	1 (D2390) every 24 months, per tooth	PPR	Pre and Post X-rays Required with claim submission
D2951	Pin retention, per tooth, in addition to restoration		PPR	Narrative of medical necessity required with claim submission
D2976	Band stabilization, per tooth	1 (D2976) per benefit year, per tooth	PPR	Narrative of medical necessity required with claim submission
D2999	Unspecified restorative procedure, by report		PPR	Narrative of medical necessity required with claim submission
Endodontic Services (Applies Toward Preventative Benefit Year maximum)				
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root		PPR	Narrative of medical necessity required with claim submission
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth		PPR	Narrative of medical necessity and x-rays required with claim submission
D3333	Internal root repair of perforation defects		PPR	Pre and Post- operative X-rays required with claim submission
D3450	Root amputation, per root		PPR	Pre and Post- operative X-rays required with claim submission
D3471	Surgical repair of root resorption, anterior		PPR	Post- operative X-rays required with claim submission
D3472	Surgical repair of root resorption, premolar		PPR	Post- operative X-rays required with claim submission
D3473	Surgical repair of root resorption, molar		PPR	Post- operative X-rays required with claim submission
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior		PPR	Post- operative X-rays required with claim submission



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Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Endodontic Services (Applies Toward Preventative Benefit Year maximum)				
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar		PPR	Post-operative X-rays required with claim submission
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar		PPR	Post-operative X-rays required with claim submission
D3920	Hemisection, not including root canal therapy		PPR	Post-operative X-rays of adjacent and opposing teeth required with claim submission
D3921	Decoronation or submergence of an erupted tooth		PPR	Post-operative X-rays required with claim submission
D3999	Unspecified endodontic procedure, by report		PPR	Post-operative X-rays of adjacent and opposing teeth required with claim submission
Periodontal Services (Applies Toward Preventative Benefit Year maximum)				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210, D4211) per 24 months, per quadrant; Minimum of four teeth in the affected quadrant	PPR	Narrative, perio charting and diagnostic x-rays/photos required with claim submission
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	1 of (D4210, D4211) per 24 months, per quadrant; Minimum of one to three teeth in the affected quadrant	PPR	Narrative, perio charting and diagnostic x-rays/photos required with claim submission
D4240	Gingival flap procedure, four or more teeth per quadrant	1 of (D4240, D4241) per 24 months, per quadrant; Minimum of four teeth in the affected quadrant	PPR	Narrative of medical necessity, perio charting and pre-op x-rays required with claim submission
D4241	Gingival flap procedure, one to three teeth per quadrant	1 of (D4240, D4241) per 24 months, per quadrant; Minimum of one to three teeth in the affected quadrant	PPR	Narrative of medical necessity, perio charting and pre-op x-rays required with claim submission
D4249	Clinical crown lengthening, hard tissue		PPR	Narrative, perio charting and diagnostic x-rays required with claim submission
D4260	Osseous surgery, four or more teeth per quadrant	1 of (D4260, D4261) per 24 months, per quadrant; Minimum of one to three teeth in the affected quadrant. There must be evidence of loss of alveolar bone	PPR	Narrative, perio charting and diagnostic x-rays required with claim submission
D4261	Osseous surgery, one to three teeth per quadrant	1 of (D4260, D4261) per 24 months, per quadrant; Minimum of four teeth in the affected quadrant. There must be evidence of loss of alveolar bone	PPR	Narrative, perio charting and diagnostic x-rays required with claim submission
D4263	Bone replacement graft, retained natural tooth, first site, quadrant		PPR	Pre-operative X-rays and perio charting required with claim submission
D4264	Bone replacement graft, retained natural tooth, each additional site		PPR	Pre-operative X-rays and perio charting required with claim submission
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site		PPR	Pre-operative X-rays and perio charting required with claim submission
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site		PPR	Pre-operative X-rays and narrative required with claim submission
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site		PPR	Pre-operative X-rays and narrative required with claim submission
D4270	Pedicle soft tissue graft procedure		PPR	Pre-operative X-rays and narrative required with claim submission
D4273	Autogenous connective tissue graft procedure, first tooth		PPR	Pre-operative X-rays and narrative required with claim submission
D4274	Mesial/distal wedge procedure, single tooth		PPR	Pre-operative X-rays and narrative required with claim submission
D4275	Non-autogenous connective tissue graft, first tooth		PPR	Pre-operative X-rays and narrative required with claim submission
D4276	Combined connective tissue and pedicle graft		PPR	Pre-operative X-rays and narrative required with claim submission
D4286	Removal of non-resorbable barrier	4 of (D4286) per day, per quadrant	PPR	Narrative and diagnostic X-rays required with claim submission
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns		PPR	Pre-operative X-rays, narrative and perio charting required with claim submission
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns		PPR	Pre-operative X-rays, narrative and perio charting required with claim submission
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per 24 months, per quadrant	PPR	Pre-operative X-rays, narrative and perio charting required with claim submission
D4342	Periodontal scaling and root planing, one to three teeth per quadrant		PPR	Pre-operative X-rays, narrative and perio charting required with claim submission
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 of (D4346) per 6 months per patient. Not billable with D1110	PPR	Full mouth X-rays and full mouth periodontal charting required with claim submission



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Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Periodontal Services (Applies Toward Preventative Benefit Year maximum)				
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	1 (D4355) per benefit year		
D4910	Periodontal maintenance	1 (D4910) per 6 months; Only billable after D4210, D4211, D4260, D4261, D4341, or D4342		
D4920	Unscheduled dressing change (other than treating dentist or staff)		PPR	Narrative of medical necessity required with claim submission
D4999	Unspecified periodontal procedure, by report		PPR	Narrative of medical necessity required with claim submission
Removable Prosthodontic Services (Applies Toward Preventative Benefit Year maximum)				
D5110	Complete denture, maxillary	1 of (D5110, D5130) per 36 months	PPR	Narrative of medical necessity, per-operative x-rays required with claim submission
D5120	Complete denture, mandibular	1 of (D5120, D5140) per 36 months	PPR	
D5130	Immediate denture, maxillary	1 of (D5110, D5130) per 36 months	PPR	
D5140	Immediate denture, mandibular	1 of (D5120, D5140) per 36 months	PPR	
D5211	Maxillary partial denture, resin base	1 of (D5211, D5213, D5221, D5223, D5227) per 36 months	PPR	Narrative of medical necessity, per-operative x-rays required with claim submission
D5212	Mandibular partial denture, resin base	1 of (D5212, D5214, D5222, D5224, D5228) per 36 months	PPR	
D5213	Maxillary partial denture, cast metal, resin base	1 of (D5211, D5213, D5221, D5223, D5227) per 36 months	PPR	
D5214	Mandibular partial denture, cast metal, resin base	1 of (D5212, D5214, D5222, D5224, D5228) per 36 months	PPR	
D5221	Immediate maxillary partial denture, resin base	1 of (D5211, D5213, D5221, D5223, D5227) per 36 months	PPR	
D5222	Immediate mandibular partial denture, resin base	1 of (D5212, D5214, D5222, D5224, D5228) per 36 months	PPR	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	1 of (D5211, D5213, D5221, D5223, D5227) per 36 months	PPR	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	1 of (D5212, D5214, D5222, D5224, D5228) per 36 months	PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D5227	Immediate maxillary partial denture, flexible base	1 of (D5211, D5213, D5221, D5223, D5227) per 36 months	PPR	
D5228	Immediate mandibular partial denture, flexible base	1 of (D5212, D5214, D5222, D5224, D5228) per 36 months	PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	1 of (D5282, D5283) per 36 months per arch	PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D5283	Removable unilateral partial denture, one piece cast metal, mandibular		PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant	1 of (D5284, D5286) per 36 months per quadrant	PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D5286	Removable unilateral partial denture, one piece resin, per quadrant		PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D5410	Adjust complete denture, maxillary	Not covered within 6 months of placement		
D5411	Adjust complete denture, mandibular			
D5421	Adjust partial denture, maxillary			
D5422	Adjust partial denture, mandibular			
D5511	Repair broken complete denture base, mandibular			
D5512	Repair broken complete denture base, maxillary			
D5520	Replace missing or broken teeth, complete denture, per tooth	1 (D5520) per 12 months, per tooth		
D5611	Repair resin partial denture base, mandibular			
D5612	Repair resin partial denture base, maxillary			
D5621	Repair cast partial framework, mandibular			
D5622	Repair cast partial framework, maxillary			
D5630	Repair or replace broken retentive clasping materials, per tooth			
D5640	Replace missing or broken teeth, partial denture, per tooth	1 (D5640) per 12 months, per tooth		
D5650	Add tooth to existing partial denture, per tooth		PPR	Narrative of medical necessity required with claim submission
D5660	Add clasp to existing partial denture, per tooth		PPR	Narrative of medical necessity required with claim submission
D5710	Rebase complete maxillary denture	1 of (D5710, D5711) every 12 months per arch	PPR	
D5711	Rebase complete mandibular denture	Not payable within 6 months of original seat date	PPR	
D5720	Rebase maxillary partial denture	1 of (D5720, D5721) every 12 months, per arch	PPR	
D5721	Rebase mandibular partial denture	Not payable within 6 months of original seat date	PPR	



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Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Removable Prosthodontic Services (Applies Toward Preventative Benefit Year maximum)				
D5730	Reline complete maxillary denture, direct	1 of (D5730, D5731) every 12 months, per arch Not payable within 6 months of original seat date	PPR	Narrative of medical necessity required with claim submission
D5731	Reline complete mandibular denture, direct		PPR	
D5740	Reline maxillary partial denture, direct	1 of (D5740, D5741) every 12 months, per arch Not payable within 6 months of original seat date	PPR	
D5741	Reline mandibular partial denture, direct		PPR	
D5750	Reline complete maxillary denture, indirect	1 of (D5750, D5751) every 12 months, per arch Not payable within 6 months of original seat date	PPR	
D5751	Reline complete mandibular denture, indirect		PPR	
D5760	Reline maxillary partial denture, indirect	1 of (D5760, D5761) every 12 months, per arch Not payable within 6 months of original seat date	PPR	
D5761	Reline mandibular partial denture, indirect		PPR	
D5765	Soft liner for complete or partial removable denture, indirect	1 (D5765) per 36 months, per arch	PPR	Narrative of medical necessity required with claim submission
D5820	Interim partial denture, maxillary	1 of (D5820, D5821) per 12 months, per arch	PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D5821	Interim partial denture, mandibular		PPR	
D5850	Tissue conditioning, maxillary		PPR	Narrative of medical necessity required with claim submission
D5851	Tissue conditioning, mandibular		PPR	Narrative of medical necessity required with claim submission
D5876	Add metal substructure to acrylic complete denture, per arch	Only Allowed on Same Day as D5110, D5120,D5130,D5140	PPR	Narrative of medical necessity required with claim submission
D5899	Unspecified removable prosthodontic procedure, by report		PPR	Narrative of medical necessity required with claim submission
Maxillofacial Prosthetic Services (Applies Toward Preventative Benefit Year maximum)				
D5911	Facial moulage (sectional)		PPR	Narrative of medical necessity required with claim submission
D5912	Facial moulage (complete)		PPR	Narrative of medical necessity required with claim submission
D5913	Nasal prosthesis		PPR	Narrative of medical necessity required with claim submission
D5914	Auricular prosthesis		PPR	Narrative of medical necessity required with claim submission
D5915	Orbital prosthesis		PPR	Narrative of medical necessity required with claim submission
D5916	Ocular prosthesis		PPR	Narrative of medical necessity required with claim submission
D5919	Facial prosthesis		PPR	Narrative of medical necessity required with claim submission
D5922	Nasal septal prosthesis		PPR	Narrative of medical necessity required with claim submission
D5923	Ocular prosthesis, interim		PPR	Narrative of medical necessity required with claim submission
D5924	Cranial prosthesis		PPR	Narrative of medical necessity required with claim submission
D5925	Facial augmentation implant prosthesis		PPR	Narrative of medical necessity required with claim submission
D5926	Nasal prosthesis, replacement		PPR	Narrative of medical necessity required with claim submission
D5927	Auricular prosthesis, replacement		PPR	Narrative of medical necessity required with claim submission
D5928	Orbital prosthesis, replacement		PPR	Narrative of medical necessity required with claim submission
D5929	Facial prosthesis, replacement		PPR	Narrative of medical necessity required with claim submission
D5931	Obturator prosthesis, surgical		PPR	Narrative of medical necessity required with claim submission
D5932	Obturator prosthesis, definitive		PPR	Narrative of medical necessity required with claim submission



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Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Maxillofacial Prosthetic Services (Applies Toward Preventative Benefit Year maximum)				
D5933	Obturator prosthesis, modification		PPR	Narrative of medical necessity required with claim submission
D5934	Mandibular guidance prosthesis with guide flange		PPR	Narrative of medical necessity required with claim submission
D5935	Mandibular guidance prosthesis without guide flange		PPR	Narrative of medical necessity required with claim submission
D5936	Obturator prosthesis, interim		PPR	Narrative of medical necessity required with claim submission
D5937	Trismus appliance (not for TMD treatment)	Not for TMD Treatment	PPR	Narrative of medical necessity required with claim submission
D5951	Feeding aid		PPR	Narrative of medical necessity required with claim submission
D5952	Speech aid prosthesis, pediatric		PPR	Narrative of medical necessity required with claim submission
D5953	Speech aid prosthesis, adult		PPR	Narrative of medical necessity required with claim submission
D5954	Palatal augmentation prosthesis		PPR	Narrative of medical necessity required with claim submission
D5955	Palatal lift prosthesis, definitive		PPR	Narrative of medical necessity required with claim submission
D5958	Palatal lift prosthesis, interim		PPR	Narrative of medical necessity required with claim submission
D5959	Palatal lift prosthesis, modification		PPR	Narrative of medical necessity required with claim submission
D5960	Speech aid prosthesis, modification		PPR	Narrative of medical necessity required with claim submission
D5982	Surgical stent		PPR	Narrative of medical necessity required with claim submission
D5983	Radiation carrier		PPR	Narrative of medical necessity required with claim submission
D5984	Radiation shield		PPR	Narrative of medical necessity required with claim submission
D5985	Radiation cone locator		PPR	Narrative of medical necessity required with claim submission
D5986	Fluoride gel carrier		PPR	Narrative of medical necessity required with claim submission
D5987	Commissure splint		PPR	Narrative of medical necessity required with claim submission
D5988	Surgical splint		PPR	Narrative of medical necessity required with claim submission
D5991	Vesiculobullous disease medicament carrier		PPR	Narrative of medical necessity required with claim submission
D5992	Adjust maxillofacial prosthetic appliance, by report		PPR	Narrative of medical necessity required with claim submission
D5999	Unspecified maxillofacial prosthesis, by report		PPR	Narrative of medical necessity required with claim submission
Implant Services (Applies Toward Preventative Benefit Year maximum)				
D6089	Accessing and retorquing loose implant screw, per screw	1 of (D6089) per tooth, per day	PPR	X-rays required with claim submission
D6105	Removal of implant body not requiring bone removal or flap elevation	1 of (D6105) per tooth, per day	PPR	X-rays required with claim submission
D6193	Replacement of an implant screw	1 (D6193) per tooth, per lifetime	PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D6197	Replacement of restorative material, close access opening of screw-retained implant supported prosthesis, per implant	1 of (D6197) per 24 months per provider per tooth	PPR	Narrative of medical necessity with claim submission
D6999	Unspecified fixed prosthodontic procedure, by report		PPR	Narrative of medical necessity required with claim submission



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Oral & Maxillofacial Surgical Services (Applies Toward Preventative Benefit Year maximum)				
D7111	Extraction, coronal remnants, primary tooth			
D7250	Removal of residual tooth roots (cutting procedure)	By report	PPR	Narrative required with claim submission
D7251	Coronectomy, intentional partial tooth removal	By report	PPR	Pre and post-operative X-rays and narrative required with claim submission
D7259	Nerve dissection	1 (D7259) per lifetime, per tooth: Not allowed with D7241. Only allowed with D7240	PPR	Narrative of medical necessity, pre-operative x-rays required with claim submission
D7261	Primary closure of a sinus perforation	By report	PPR	Narrative required with claim submission
D7284	Excisional biopsy of minor salivary glands		PPR	Pre-operative X-rays or intraoral photos and pathology required with claim submission
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	1 (D7285) every 12 months	PPR	
D7286	Incisional biopsy of oral tissue, soft	1 (D7286) every 12 months	PPR	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap		PPR	Narrative of medical necessity, pre-operative and post-operative x-rays required with claim submission
D7293	Placement of temporary anchorage device requiring flap		PPR	Narrative of medical necessity, pre-operative and post-operative x-rays required with claim submission
D7294	Placement of temporary anchorage device without flap		PPR	Narrative of medical necessity, pre-operative and post-operative x-rays required with claim submission
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap		PPR	Narrative of medical necessity, pre-operative and post-operative x-rays required with claim submission
D7299	Removal of temporary anchorage device, requiring flap		PPR	Narrative of medical necessity, pre-operative and post-operative x-rays required with claim submission
D7300	Removal of temporary anchorage device without flap	1 (D7300) per lifetime, per tooth	PPR	Narrative of medical necessity, pre-operative and post-operative x-rays required with claim submission
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	1 of (D7310-D7321) per lifetime, per site/quad. D7310 & D7311 - This procedure will be reimbursed when additional surgical procedures above and beyond the removal of the teeth are required to prepare the ridge for dentures. Not reimbursable in addition to surgical extractions in the same quadrant	PPR	Pre-operative X-rays and narrative of medical necessity required with claim submission
D7311	Alveoloplasty with extractions, one to three teeth per quadrant		PPR	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant		PPR	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant		PPR	
D7410	Excision of benign lesion, up to 1.25 cm	By Report	PPR	Narrative and pathology report required with claim submission
D7411	Excision of benign lesion, greater than 1.25 cm	By Report	PPR	
D7412	Excision of benign lesion, complicated		PPR	Pathology report required with claim submission
D7413	Excision of malignant lesion, up to 1.25 cm		PPR	
D7414	Excision of malignant lesion, greater than 1.25 cm		PPR	
D7415	Excision of malignant lesion, complicated	By Report	PPR	
D7440	Excision of malignant tumor, up to 1.25 cm	By Report	PPR	Narrative and pathology report required with claim submission
D7441	Excision of malignant tumor, greater than 1.25 cm	By Report	PPR	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	By Report	PPR	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	By Report	PPR	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	By Report	PPR	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	By Report	PPR	
D7465	Destruction of lesion(s) by physical or chemical method, by report	By Report	PPR	
D7471	Removal of lateral exostosis, maxilla or mandible	Limited to the removal of exostosis, including the removal of tori, osseous tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal	PPR	Narrative of medical necessity required with claim submission
D7472	Removal of torus palatinus		PPR	
D7473	Removal of torus mandibularis		PPR	
D7485	Reduction of osseous tuberosity		PPR	
D7490	Radical resection of maxilla or mandible		PPR	
D7509	Marsupialization of odontogenic cyst	By Report	PPR	Narrative and pre-operative X-rays required with claim submission
D7530	Remove foreign body, mucosa, skin, tissue	By Report	PPR	Narrative or Intra Oral Photos required with claim submission
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	By Report	PPR	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	By Report	PPR	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	By Report	PPR	
D7610	Maxilla, open reduction (teeth immobilized, if present)		PPR	Narrative of medical necessity required with claim submission
D7620	Maxilla, closed reduction (teeth immobilized, if present)		PPR	



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Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Oral & Maxillofacial Surgical Services (Applies Toward Preventative Benefit Year maximum)				
D7630	Mandible, open reduction (teeth immobilized, if present)		PPR	Narrative of medical necessity required with claim submission
D7640	Mandible, closed reduction (teeth immobilized, if present)		PPR	
D7650	Malar and/or zygomatic arch, open reduction		PPR	
D7660	Malar and/or zygomatic arch, closed reduction		PPR	
D7670	Alveolus, closed reduction, may include stabilization of teeth		PPR	
D7671	Alveolus, open reduction, may include stabilization of teeth		PPR	
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches		PPR	
D7710	Maxilla, open reduction		PPR	
D7720	Maxilla, closed reduction		PPR	
D7730	Mandible, open reduction		PPR	
D7740	Mandible, closed reduction		PPR	
D7750	Malar and/or zygomatic arch, open reduction		PPR	
D7760	Malar and/or zygomatic arch, closed reduction		PPR	
D7770	Alveolus, open reduction stabilization of teeth		PPR	
D7771	Alveolus, closed reduction stabilization of teeth		PPR	
D7780	Facial bones, complicated reduction with fixation and multiple approaches	By Report	PPR	
D7810	Open reduction of dislocation	By Report	PPR	
D7820	Closed reduction of dislocation	By Report	PPR	
D7830	Manipulation under anesthesia	By Report	PPR	
D7840	Condylectomy	By Report	PPR	
D7850	Surgical discectomy, with/without implant	2 (D7850) in a lifetime	PPR	
D7852	Disc repair	2 (D7852) in a lifetime	PPR	
D7854	Synovectomy	2 (D7854) in a lifetime	PPR	
D7856	Myotomy	2 (D7856) in a lifetime	PPR	
D7858	Joint reconstruction	2 (D7858) in a lifetime	PPR	Narrative and pre-operative X-rays required with claim submission
D7860	Arthrotomy	2 (D7860) in a lifetime	PPR	
D7865	Arthroplasty	2 (D7865) in a lifetime	PPR	
D7870	Arthrocentesis	1 (D7870) every 6 months	PPR	
D7871	Non-arthroscopic lysis and lavage	By report	PPR	
D7872	Arthroscopy, diagnosis, with or without biopsy	2 (D7872) in a lifetime	PPR	Narrative or Intra Oral Photos and treatment plan required with claim submission
D7873	Arthroscopy: lavage and lysis of adhesions	2 (D7873) in a lifetime	PPR	
D7874	Arthroscopy: disc repositioning and stabilization	2 (D7874) in a lifetime	PPR	
D7875	Arthroscopy: synovectomy	2 (D7875) in a lifetime	PPR	
D7876	Arthroscopy: discectomy	2 (D7876) in a lifetime	PPR	
D7877	Arthroscopy: debridement	2 (D7877) in a lifetime	PPR	
D7880	Occlusal orthotic device, by report	1 (D7880) every 12 months	PPR	Narrative or Intra Oral Photos and treatment plan required with claim submission
D7899	Unspecified TMD therapy, by report	By Report	PPR	
D7910	Suture of recent small wounds up to 5 cm	By Report	PPR	
D7911	Complicated suture, up to 5 cm	By Report	PPR	
D7912	Complicated suture, greater than 5 cm	By Report	PPR	
D7920	Skin graft (identify defect covered, location and type of graft)	By Report	PPR	Narrative required with claim submission
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	1 (D7939) per lifetime per tooth	PPR	
D7940	Osteoplasty, for orthognathic deformities	By Report	PPR	Narrative or Intra Oral Photos and treatment plan required with claim submission
D7941	Osteotomy, mandibular rami	By Report	PPR	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	By Report	PPR	
D7944	Osteotomy, segmented or subapical	By Report	PPR	
D7945	Osteotomy, body of mandible	By Report	PPR	
D7946	LeFort I (maxilla, total)	By Report	PPR	
D7947	LeFort I (maxilla, segmented)	By Report	PPR	
D7948	LeFort II or LeFort III, without bone graft	By Report	PPR	
D7949	LeFort II or LeFort III, with bone graft	By Report	PPR	
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report	By Report	PPR	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	By Report	PPR	
D7953	Bone replacement graft for ridge preservation, per site		PPR	
D7955	Repair of maxillofacial soft and/or hard tissue defect		PPR	



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Oral & Maxillofacial Surgical Services (Applies Toward Preventative Benefit Year maximum)				
D7956	Guided tissue regeneration, edentulous area, resorbable barrier, per site	1 of (D7956) per tooth. Not allowed same day as D4266, D4267, D7957	PPR	Narrative and pre-operative radiographs with claim submission
D7957	Guided tissue regeneration, edentulous area, non-resorbable barrier, per site	1 of (D7957) per tooth. Not allowed same day as D4266, D4267, D7956	PPR	
D7961	Buccal/labial frenectomy (frenulectomy)	1 (D7961) per day, per arch	PPR	Narrative and pre-operative X-rays required with claim submission- must document visible recession, diastema with ortho and/or tongue tie. Pre-op intra oral photograph - must document visible recession, diastema with ortho and/or tongue tie. Claim must include post-op fill x-ray.
D7962	Lingual frenectomy (frenulectomy)	1 of (D7962) per 1 day	PPR	
D7963	Frenuloplasty		PPR	Narrative of medical necessity required with claim submission
D7970	Excision of hyperplastic tissue, per arch	2 (D7970) in a lifetime, per arch	PPR	Narrative and pre-operative X-rays and photos required with claim submission
D7971	Excision of pericoronal gingiva	1 (D7971) every 24 months, per tooth	PPR	
D7972	Surgical reduction of fibrous tuberosity	1 (D7972) in a lifetime, per quad	PPR	
D7979	Non – surgical sialolithotomy		PPR	
D7980	Surgical sialolithotomy	By Report	PPR	
D7981	Excision of salivary gland, by report	By Report	PPR	
D7982	Sialodochoplasty	By Report	PPR	
D7983	Closure of salivary fistula	By Report	PPR	
D7990	Emergency tracheotomy	By Report	PPR	
D7991	Coronoidectomy	1 (D7991) in a lifetime	PPR	
D7995	Synthetic graft, mandible or facial bones, by report	By report	PPR	Narrative required with claim submission
D7996	Implant-mandible for augmentation purposes, by report	By report	PPR	
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	By Report	PPR	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	By Report	PPR	
D7999	Unspecified oral surgery procedure, by report	By Report	PPR	
Orthodontic Services (Applies Toward Preventative Benefit Year maximum)				
D8040	Limited orthodontic treatment of the adult dentition	1 (D8040) per lifetime	PA	Photos, narrative and treatment plan must be included with prior authorization. Treatment must be medically necessary.
D8090	Comprehensive orthodontic treatment of the adult dentition	1 (D8090, D8091) per lifetime	PA	
D8091	Comprehensive orthodontic treatment with orthognathic surgery	1 (D8090, D8091) per lifetime	PA	
D8695	Removal of fixed orthodontic appliances, other than completion of treatment		PA	Narrative of medical necessity required with prior authorization
Adjunctive General Services (Applies Toward Preventative Benefit Year maximum)				
D9120	Fixed partial denture sectioning		PPR	Narrative of medical necessity required with claim submission
D9210	Local anesthesia not in conjunction, operative or surgical procedures		PPR	
D9310	Consultation, other than requesting dentist	Diagnostic service by dentist other than practitioner providing treatment.	PPR	
D9410	House/extended care facility call	1 (D9410) per day	PPR	
D9420	Hospital or ambulatory surgical center call	1 (D9420) per day	PPR	
D9430	Office visit, observation, regular hours, no other services	No other procedures may be billed in conjunction with D9430		
D9440	Office visit, after regularly scheduled hours			
D9610	Therapeutic parenteral drug, single administration		PPR	Narrative containing drug name, dose and route of delivery must be included with claim submission
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 of (D9610, D9612) per 1 day	PPR	
D9920	Behavior management, by report	By report		
D9930	Treatment of complications, post surgical, unusual, by report			
D9932	Cleaning and inspection of removable complete denture, maxillary	1 (D9932) per 6 months		
D9933	Cleaning and inspection of removable complete denture, mandibular	1 (D9933) per 6 months		
D9934	Cleaning and inspection of removable partial denture, maxillary	1 (D9934) per 6 months		
D9935	Cleaning and inspection of removable partial denture, mandibular	1 (D9935) per 6 months		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	1 (D9938) per 12 months	PPR	Narrative of medical necessity required with claim submission
D9944	Occlusal guard, hard appliance, full arch		PPR	
D9945	Occlusal guard, soft appliance, full arch	1 of (D9944, D9945, D9946) per 24 months	PPR	
D9946	Occlusal guard, hard appliance, partial arch		PPR	
D9951	Occlusal adjustment, limited		PPR	
D9999	Unspecified adjunctive procedure, by report		PPR	