

Procedure Code	Rate	Date	Adult	Prior Authorize	Tooth # Required	Additional Criteria
EXAMINATION						
D0120	21.35	7/1/21	X	N		
D0140	30.50	7/1/21	X	N		
D0145	30.50	7/1/21		N		
D0150	30.50	7/1/21	X	N		
RADIOGRAPHS/TEST						
D0210	60.98	7/1/21		Y		Narrative to qualify, once per 3 years
D0220	15.24	7/1/21	X	N	X	
D0230	7.62	7/1/21	X	N	X	
D0240	18.30	7/1/21		N		
D0270	15.24	7/1/21		Y		
D0272	18.30	7/1/21	X	N		
D0274	30.50	7/1/21	X	N		
D0310	128.06	7/1/21		Y		
D0320	304.89	7/1/21		Y		
D0321	94.52	7/1/21		Y		
D0330	48.77	7/1/21	X	Y		Narative to qualify, Once every three years
D0340	60.98	7/1/21		N		
D0350	30.50	7/1/21		N		
D0460	24.40	7/1/21		Y	01, 02	
D0470	38.12	7/1/21		N		Once per 2 yrs
D0601	9.15	7/1/21		N		
D0602	9.15	7/1/21		N		
D0603	9.15	7/1/21		N		
PROPHYLAXIS/SEALANTS						
D1110	45.74	7/1/21	X	N		Age 13+; every 184 days
D1120	30.50	7/1/21		N		Age 12 or less
D1206	15.24	7/1/21	X	N		1 per 6 months
D1208	15.24	7/1/21		N		
D1320	33.54	7/1/21	X	N		
D1351	24.40	7/1/21		N	X	
D1354	24.40	7/1/21		N		

SPACE MAINTENANCE - PASSIVE					Missing tooth #, provider responsible for 6 month post insertion	
D1510	121.95	7/1/21		N	01, 02	
D1516	182.92	7/1/21		N		
D1517	182.92	7/1/21		N		
D1520	152.44	7/1/21		Y	X	
D1526	213.42	7/1/21		Y		
D1527	213.42	7/1/21		Y		
D1552	36.57	7/1/21		N		
D1553	36.57	7/1/21		N		
D1556	33.54	7/1/21		N		
D1557	33.54	7/1/21		N		
D1558	33.54	7/1/21		N		
AMALGAM RESTORATIONS						
D1575	121.95	7/1/21		N		
D1701	40.00	7/1/21				
D1702	40.00	7/1/21				
D1703	40.00	7/1/21				
D1704	40.00	7/1/21				
D1707	40.00	7/1/21				
D2140	60.98	7/1/21	X	N	X	
D2150	94.52	7/1/21	X	N	X	
D2160	123.49	7/1/21	X	N	X	
D2161	131.97	7/1/21	X	N	X	
RESIN BASED COMPOSITE RESTORATIONS						
D2330	60.98	7/1/21	X	N	X	
D2331	91.47	7/1/21	X	N	X	
D2332	106.71	7/1/21	X	N	X	
D2335	121.95	7/1/21	X	N	X	
D2390	207.32	7/1/21		N	X	C-H, M-R
D2391	60.98	7/1/21	X	N	X	
D2392	94.52	7/1/21	X	N	X	
D2393	123.49	7/1/21	X	N	X	

D2394	131.97	7/1/21	X	N	X	
SINGLE CROWNS						
D2710	304.89	7/1/21		Y	X	6-11, 22-27
D2721	457.33	7/1/21		Y	X	1-32
D2740	609.77	7/1/21		Y	X	1-32
D2750	426.85	7/1/21		Y	X	1-32
D2751	487.81	7/1/21		Y	X	1-32
D2752	426.85	7/1/21		Y	X	1-32
D2790	426.85	7/1/21		Y	X	1-5, 12-21, 28-32
D2791	426.85	7/1/21		Y	X	1-5, 12-21, 28-32
D2792	426.85	7/1/21		Y	X	1-5, 12-21, 28-32
OTHER RESTORATIVE						
D2920	45.74	7/1/21		N	X	
D2930	121.95	7/1/21		N	X	
D2931	182.92	7/1/21		N	X	
D2932	146.35	7/1/21		N	X	
D2933	121.95	7/1/21		N	X	A-T, AS-TS
D2934	121.95	7/1/21		N	X	A-T, AS-TS
D2940	45.74	7/1/21		N	X	
D2950	121.95	7/1/21		Y	X	
D2951	30.50	7/1/21		N	X	
D2952	243.92	7/1/21		Y	X	Anterior permanent teeth; provider responsible for 24 month post insertion
D2954	152.44	7/1/21		Y	X	
D2960	182.92	7/1/21		Y	X	
D2961	304.89	7/1/21		Y	X	
D2962	439.04	7/1/21		Y	X	
D2980	125.01	7/1/21		Y	X	
ENDODONTICS						
provider responsible for 24 months follow-up						
D3110	38.12	7/1/21		N	X	Allowed with sedative fill;
D3120	30.50	7/1/21		N	X	
D3220	91.47	7/1/21		N	X	

D3221	121.95	7/1/21		N	X	
D3230	100.60	7/1/21		N	X	
D3240	112.80	7/1/21		N	X	
D3310	310.99	7/1/21		N	X	
D3320	350.62	7/1/21		Y	X	
D3330	426.85	7/1/21		Y	X	
D3346	335.37	7/1/21		Y	X	
D3347	408.54	7/1/21		Y	X	
D3351	152.44	7/1/21		Y	X	
D3352	115.86	7/1/21		Y	X	
D3353	243.92	7/1/21		Y	X	
D3410	277.45	7/1/21		Y	X	
D3430	94.30	7/1/21		Y	X	
PERIODONTAL SERVICES					chart	
D4210	289.64	7/1/21		Y	Quad.	
D4211	106.71	7/1/21		Y	Quad.	
D4212	106.73	7/1/21		Y		
D4231	246.96	7/1/21		Y	Quad.	
D4240	332.34	7/1/21		Y	Quad.	
D4241	268.31	7/1/21		Y	Quad.	
D4260	487.81	7/1/21		Y	Quad.	
D4261	243.92	7/1/21		Y	Quad.	
D4265	201.23	7/1/21		Y	Quad.	
D4270	371.95	7/1/21		Y	X	
D4275	265.25	7/1/21		Y	Quad.	
D4276	289.64	7/1/21		Y	X	
D4277	914.82	7/1/21		Y		
D4278	304.94	7/1/21		Y		
D4341	152.44	7/1/21	X	Y	Quad.	
D4342	82.32	7/1/21	X	Y	Quad.	
D4346	274.40	7/1/21	X	Y		
REMOVABLE PROSTHODONTICS					Teeth to be replaced must be on PA request	

D5110	762.21	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5120	762.21	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5130	838.45	7/1/21	X	Y		once per lifetime
D5140	838.45	7/1/21	X	Y		once per lifetime
D5211	518.31	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5212	539.65	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5213	914.66	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5214	914.66	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5225	649.40	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5226	649.40	7/1/21	X	Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
D5282	408.54	7/1/21	X	Y		
D5283	408.54	7/1/21	X	Y		
D5284	408.54	7/1/21		Y		
D5286	408.54	7/1/21		Y		
D5410	36.57	7/1/21	X	N		Limited to 2 visits
D5411	36.57	7/1/21	X	N		Limited to 2 visits
D5421	36.57	7/1/21	X	N		Limited to 2 visits
D5422	36.57	7/1/21	X	N		Limited to 2 visits

D5511	91.47	7/1/21	X	Y		Once every 5 yrs, includes 6 months follow up
D5512	91.47	7/1/21	X	Y		Once every 5 yrs, includes 6 months follow up
D5520	60.98	7/1/21	X	N	X	
D5611	91.47	7/1/21	X	N		
D5612	91.47	7/1/21	X	N		
D5621	125.01	7/1/21	X	N		
D5622	125.01	7/1/21	X	N		
D5630	112.80	7/1/21	X	N	X	
D5640	91.47	7/1/21	X	N	X	
D5650	91.47	7/1/21	X	N	X	
D5660	152.44	7/1/21	X	N	X	
D5670	454.27	7/1/21	X	Y		
D5671	454.27	7/1/21	X	Y		
D5710	304.89	7/1/21	X	Y		
D5711	304.89	7/1/21	X	Y		
D5720	243.92	7/1/21	X	Y		
D5721	243.92	7/1/21	X	Y		
D5750	243.92	7/1/21	X	Y		
D5751	243.92	7/1/21	X	Y		
D5760	243.92	7/1/21	X	Y		
D5761	243.92	7/1/21	X	Y		
D5820	304.89	7/1/21	X	Y	X	age 5 +
D5821	304.89	7/1/21	X	Y	X	age 5 +
D5850	70.60	7/1/21	X	Y		
D5899	MANUAL	7/1/21	X	Y		
MAXILLOFACIAL PROS	-					narrative detailing medical necessity
D5911	121.95	7/1/21		Y		
D5912	182.92	7/1/21		Y		
D5913	3,048.86	7/1/21		Y		
D5914	3,048.86	7/1/21		Y		
D5915	4,115.97	7/1/21		Y		
D5916	4,268.42	7/1/21		Y		

D5919	2,439.10	7/1/21		Y		
D5922	1,981.77	7/1/21		Y		
D5923	2,439.10	7/1/21		Y		
D5931	975.64	7/1/21		Y		
D5932	2,286.65	7/1/21		Y		
D5933	457.33	7/1/21		Y		
D5934	2,286.65	7/1/21		Y		
D5935	2,286.65	7/1/21		Y		
D5936	838.45	7/1/21		Y		
D5937	277.45	7/1/21		Y		
D5951	914.66	7/1/21		Y		
D5952	914.66	7/1/21		Y		
D5954	914.66	7/1/21		Y		
D5955	1,981.77	7/1/21		Y		
D5958	1,158.57	7/1/21		Y		
D5959	365.87	7/1/21		Y		
D5982	164.64	7/1/21		Y		
D5983	378.06	7/1/21		Y		
D5984	378.06	7/1/21		Y		
D5985	853.68	7/1/21		Y		
D5986	91.47	7/1/21		Y		
D5999	MANUAL	7/1/21		Y		
FIXED PROSTHODONTICS Age 17+ Request must include narrative detailing medical necessity						
D6211	426.85	7/1/21		Y	X	
D6241	548.79	7/1/21		Y	X	
D6251	426.85	7/1/21		Y	X	
D6545	289.64	7/1/21		Y	X	
D6721	457.33	7/1/21		Y	X	
D6751	487.81	7/1/21		Y	X	
D6791	426.85	7/1/21		Y	X	
D6930	60.98	7/1/21		Y	X	
D6980	158.54	7/1/21		Y	X	
ORAL AND MAXILLOFACIAL SURGERY Request must include narrative detailing medical necessity						
D7111	60.98	7/1/21	X	N	X	
D7140	67.07	7/1/21	X	N	X	

D7210	121.95	7/1/21	X	N	X	
D7220	140.25	7/1/21	X	N	X	
D7230	182.92	7/1/21	X	N	X	
D7240	219.50	7/1/21	X	N	X	
D7241	304.89	7/1/21	X	Y	X	
D7250	121.95	7/1/21	X	N	X	
D7261	320.13	7/1/21	X	N	X	
D7270	219.50	7/1/21		N	X	
D7280	182.92	7/1/21		Y	X	
D7282	222.57	7/1/21		N	X	
D7283	231.70	7/1/21		Y	X	
D7285	158.54	7/1/21		N		
D7286	121.95	7/1/21		N	Quad	
D7310	128.06	7/1/21		N	Quad	
D7321	234.77	7/1/21		N	Quad	
EXCISION/REMOVAL OF LESIONS					narrative detailing medical necessity	
D7410	152.44	7/1/21		N		
D7411	149.39	7/1/21		Y		
D7412	207.32	7/1/21		Y		
D7413	304.89	7/1/21	X	N		
D7414	268.31	7/1/21	X	N		
D7415	432.94	7/1/21	X	N		
D7440	240.85	7/1/21		N		
D7441	487.81	7/1/21		N		
D7450	207.32	7/1/21		N		
D7451	268.31	7/1/21		N		
D7460	204.28	7/1/21		N		
D7461	289.64	7/1/21		N		
D7465	160.05	7/1/21		N		By report
EXCISION OF BONE TISSUE					narrative detailing medical necessity	
D7471	259.17	7/1/21		Y	L, R	
D7472	213.42	7/1/21		Y		

D7473	219.50	7/1/21		Y	L, R	
D7485	240.85	7/1/21		Y		
D7490	3,780.60	7/1/21		Y	01, 02	
SURGICAL INCISION						
D7510	82.32	7/1/21		N	X	
D7511	134.15	7/1/21		N	X	
D7520	182.92	7/1/21		N	X	
D7521	228.67	7/1/21		N	X	
D7530	128.06	7/1/21		N		
D7540	259.17	7/1/21		N		
D7550	213.42	7/1/21		N	Quad	
D7560	396.35	7/1/21		N		
FRACTURE TREATMENTS						
D7610	1,768.35	7/1/21		N		
D7620	1,463.46	7/1/21		N		
D7630	2,012.25	7/1/21		N		
D7640	1,219.55	7/1/21		N		
D7650	1,920.79	7/1/21		N		
D7660	1,158.57	7/1/21		N		
D7670	609.77	7/1/21		N		
D7671	365.87	7/1/21		N		
D7710	2,103.73	7/1/21		N		
D7720	1,341.50	7/1/21		N		
D7730	2,347.62	7/1/21		N		
D7740	1,371.99	7/1/21		N		
D7750	1,981.77	7/1/21		N		
D7760	1,829.32	7/1/21		N		
D7770	1,158.57	7/1/21		N	X	
D7771	716.47	7/1/21		N	X	
D7780	3,719.61	7/1/21		N		
SURGICAL TMJ					narrative detailing medical necessity	
D7820	274.40	7/1/21		N	L, R	
D7830	277.45	7/1/21		N		
D7840	2,622.02	7/1/21		Y	L, R	

D7850	2,500.07	7/1/21		Y	L, R	
D7858	3,414.74	7/1/21		Y	L, R	
D7860	914.66	7/1/21		Y	L, R	
D7865	2,561.04	7/1/21		Y	L, R	
D7870	121.95	7/1/21		Y	L, R	
D7872	792.71	7/1/21		Y	L, R	
D7873	868.93	7/1/21		Y	L, R	
D7874	1,097.59	7/1/21		Y	L, R	
D7875	1,173.83	7/1/21		Y	L, R	
D7876	1,219.55	7/1/21		Y	L, R	
D7877	1,128.08	7/1/21		Y	L, R	
D7880	432.94	7/1/21		Y		
SURGICAL REPAIRS					narrative detailing medical necessity	
D7910	128.06	7/1/21		N		
D7911	164.64	7/1/21		N		
D7912	243.92	7/1/21		N		
D7920	1,006.14	7/1/21		Y		
D7940	1,615.90	7/1/21		Y		
D7941	4,268.42	7/1/21		Y		
D7943	4,329.38	7/1/21		Y		
D7944	3,414.74	7/1/21		Y	Quad	
D7945	3,445.23	7/1/21		Y		
D7946	3,811.08	7/1/21		Y		
D7947	3,811.08	7/1/21		Y		
D7948	4,268.42	7/1/21		Y		
D7949	6,219.69	7/1/21		Y		
D7950	1,311.02	7/1/21		Y		
D7960	182.92	7/1/21		N	01, 02	
D7961	182.92	7/1/21		N		
D7962	213.42	7/1/21		N		
D7970	243.92	7/1/21		Y		
D7971	103.68	7/1/21		N	X	
D7972	314.02	7/1/21		N	L, R	

D7980	253.05	7/1/21		N		
D7981	1,219.55	7/1/21		N		
D7982	746.98	7/1/21		N		
D7983	518.31	7/1/21		N	Quad	
D7990	506.12	7/1/21		N		
D7991	1,890.30	7/1/21		Y	L, R	
D7999	MANUAL	7/1/21		Y		
ORTHODONTICS					Request includes narrative detailing medical necessity	
D8020	429.38	7/1/21		Y		Transitional dentition
D8050	335.27	7/1/21		Y		
D8060	335.27	7/1/21		Y		
D8080	MANUAL	7/1/21		Y		
D8220	383.17	7/1/21		Y		
D8695	121.95	7/1/21		Y		
D8999	136.24	7/1/21		Y		By other than original orthodontist
ADJUNCTIVE GENERAL SERVICES					narrative detailing medical necessity	
D9110	60.98	7/1/21		N		All inclusive, no other code acceptable on this date
D9130	432.94	7/1/21		Y		
D9222	79.26	7/1/21		N		
D9223	60.98	7/1/21		N		
D9230	27.44	7/1/21		N		
D9248	135.67	7/1/21		N		
D9310	48.77	7/1/21		N		Diagnostic service by other than providing practitioner; specialty referral only
D9610	30.50	7/1/21		N		
D9930	51.84	7/1/21		N		
D9944	304.89	7/1/21		Y		
D9945	304.89	7/1/21		Y		
D9946	304.89	7/1/21		Y		

D9950	137.21	7/1/21		Y		Narrative for need; limited to 1/3 year, models on request
D9951	70.11	7/1/21		Y	X	Limited to once per 3 years
D9999	MANUAL	7/1/21		Y		