

MEDICAID BENEFIT SCHEDULES

OK MEDICAID CHILD BENEFIT SCHEDULE

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
Diagnostic Services				
D0120	Periodic oral evaluation	1 (D0120) every 6 months		
D0140	Limited oral evaluation	2 (D0140) per provider prior to D0120 or D0150		
D0145	Oral evaluation under age 3			
D0150	Comprehensive oral evaluation			
D0210	Intraoral, complete series of radiographic images	1 (D0210) every 3-year period	Y	
D0220	Intraoral, periapical, first radiographic image			
D0230	Intraoral, periapical, each add '1 radiographic image			
D0240	Intraoral, occlusal radiographic image			
D0270	Bitewing, single radiographic image			
D0272	Bitewings, two radiographic images			
D0274	Bitewings, four radiographic images			
D0310	Sialography		Y	
D0320	TMJ arthrogram, including injection		Y	
D0321	Other TMJ radiographic images, by report		Y	
D0330	Panoramic radiographic image	1 (D0330) every 3-year period	Y; additional Pre Auth if D0330 taken within 3 years	
D0340	2D cephalometric radiographic image, measurement and analysis			
D0350	2D oral/facial photographic image, intra-orally/extra-orally			Narrative required with claim submission
D0460	Pulp vitality tests		Y	
D0470	Diagnostic casts	1 (D0470) every 2-year period		
D0601	Caries risk assessment and documentation, low risk		Y	
D0602	Caries risk assessment and documentation, moderate risk		Y	
D0603	Caries risk assessment and documentation, high risk		Y	
Preventive Services				
D1110	Prophylaxis, adult	1 (D1110, D1120) every 184 days		
D1120	Prophylaxis, child			
D1206	Topical application of fluoride varnish	1 (D1206, D1208) every 184 days		
D1208	Topical application of fluoride, excluding varnish			
D1320	Tobacco counseling, control/prevention oral disease			
D1351	Sealant, per tooth	1 (D1351) per tooth every 36 months, limited to caries free 1st and 2nd molars, for members age 18 and under		
D1354	Interim caries arresting medicament application, per tooth	1 (D1354) per primary or permanent tooth every 184 days; no more than 2 occurrences per tooth in a lifetime		
D1510	Space maintainer, fixed, unilateral, per quadrant			
D1516	Space maintainer, fixed, bilateral, maxillary			
D1517	Space maintainer, fixed, bilateral, mandibular			
D1520	Space maintainer, removable, unilateral, per quadrant		Y	
D1526	Space maintainer, removable, bilateral, maxillary		Y	
D1527	Space maintainer, removable, bilateral, mandibular		Y	
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	Providers are responsible for recementation within 6 months		

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	post insertion		
D1556	Removal of fixed unilateral space maintainer, per quadrant		Y	
D1557	Removal of fixed bilateral space maintainer, maxillary		Y	
D1558	Removal of fixed bilateral space maintainer, mandibular		Y	
D1575	Distal shoe space maintainer, fixed, per quadrant		Y	
	Restorative Services			
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 24 months		
D2150	Amalgam, two surfaces, primary or permanent			
D2160	Amalgam, three surfaces, primary or permanent			
D2161	Amalgam, four or more surfaces, primary or permanent			
D2330	Resin-based composite, one surface, anterior	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 24 months		
D2331	Resin-based composite, two surfaces, anterior			
D2332	Resin-based composite, three surfaces, anterior			
D2335	Resin-based composite, four or more surfaces, involving incisal angle			
D2390	Resin-based composite crown, anterior	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 24 months		
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			
D2710	Crown, resin-based composite (indirect)	Limited to members aged 16 and over, not payable to same provider within 48 months initial installation	Y	
D2721	Crown, resin with predominantly base metal		Y	
D2740	Crown, porcelain/ceramic		Y	
D2750	Crown, porcelain fused to high noble metal		Y	
D2751	Crown, porcelain fused to predominantly base metal		Y	
D2752	Crown, porcelain fused to noble metal		Y	
D2790	Crown, full cast high noble metal		Y	
D2791	Crown, full cast predominantly base metal		Y	
D2792	Crown, full cast noble metal		Y	
D2920	Re-cement or re-bond crown			
D2930	Prefabricated stainless steel crown, primary tooth	1 (D2930, D2933, D2934) per tooth every 24 months, for members age 5 and under		
D2931	Prefabricated stainless steel crown, permanent tooth	1 (D2931) per tooth every 24 months		
D2932	Prefabricated resin crown			
D2933	Prefabricated stainless steel crown with resin window	1 (D2930, D2933, D2934) per tooth every 24 months, for members age 5 and under		
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth			
D2940	Protective restoration			
D2950	Core buildup, including any pins when required	Core buildups are considered to be inclusive with crowns	Y	
D2951	Pin retention, per tooth, in addition to restoration		Y	
D2952	Post and core in addition to crown, indirectly fabricated		Y	
D2954	Prefabricated post and core in addition to crown		Y	
D2960	Labial veneer (resin laminate), direct		Y	
D2961	Labial veneer (resin laminate), indirect		Y	
D2962	Labial veneer (porcelain laminate), indirect		Y	
D2980	Crown repair necessitated by restorative material failure		Y	
	Endodontic Services			

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
D3110	Pulp cap, direct (excluding final restoration)			Narrative required with claim submission
D3120	Pulp cap, indirect (excluding final restoration)			Narrative required with claim submission
D3220	Therapeutic pulpotomy (excluding final restoration)	1 (D3220, D3221) per tooth in a lifetime; for tooth numbers O,P,N,Q,D,G to age 5 and for tooth numbers E,F to age 6		
D3221	Pulpal debridement, primary and permanent teeth			
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)		Y	
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)		Y	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		Y; if 2 or more	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		Y	
D3330	Endodontic therapy, molar tooth (excluding final restoration)		Y	
D3346	Retreatment of previous root canal therapy, anterior		Y	
D3347	Retreatment of previous root canal therapy, premolar		Y	
D3351	Apexification/recalcification, initial visit		Y	
D3352	Apexification/recalcification, interim medication replacement		Y	
D3353	Apexification/recalcification, final visit		Y	
D3410	Apicoectomy, anterior		Y	
D3430	Retrograde filling, per root		Y	
	Periodontal Services			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant		Y	
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant		Y	
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth		Y	
D4231	Anatomical crown exposure, one to three teeth per quadrant		Y	
D4240	Gingival flap procedure, four or more teeth per quadrant		Y	
D4241	Gingival flap procedure, one to three teeth per quadrant		Y	
D4260	Osseous surgery, four or more teeth per quadrant		Y	
D4261	Osseous surgery, one to three teeth per quadrant		Y	
D4265	Biologic materials to aid in soft and osseous tissue regeneration		Y	
D4270	Pedicle soft tissue graft procedure		Y	
D4275	Non-autogenous connective tissue graft, first tooth		Y	
D4276	Combined connective tissue & double pedicle graft		Y	
D4277	Free soft tissue graft, first tooth		Y	
D4278	Free soft tissue graft, each additional tooth		Y	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant		Y	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant		Y	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation		Y	
	Removable Prosthodontic Services			
D5110	Complete denture, maxillary	1 of (D5110-D5140) every 5-year period	Y	
D5120	Complete denture, mandibular		Y	
D5130	Immediate denture, maxillary		Y	
D5140	Immediate denture, mandibular		Y	

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
D5211	Maxillary partial denture, resin base		Y	
D5212	Mandibular partial denture, resin base		Y	
D5213	Maxillary partial denture, cast metal, resin base		Y	
D5214	Mandibular partial denture, cast metal, resin base		Y	
D5225	Maxillary partial denture, flexible base		Y	
D5226	Mandibular partial denture, flexible base		Y	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary		Y	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular		Y	
D5410	Adjust complete denture, maxillary	Not payable within the first 24 months of initial installation	Y	
D5411	Adjust complete denture, mandibular		Y	
D5421	Adjust partial denture, maxillary	Not payable within the first 24 months of initial installation	Y	
D5422	Adjust partial denture, mandibular		Y	
D5511	Repair broken complete denture base, mandibular	Not payable within the first 24 months of initial installation	Y	
D5512	Repair broken complete denture base, maxillary		Y	
D5520	Replace missing or broken teeth, complete denture	1 (D5520) per tooth in a lifetime Not payable within the first 24 months of initial installation		Narrative and perio charting required
D5611	Repair resin partial denture base, mandibular	Not payable within the first 24 months of initial installation		Narrative and perio charting required
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	1 (D5630) per tooth in a lifetime Not payable within the first 24 months of initial installation		Narrative and perio charting required
D5640	Replace broken teeth, per tooth	1 (D5640) per tooth in a lifetime Not payable within the first 24 months of initial installation		Narrative and perio charting required
D5650	Add tooth to existing partial denture	1 (D5650) per tooth in a lifetime Not payable within the first 24 months of initial installation		Narrative and perio charting required
D5660	Add clasp to existing partial denture, per tooth	1 (D5660) per tooth in a lifetime Not payable within the first 24 months of initial installation		Narrative and perio charting required
D5670	Replace all teeth & acrylic on cast metal frame, maxillary		Y	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular		Y	
D5710	Rebase complete maxillary denture		Y	
D5711	Rebase complete mandibular denture		Y	
D5720	Rebase maxillary partial denture	Not payable within the first 24 months of initial installation	Y	
D5721	Rebase mandibular partial denture		Y	
D5750	Reline complete maxillary denture, indirect		Y	
D5751	Reline complete mandibular denture, indirect		Y	
D5760	Reline maxillary partial denture, indirect	Not payable within the first 24 months of initial installation	Y	
D5761	Reline mandibular partial denture, indirect		Y	
D5820	Interim partial denture, maxillary		Y	
D5821	Interim partial denture, mandibular		Y	
D5850	Tissue conditioning, maxillary		Y	
D5899	Unspecified removable prosthodontic procedure, by report		Y	
	Maxillofacial Prosthetics Services			
D5911	Facial moulage (sectional)		Y	
D5912	Facial moulage (complete)		Y	

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
D5913	Nasal prosthesis		Y	
D5914	Auricular prosthesis		Y	
D5915	Orbital prosthesis		Y	
D5916	Ocular prosthesis		Y	
D5919	Facial prosthesis		Y	
D5922	Nasal septal prosthesis		Y	
D5923	Ocular prosthesis, interim		Y	
D5931	Obturator prosthesis, surgical		Y	
D5932	Obturator prosthesis, definitive		Y	
D5933	Obturator prosthesis, modification		Y	
D5934	Mandibular resection prosthesis with guide flange		Y	
D5935	Mandibular resection prosthesis without guide flange		Y	
D5936	Obturator prosthesis, interim		Y	
D5937	Trismus appliance (not for TMD treatment)		Y	
D5951	Feeding aid		Y	
D5952	Speech aid prosthesis, pediatric		Y	
D5954	Palatal augmentation prosthesis		Y	
D5955	Palatal lift prosthesis, definitive		Y	
D5958	Palatal lift prosthesis, interim		Y	
D5959	Palatal lift prosthesis, modification		Y	
D5982	Surgical stent		Y	
D5983	Radiation carrier		Y	
D5984	Radiation shield		Y	
D5985	Radiation cone locator		Y	
D5986	Fluoride gel carrier		Y	
	Fixed Prosthodontic Services			
D6211	Pontic, cast predominantly base metal	covered for members 17 and older	Y	
D6241	Pontic, porcelain fused to predominantly base metal		Y	
D6251	Pontic, resin with predominantly base metal		Y	
D6545	Retainer, cast metal for resin bonded fixed prosthesis		Y	
D6721	Retainer crown, resin with predominantly base metal		Y	
D6751	Retainer crown, porcelain fused to predominantly base metal		Y	
D6791	Retainer crown, full cast predominantly base metal		Y	
D6930	Re-cement or re-bond fixed partial denture		Y	
D6980	Fixed partial denture repair, restorative material failure		Y	
	Oral and Maxillofacial Services			
D7111	Extraction, coronal remnants, primary tooth			Narrative detailing medical necessity
D7140	Extraction, erupted tooth or exposed root			Narrative detailing medical necessity
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth			Narrative detailing medical necessity
D7220	Removal of impacted tooth, soft tissue			Narrative detailing medical necessity
D7230	Removal of impacted tooth, partially bony			Narrative detailing medical necessity
D7240	Removal of impacted tooth, completely bony			Narrative detailing medical necessity
D7241	Removal impacted tooth, complete bony, complication		Y	
D7250	Removal of residual tooth roots (cutting procedure)			Narrative detailing medical necessity
D7261	Primary closure of a sinus perforation			Narrative detailing medical necessity
D7270	Tooth reimplantation and/or stabilization, accident			Narrative detailing medical necessity

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
D7280	Exposure of an unerupted tooth		Y	
D7282	Mobilization of erupted/malpositioned tooth			Narrative detailing medical necessity
D7283	Placement, device to facilitate eruption, impaction		Y	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)			Narrative detailing medical necessity
D7286	Incisional biopsy of oral tissue, soft			Narrative detailing medical necessity
D7310	Alveoplasty with extractions, four or more teeth per quadrant			Narrative detailing medical necessity
D7321	Alveoplasty, w/o extractions, one to three teeth per quadrant			Narrative detailing medical necessity
D7410	Excision of benign lesion, up to 1.25 cm		Y	
D7411	Excision of benign lesion, greater than 1.25 cm		Y	
D7412	Excision of benign lesion, complicated		Y	
D7413	Excision of malignant lesion, up to 1.25 cm		Y	
D7414	Excision of malignant lesion, greater than 1.25 cm		Y	
D7415	Excision of malignant lesion, complicated		Y	
D7440	Excision of malignant tumor, up to 1.25 cm		Y	
D7441	Excision of malignant tumor, greater than 1.25 cm		Y	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm		Y	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm		Y	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm		Y	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm		Y	
D7465	Destruction of lesion(s) by physical or chemical method, by report		Y	
D7471	Removal of lateral exostosis, maxilla or mandible		Y	
D7472	Removal of torus palatinus		Y	
D7473	Removal of torus mandibularis		Y	
D7485	Reduction of osseous tuberosity		Y	
D7490	Radical resection of maxilla or mandible		Y	
D7510	Incision & drainage of abscess, intraoral soft tissue			Narrative detailing medical necessity
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated			Narrative detailing medical necessity
D7520	Incision & drainage of abscess, extraoral soft tissue			Narrative detailing medical necessity
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated			Narrative detailing medical necessity
D7530	Remove foreign body, mucosa, skin, tissue		Y	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system		Y	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone		Y	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		Y	
D7610	Maxilla, open reduction (teeth immobilized, if present)		Y	
D7620	Maxilla, closed reduction (teeth immobilized, if present)		Y	
D7630	Mandible, open reduction (teeth immobilized, if present)		Y	
D7640	Mandible, closed reduction (teeth immobilized, if present)		Y	
D7650	Malar and/or zygomatic arch, open reduction		Y	
D7660	Malar and/or zygomatic arch, closed reduction		Y	
D7670	Alveolus, closed reduction, may include stabilization of teeth		Y	
D7671	Alveolus, open reduction, may include stabilization		Y	

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
	of teeth			
D7710	Maxilla, open reduction		Y	
D7720	Maxilla, closed reduction		Y	
D7730	Mandible, open reduction		Y	
D7740	Mandible, closed reduction		Y	
D7750	Malar and/or zygomatic arch, open reduction		Y	
D7760	Malar and/or zygomatic arch, closed reduction		Y	
D7770	Alveolus, open reduction stabilization of teeth		Y	
D7771	Alveolus, closed reduction stabilization of teeth		Y	
D7780	Facial bones, complicated reduction with fixation and multiple approaches		Y	
D7820	Closed reduction of dislocation		Y	
D7830	Manipulation under anesthesia		Y	
D7840	Condylectomy		Y	
D7850	Surgical discectomy, with/without implant		Y	
D7858	Joint reconstruction		Y	
D7860	Arthrotomy		Y	
D7865	Arthroplasty		Y	
D7870	Arthrocentesis		Y	
D7872	Arthroscopy, diagnosis, with or without biopsy		Y	
D7873	Arthroscopy: lavage and lysis of adhesions		Y	
D7874	Arthroscopy: disc repositioning and stabilization		Y	
D7875	Arthroscopy: synovectomy		Y	
D7876	Arthroscopy: discectomy		Y	
D7877	Arthroscopy: debridement		Y	
D7880	Occlusal orthotic device, by report		Y	
D7910	Suture of recent small wounds up to 5 cm			Narrative detailing medical necessity
D7911	Complicated suture, up to 5 cm			Narrative detailing medical necessity
D7912	Complicated suture, greater than 5 cm			Narrative detailing medical necessity
D7920	Skin graft (identify defect covered, location and type of graft)		Y	
D7940	Osteoplasty, for orthognathic deformities		Y	
D7941	Osteotomy, mandibular rami		Y	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft		Y	
D7944	Osteotomy, segmented or subapical		Y	
D7945	Osteotomy, body of mandible		Y	
D7946	LeFort I (maxilla, total)		Y	
D7947	LeFort I (maxilla, segmented)		Y	
D7948	LeFort II or LeFort III, without bone graft		Y	
D7949	LeFort II or LeFort III, with bone graft		Y	
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report		Y	
D7961	Buccal / labial frenectomy (frenulectomy)		Y	
D7962	Lingual frenectomy (frenulectomy)		Y	
D7970	Excision of hyperplastic tissue, per arch		Y	
D7971	Excision of pericoronal gingiva		Y	
D7972	Surgical reduction of fibrous tuberosity		Y	
D7980	Surgical Sialolithotomy		Y	
D7981	Excision of salivary gland, by report		Y	
D7982	Sialodochoplasty		Y	
D7983	Closure of salivary fistula		Y	
D7990	Emergency tracheotomy		Y	

Code	Description	Limitations	Prior Auth Required	Documentation/ X-Ray Required
D7991	Coronoidectomy		Y	
D7999	Unspecified oral surgery procedure, by report		Y	
	Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure			
D9130	Temporomandibular joint dysfunction, non-invasive physical therapies		Y	
D9222	Deep sedation/general anesthesia, first 15-minute increment		Y	
D9223	Deep sedation/general anesthesia, each subsequent 15-minute increment		Y	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	1 (D9230) per date of service; 4 (D9230) per year; not separately reimbursable if provided on the same date by the same provider as IV sedation, non-Intravenous conscious sedation, or general anesthesia		
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	Covered when medically necessary. Not separately reimbursable, if provided on the same date by same provider as analgesia, anxiolysis, inhalation of nitrous oxide, IV sedation or general anesthesia.		Narrative required- Report must detail the member's condition
D9310	Consultation, other than requesting dentist		Y	
D9610	Therapeutic parenteral drug, single administration			
D9930	Treatment of complications, post-surgical, unusual, by report			
D9944	Occlusal guard, hard appliance, full arch		Y	
D9945	Occlusal guard, soft appliance, full arch		Y	
D9946	Occlusal guard, hard appliance, partial arch		Y	
D9950	Occlusion analysis, mounted case	1 (D9950) every 3-year period	Y	
D9951	Occlusal adjustment, limited	1 (D9995) every 3-year period	Y	
D9995	Teledentistry, synchronous; real-time encounter	*VA Benefit		
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	*VA Benefit		
D9999	Unspecified adjunctive procedure, by report			
	Orthodontic Services (Prior Authorization Required)			
GUIDELINE:				
Pre-authorization (including HLD) is required. In certain circumstances, children scoring under a score of 30 on the HLD may have benefits provided under EPSDT guidelines. An additional 12 months may be covered with prior authorization.				
D8020	Limited orthodontic treatment of the transitional dentition		Y	
D8050	Interceptive orthodontic treatment of the primary dentition		Y	
D8060	Interceptive orthodontic treatment of the transitional dentition		Y	
D8210	Removable appliance therapy		Y	
D8220	Fixed appliance therapy		Y	
D8695	Removal of fixed orthodontic appliances, other than completion of treatment		Y	
D8080	Comprehensive orthodontic treatment of the adolescent dentition		Y	
D8999	Unspecified orthodontic procedure, by report		Y	

OK MEDICAID ADULT BENEFIT

Code	Description of Services
DIAGNOSTIC	
D0120	Periodic oral evaluation – established patient
D0140	Limited oral evaluation – problem focused
D0150	Comprehensive oral evaluation – new or established patient
D0190	Screening of a patient
D0210	Intraoral comprehensive series of radiographic images
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0272	Bitewings – two radiographic images
D0274	Bitewings – four radiographic images
D0330	Panoramic radiographic image
D0601	Caries risk assessment and documentation, with a finding of low risk
D0602	Caries risk assessment and documentation, with a finding of moderate risk
D0603	Caries risk assessment and documentation, with a finding of high risk
PREVENTIVE	
D1110	Prophylaxis – adult
D1206	Topical application of fluoride varnish
D1310	Nutritional counseling for control of dental disease
D1320	Tobacco counseling for the control and prevention of oral disease
D1701	Pfizer-BioNTech Covid-19 vaccine administration, first dose
D1702	Pfizer-BioNTech Covid-19 vaccine administration, second dose
D1703	Moderna Covid-19 vaccine administration – first dose
D1704	Moderna Covid-19 vaccine administration – second dose
D1707	Janssen Covid-19 vaccine administration
RESTORATIVE	
D2140	Amalgam – one surface, primary or permanent
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 or involving incisal angle (anterior)
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
PERIODONTICS	
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – one to three teeth per quadrant
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D4910	Periodontal maintenance
PROSTHODONTICS (REMOVABLE)	
D5110	Complete denture – maxillary
D5120	Complete denture – mandibular
D5130	Immediate denture – maxillary
D5140	Immediate denture – mandibular
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular

Code	Description of Services
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant
D5410	Adjust complete denture – maxillary
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 (each 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 broken teeth - per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture - per tooth
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)
D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture
D5750	Reline complete maxillary denture (indirect)
D5751	Reline complete mandibular denture (indirect)
D5760	Reline maxillary partial denture (indirect)
D5761	Reline mandibular partial denture (indirect)
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular
D5850	Tissue conditioning, maxillary
D5899	Unspecified removable prosthodontic procedure, by report
	PROSTHODONTICS, FIXED
D6105	Removal of implant body not requiring bone removal or flap elevation
	ORAL AND MAXILLOFACIAL SURGERY
D7111	Extraction, coronal remnants, primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth – soft tissue
D7230	Removal of impacted tooth – partially bony
D7240	Removal of impacted tooth – completely bony
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications
D7250	Removal of residual tooth roots (cutting procedure)
D7261	Primary closure of a sinus perforation
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion, complicated
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
	ADJUNCTIVE GENERAL SERVICES
D9222	Deep sedation/general anesthesia, first 15 minute increment
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment
D9986	Missed appointment
D9987	Cancelled appointment
D9992	Dental case management, care coordination
D9995	Teledentistry, synchronous; real-time encounter