

Oklahoma Health Care Authority

CDT13 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
EXAMINATION					
D0120	\$20.35	07/01/2015	N		
D0140	\$29.07	07/01/2015	N		
D0145	\$29.07	07/01/2015	N		
D0150	\$29.07	07/01/2015	N		
RADIOGRAPHS/TEST					
D0210	\$58.13	07/01/2015	Y		Narrative to qualify, once per 3 years
D0220	\$14.53	07/01/2015	N	X	
D0230	\$7.27	07/01/2015	N	X	
D0240	\$17.44	07/01/2015	N		
D0270	\$14.53	07/01/2015	Y		
D0272	\$17.44	07/01/2015	N		
D0274	\$29.07	07/01/2015	N		
*D0290	\$52.32	07/01/2015	Y		
D0310	\$122.07	07/01/2015	Y		
D0320	\$290.63	07/01/2015	Y		
D0321	\$90.10	07/01/2015	Y		
D0330	\$46.49	07/01/2015	Y		
D0340	\$58.13	07/01/2015	N		
D0460	\$23.26	07/01/2015	Y	01, 02	
D0470	\$36.33	07/01/2015	N		Once per 2 yrs
PROPHYLAXIS/SEALANTS					
D1110	\$43.60	07/01/2015	N		Age 13+
D1120	\$29.07	07/01/2015	N		Age 12 or less
D1206	\$14.53	07/01/2015	N		
D1208	\$14.53	07/01/2015	N		
D1320	\$31.97	07/01/2015	N		
D1351	\$23.26	07/01/2015	N	X	
SPACE MAINTENANCE - PASSIVE				Missing tooth #, provider responsible for 6 month post insertion	
D1510	\$116.25	07/01/2015	N	X	
D1515	\$174.37	07/01/2015	N	X	
D1520	\$145.31	07/01/2015	N	X	Anterior permanent teeth
D1525	\$203.44	07/01/2015	N	01, 02	Anterior permanent teeth
D1550	\$34.87	07/01/2015	N	X	
D1555	\$31.97	07/01/2015	N	X	
AMALGAM RESTORATIONS					
D2140	\$58.13	07/01/2015	N	X	
D2150	\$90.10	07/01/2015	N	X	
D2160	\$117.71	07/01/2015	N	X	
D2161	\$125.80	07/01/2015	N	X	
RESIN BASED COMPOSITE RESTORATIONS					
D2330	\$58.13	07/01/2015	N	X	
D2331	\$87.19	07/01/2015	N	X	
D2332	\$101.72	07/01/2015	N	X	

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D2335	\$116.25	07/01/2015	N	X	
D2390	\$197.63	07/01/2015	N	X	C-H, M-R
D2391	\$58.13	07/01/2015	N	X	
D2392	\$90.10	07/01/2015	N	X	
D2393	\$117.71	07/01/2015	N	X	
SINGLE CROWNS					
D2710	\$290.63	07/01/2015	Y	X	6-11, 22-27
D2721	\$435.94	07/01/2015	Y	X	1-32
D2740	\$581.26	07/01/2015	Y	X	1-32
D2750	\$406.89	07/01/2015	Y	X	1-32
D2751	\$465.00	07/01/2015	Y	X	1-32
D2752	\$406.89	07/01/2015	Y	X	1-32
D2790	\$406.89	07/01/2015	Y	X	1-5, 12-21, 28-32
D2791	\$406.89	07/01/2015	Y	X	2-5, 12-15, 18-21, 28-31
D2792	\$406.89	07/01/2015	Y	X	1-5, 12-21, 28-32
OTHER RESTORATIVE					
D2920	\$43.60	07/01/2015	N	X	
D2930	\$116.25	07/01/2015	N	X	
D2931	\$174.37	07/01/2015	N	X	
D2932	\$139.50	07/01/2015	N	X	
D2933	\$116.25	07/01/2015	N	X	A-T, AS-TS
D2934	\$116.25	07/01/2015	N	X	A-T, AS-TS
D2940	\$43.60	07/01/2015	N	X	
D2950	\$116.25	07/01/2015	Y	X	
D2951	\$29.07	07/01/2015	N	X	
D2952	\$232.51	07/01/2015	Y	X	Anterior permanent teeth; provider responsible for 24 month post insertion
D2954	\$145.31	07/01/2015	Y	X	
D2960	\$174.37	07/01/2015	Y	X	
D2961	\$290.63	07/01/2015	Y	X	
D2962	\$418.51	07/01/2015	Y	X	
D2980	\$119.16	07/01/2015	Y	X	
ENDODONTICS			No missing teeth in arch, provider responsible for 24 months follow-up		
D3110	\$36.33	07/01/2015	N	X	Allowed with sedative fill;
D3120	\$29.07	07/01/2015	N	X	
D3220	\$87.19	07/01/2015	N	X	
D3221	\$116.25	07/01/2015	N	X	
D3230	\$95.90	07/01/2015	N	X	
D3240	\$107.53	07/01/2015	N	X	
D3310	\$296.44	07/01/2015	N	X	
D3320	\$334.22	07/01/2015	Y	X	
D3330	\$406.89	07/01/2015	Y	X	
D3346	\$319.69	07/01/2015	Y	X	
D3347	\$389.44	07/01/2015	Y	X	

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D3351	\$145.31	07/01/2015	Y	X	
D3352	\$110.44	07/01/2015	Y	X	
D3353	\$232.51	07/01/2015	Y	X	
D3410	\$264.47	07/01/2015	Y	X	
D3430	\$89.89	07/01/2015	Y	X	
PERIODONTAL SERVICES				Requires narrative, perio chart	
D4210	\$276.10	07/01/2015	Y	Quad.	
D4211	\$101.72	07/01/2015	Y	Quad.	
D4212	\$101.74	07/01/2015	Y		
D4231	\$235.41	07/01/2015	Y	Quad.	
D4240	\$316.79	07/01/2015	Y	Quad.	
D4241	\$255.76	07/01/2015	Y	Quad.	
D4260	\$465.00	07/01/2015	Y	Quad.	
D4261	\$232.51	07/01/2015	Y	Quad.	
D4265	\$191.82	07/01/2015	Y	Quad.	
D4270	\$354.56	07/01/2015	Y	X	
D4275	\$252.85	07/01/2015	Y	Quad.	
D4276	\$276.10	07/01/2015	Y	X	
D4277	\$872.04	07/01/2015	Y		
D4278	\$290.68	07/01/2015	Y		
D4341	\$145.31	07/01/2015	Y	Quad.	
D4342	\$78.47	07/01/2015	Y	Quad.	
REMOVABLE PROSTHODONTICS				Teeth to be replaced must be on PA request	
D5110	\$726.57	07/01/2015	Y		Once every 5 yrs, includes 6 months follow up
D5120	\$726.57	07/01/2015	Y		Once every 5 yrs, includes 6 months follow up
D5130	\$799.24	07/01/2015	Y		Once every 5 yrs, includes 6 months follow up
D5140	\$799.24	07/01/2015	Y		Once every 5 yrs, includes 6 months follow up
D5211	\$494.07	07/01/2015	Y		
D5212	\$514.41	07/01/2015	Y		
D5213	\$871.89	07/01/2015	Y		
D5214	\$871.89	07/01/2015	Y		
D5225	\$619.04	07/01/2015	Y		
D5226	\$619.04	07/01/2015	Y		
D5281	\$389.44	07/01/2015	Y		
D5410	\$34.87	07/01/2015	N		Limited to 2 visits
D5411	\$34.87	07/01/2015	N		Limited to 2 visits
D5421	\$34.87	07/01/2015	N		Limited to 2 visits
D5422	\$34.87	07/01/2015	N		Limited to 2 visits
D5510	\$87.19	07/01/2015	N		
D5520	\$58.13	07/01/2015	N	X	
D5610	\$87.19	07/01/2015	N		
D5620	\$119.16	07/01/2015	N		

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D5630	\$107.53	07/01/2015	N	X	
D5640	\$87.19	07/01/2015	N	X	
D5650	\$87.19	07/01/2015	N	X	
D5660	\$145.31	07/01/2015	N	X	
D5670	\$433.03	07/01/2015	Y		
D5671	\$433.03	07/01/2015	Y		
D5710	\$290.63	07/01/2015	Y		
D5711	\$290.63	07/01/2015	Y		
D5720	\$232.51	07/01/2015	Y		
D5721	\$232.51	07/01/2015	Y		
D5750	\$232.51	07/01/2015	Y		
D5751	\$232.51	07/01/2015	Y		
D5760	\$232.51	07/01/2015	Y		
D5761	\$232.51	07/01/2015	Y		
D5820	\$290.63	07/01/2015	Y	X	age 5-16
D5821	\$290.63	07/01/2015	Y	X	age 5-16
*D5851	\$75.56	07/01/2015	Y		
D5899	MANUAL	07/01/2015	Y		
MAXILLOFACIAL PROSTHETICS				Request must include narrative detailing medical necessity	
D5911	\$116.25	07/01/2015	Y		
D5912	\$174.37	07/01/2015	Y		
D5913	\$2,906.30	07/01/2015	Y		
D5914	\$2,906.30	07/01/2015	Y		
D5915	\$3,923.50	07/01/2015	Y		
D5916	\$4,068.82	07/01/2015	Y		
D5919	\$2,325.04	07/01/2015	Y		
D5922	\$1,889.10	07/01/2015	Y		
D5923	\$2,325.04	07/01/2015	Y		
D5931	\$930.02	07/01/2015	Y		
D5932	\$2,179.72	07/01/2015	Y		
D5933	\$435.94	07/01/2015	Y		
D5934	\$2,179.72	07/01/2015	Y		
D5935	\$2,179.72	07/01/2015	Y		
D5936	\$799.24	07/01/2015	Y		
D5937	\$264.47	07/01/2015	Y		
D5951	\$871.89	07/01/2015	Y		
D5952	\$871.89	07/01/2015	Y		
D5954	\$871.89	07/01/2015	Y		
D5955	\$1,889.10	07/01/2015	Y		
D5958	\$1,104.39	07/01/2015	Y		
D5959	\$348.76	07/01/2015	Y		
D5982	\$156.94	07/01/2015	Y		
D5983	\$360.38	07/01/2015	Y		
D5984	\$360.38	07/01/2015	Y		
D5985	\$813.76	07/01/2015	Y		

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D5986	\$87.19	07/01/2015	Y		
FIXED PROSTHODONTICS Age 17+ Request must include narrative detailing medical necessity vs. removable pa					
D6211	\$406.89	07/01/2015	Y	X	
D6241	\$523.13	07/01/2015	Y	X	
D6251	\$406.89	07/01/2015	Y	X	
D6545	\$276.10	07/01/2015	Y	X	
D6721	\$435.94	07/01/2015	Y	X	
D6751	\$465.00	07/01/2015	Y	X	
D6791	\$406.89	07/01/2015	Y	X	
D6930	\$58.13	07/01/2015	Y	X	
D6980	\$151.12	07/01/2015	Y	X	
ORAL AND MAXILLOFACIAL SURGERY Request must include narrative detailing medical necessity					
D7111	\$58.13	07/01/2015	N	X	
D7140	\$63.94	07/01/2015	N	X	
D7210	\$116.25	07/01/2015	N	X	
D7220	\$133.69	07/01/2015	N	X	
D7230	\$174.37	07/01/2015	N	X	
D7240	\$209.24	07/01/2015	N	X	
D7241	\$290.63	07/01/2015	N	X	
D7250	\$116.25	07/01/2015	N	X	
*D7260	\$348.76	07/01/2015	Y	X	
D7261	\$305.16	07/01/2015	N	X	
D7270	\$209.24	07/01/2015	N	X	
*D7272	\$290.63	07/01/2015	Y	X	
D7280	\$174.37	07/01/2015	Y	X	
D7282	\$212.17	07/01/2015	N	X	
D7283	\$220.87	07/01/2015	Y	X	
D7285	\$151.12	07/01/2015	N		
D7286	\$116.25	07/01/2015	N	Quad	
D7310	\$122.07	07/01/2015	N	Quad	
D7321	\$223.79	07/01/2015	N	Quad	
EXCISION/REMOVAL OF LESIONS				Request must include narrative detailing medical necessity	
D7410	\$145.31	07/01/2015	N		
D7411	\$142.41	07/01/2015	Y		
D7412	\$197.63	07/01/2015	Y		
D7413	\$290.63	07/01/2015	N		
D7414	\$255.76	07/01/2015	N		
D7415	\$412.69	07/01/2015	N		
D7440	\$229.59	07/01/2015	N		
D7441	\$465.00	07/01/2015	N		
D7450	\$197.63	07/01/2015	N		
D7451	\$255.76	07/01/2015	N		
D7460	\$194.72	07/01/2015	N		
D7461	\$276.10	07/01/2015	N		
D7465	\$152.57	07/01/2015	N		By report

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EXCISION OF BONE TISSUE				Request must include narrative detailing medical necessity	
D7471	\$247.05	07/01/2015	Y	L, R	
D7472	\$203.44	07/01/2015	Y		
D7473	\$209.24	07/01/2015	Y	L, R	
D7485	\$229.59	07/01/2015	Y		
D7490	\$3,603.81	07/01/2015	Y	01, 02	
SURGICAL INCISION					
D7510	\$78.47	07/01/2015	N	X	
D7511	\$127.88	07/01/2015	N	X	
D7520	\$174.37	07/01/2015	N	X	
D7521	\$217.98	07/01/2015	N	X	
D7530	\$122.07	07/01/2015	N		
D7540	\$247.05	07/01/2015	N		
D7550	\$203.44	07/01/2015	N	Quad	
D7560	\$377.82	07/01/2015	N		
FRACTURE TREATMENTS					
D7610	\$1,685.66	07/01/2015	N		
D7620	\$1,395.02	07/01/2015	N		
D7630	\$1,918.15	07/01/2015	N		
D7640	\$1,162.53	07/01/2015	N		
D7650	\$1,830.97	07/01/2015	N		
D7660	\$1,104.39	07/01/2015	N		
D7670	\$581.26	07/01/2015	N		
D7671	\$348.76	07/01/2015	N		
D7710	\$2,005.35	07/01/2015	N		
D7720	\$1,278.77	07/01/2015	N		
D7730	\$2,237.85	07/01/2015	N		
D7740	\$1,307.83	07/01/2015	N		
D7750	\$1,889.10	07/01/2015	N		
D7760	\$1,743.78	07/01/2015	N		
D7770	\$1,104.39	07/01/2015	N	X	
D7771	\$682.97	07/01/2015	N	X	
D7780	\$3,545.68	07/01/2015	N		
SURGICAL TMJ				Request must include narrative detailing medical necessity	
D7820	\$261.57	07/01/2015	N	L, R	
D7830	\$264.47	07/01/2015	N		
D7840	\$2,499.41	07/01/2015	Y	L, R	
D7850	\$2,383.17	07/01/2015	Y	L, R	
D7858	\$3,255.06	07/01/2015	Y	L, R	
D7860	\$871.89	07/01/2015	Y	L, R	
D7865	\$2,441.29	07/01/2015	Y	L, R	
D7870	\$116.25	07/01/2015	Y	L, R	
D7872	\$755.64	07/01/2015	Y	L, R	
D7873	\$828.30	07/01/2015	Y	L, R	
D7874	\$1,046.26	07/01/2015	Y	L, R	

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D7875	\$1,118.94	07/01/2015	Y	L, R	
D7876	\$1,162.53	07/01/2015	Y	L, R	
D7877	\$1,075.33	07/01/2015	Y	L, R	
D7880	\$412.69	07/01/2015	Y		
SURGICAL REPAIRS				Request must include narrative detailing medical necessity	
D7910	\$122.07	07/01/2015	N		
D7911	\$156.94	07/01/2015	N		
D7912	\$232.51	07/01/2015	N		
D7920	\$959.09	07/01/2015	Y		
D7940	\$1,540.34	07/01/2015	Y		
D7941	\$4,068.82	07/01/2015	Y		
D7943	\$4,126.94	07/01/2015	Y		
D7944	\$3,255.06	07/01/2015	Y	Quad	
D7945	\$3,284.12	07/01/2015	Y		
D7946	\$3,632.87	07/01/2015	Y		
D7947	\$3,632.87	07/01/2015	Y		
D7948	\$4,068.82	07/01/2015	Y		
D7949	\$5,928.85	07/01/2015	Y		
D7950	\$1,249.71	07/01/2015	Y		
D7960	\$174.37	07/01/2015	N	01, 02	
D7970	\$232.51	07/01/2015	Y		
D7971	\$98.82	07/01/2015	N	X	
D7972	\$299.34	07/01/2015	N	L, R	
D7980	\$241.22	07/01/2015	N		
D7981	\$1,162.53	07/01/2015	N		
D7982	\$712.05	07/01/2015	N		
D7983	\$494.07	07/01/2015	N	Quad	
D7990	\$482.45	07/01/2015	N		
D7991	\$1,801.91	07/01/2015	Y	L, R	
D7999	MANUAL	07/01/2015	Y		
ORTHODONTICS				Request includes narrative detailing medical necessity	
D8020	\$409.30	07/01/2015	Y		Transitional dentition
D8050	\$319.59	07/01/2015	Y		
D8060	\$319.59	07/01/2015	Y		
D8080	MANUAL	07/01/2015	Y		
D8210	\$233.99	07/01/2015	Y		Included in comprehensive tx
D8220	\$365.25	07/01/2015	Y		
D8999	\$129.87	07/01/2015	Y		By other than original orthodontist
ADJUNCTIVE GENERAL SERVICES				Request must include narrative detailing medical necessity	
D9110	\$58.13	07/01/2015	N		All inclusive, no other code acceptable on this date
*D9215	\$23.26	07/01/2015	Y		
D9220	\$159.85	07/01/2015	N		
D9221	\$58.13	07/01/2015	N		
D9230	\$26.15	07/01/2015	N		

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D9248	\$129.33	07/01/2015	N		
D9310	\$46.49	07/01/2015	N		Diagnostic service by other than providing practitioner; specialty referral only
*D9420	\$94.52	07/01/2015	Y		
D9610	\$29.07	07/01/2015	N		
D9930	\$49.41	07/01/2015	N		
D9940	\$290.63	07/01/2015	Y		Narrative of clinical findings to qualify
D9950	\$130.79	07/01/2015	Y		Narrative for need; limited to 1/3 year, models on request
D9951	\$66.84	07/01/2015	Y	X	Limited to once per 3 years
D9999	MANUAL	07/01/2015	Y		

*Procedure code is covered for members in a waiver program only