

Oklahoma Health Care Authority

CDT5 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
EXAMINATION					
D0120	\$23.50	01/01/2007			
D0140	\$33.57	01/01/2007		X	Only allowed for trauma related
D0145	\$36.93	01/01/2007			
D0150	\$33.57	01/01/2007			Absent from treatment for 18 months
RADIOGRAPHS/TEST					
D0210	\$67.14	01/01/2007	X		Narrative to qualify, once per 3 years
D0220	\$16.79	01/01/2007		X	
D0230	\$8.39	01/01/2007		X	
D0240	\$20.14	01/01/2007	X	ARCH	Once per year
D0270	\$16.79	01/01/2007	X		Once per year
D0272	\$20.14	01/01/2007			Once per year
D0290	\$60.43	01/01/2007	X		Once per 2 yrs
D0310	\$140.99	01/01/2007	X		Once per 2 yrs
D0320	\$335.70	01/01/2007	X		Once per 2 yrs
D0321	\$104.07	01/01/2007	X		Once per 3 yrs
D0322	\$187.99	01/01/2007	X		Once per 3 yrs
D0330	\$53.71	01/01/2007			Recommended frequency is once per 3 yrs
D0340	\$67.14	01/01/2007	X		Ortho/Oral Surgeons only
D0460	\$26.86	01/01/2007	X	X	Once per 3 yrs
D0470	\$41.96	01/01/2007			Once per 2 yrs
PROPHYLAXIS/SEALANTS					
D1110	\$50.36	01/01/2007			Age 13+
D1120	\$33.57	01/01/2007			Age 12 or less
D1201	\$0.00	01/01/2007			
D1203	\$16.79	01/01/2007			Age 12 or less
D1204	\$16.79	01/01/2007			Age 13+
D1205	\$0.00	01/01/2007			Age 13+
D1320	\$36.93	01/01/2007			
D1330	\$23.50	01/01/2007			
D1351	\$26.86	01/01/2007		X	Tooth must be caries free
SPACE MAINTENANCE - PASSIVE					
D1510	\$134.28	01/01/2007		X	Missing tooth #, provider responsible for 6 month post insertion
D1515	\$201.42	01/01/2007		X	Missing tooth #, provider responsible for 6 month post insertion
D1520	\$167.85	01/01/2007		X	Anterior permanent teeth; provider responsible for 9 month post insertion
D1525	\$234.99	01/01/2007		X	Anterior permanent teeth; provider responsible for 9 month post insertion
D1550	\$40.28	01/01/2007		X	Available 9 months post insertion
D1555	\$50.36	01/01/2007		X	
AMALGAM RESTORATIONS					
D2140	\$67.14	01/01/2007		X	
D2150	\$73.85	01/01/2007		X	
D2160	\$90.64	01/01/2007		X	
D2161	\$110.78	01/01/2007		X	
RESIN BASED COMPOSITE RESTORATIONS					
D2330	\$67.14	01/01/2007		X	
D2331	\$100.71	01/01/2007		X	
D2332	\$117.50	01/01/2007		X	
D2335	\$134.28	01/01/2007		X	
D2390	\$228.28	01/01/2007	X	X	Primary anteriors only
D2391	\$67.14	01/01/2007		X	
D2392	\$134.28	01/01/2007		X	
D2393	\$181.28	01/01/2007		X	No cusp replacements or subgingival margins
SINGLE CROWNS					
D2710	\$335.70	01/01/2007	X	X	
D2721	\$503.55	01/01/2007	X	X	
D2740	\$671.40	01/01/2007	X	X	#s 7,8,9,10,23,24,25,26
D2751	\$537.12	01/01/2007	X	X	#s 4-13, 21-28
D2791	\$469.98	01/01/2007	X	X	Posterior teeth

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OTHER RESTORATIVE					
D2920	\$50.36	01/01/2007		X	Available 9 months post cementation
D2930	\$134.28	01/01/2007		X	2 or more extensively decayed surfaces
D2931	\$201.42	01/01/2007		X	
D2932	\$161.14	01/01/2007		X	
D2940	\$50.36	01/01/2007		X	
D2950	\$134.28	01/01/2007	X	X	
D2951	\$33.57	01/01/2007		X	
D2952	\$268.56	01/01/2007	X	X	Anterior permanent teeth; provider responsible for 24 month post insertion
D2954	\$167.85	01/01/2007	X	X	Requires 50% pre op caries destruction
D2960	\$201.42	01/01/2007	X	X	
D2961	\$335.70	01/01/2007	X	X	Not allowable for cosmetics
D2962	\$483.41	01/01/2007	X	X	
D2980	\$137.64	01/01/2007	X	X	
ENDODONTICS No missing teeth in arch, provider responsible for 24 months follow-up					
D3110	\$41.96	01/01/2007		X	Allowed with sedative fill; no perm restoration 30 days
D3120	\$33.57	01/01/2007		X	
D3220	\$100.71	01/01/2007		X	
D3221	\$134.28	01/01/2007		X	
D3230	\$110.78	01/01/2007		X	
D3240	\$124.21	01/01/2007		X	
D3310	\$342.41	01/01/2007		X	If needs more than 4, must prior authorize
D3320	\$386.06	01/01/2007	X	X	
D3330	\$469.98	01/01/2007	X	X	No opposing 2nd molars
D3346	\$369.27	01/01/2007	X	X	Limited, 24 mths responsible rule
D3347	\$449.84	01/01/2007	X	X	Limited, 24 mths responsible rule
D3348	\$0.00	01/01/2007	X	X	Closed - per rules 8/1/06
D3351	\$382.70	01/01/2007	X	X	
D3352	\$463.27	01/01/2007	X	X	
D3353	\$268.56	01/01/2007	X	X	Series end with a sealed RCT
D3410	\$305.49	01/01/2007	X	X	
PERIODONTAL SERVICES Requires narrative, perio chart					
D4210	\$318.92	01/01/2007	X	Quad.	
D4211	\$275.27	01/01/2007	X	Quad.	
D4231	\$167.85	01/01/2007			
D4240	\$365.91	01/01/2007	X	Quad.	
D4241	\$104.07	01/01/2007	X	Quad.	
D4260	\$537.12	01/01/2007	X	Quad.	
D4261	\$268.56	01/01/2007	X	Quad.	
D4265	\$157.78	01/01/2007	X	Quad.	
D4270	\$409.55	01/01/2007	X	X	
D4271	\$422.98	01/01/2007	X	X	Requires narrative, perio chart; includes donor site
D4275	\$292.06	01/01/2007	X	Quad.	
D4276	\$318.92	01/01/2007	X	X	
D4341	\$167.85	01/01/2007	X	Quad.	Requires 50% of 6 pts measurement be 4mm or more, age 12-20
D4342	\$90.64	01/01/2007	X	Quad.	Age 12-20

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REMOVABLE PROSTHODONTICS					
Once every 5 yrs, includes 6 months follow up					
D5110	\$839.25	01/01/2007	X		
D5120	\$839.25	01/01/2007	X		
D5130	\$923.18	01/01/2007	X		
D5140	\$923.18	01/01/2007	X		
D5211	\$570.69	01/01/2007	X	X	3 or more missing teeth
D5212	\$594.19	01/01/2007	X	X	3 or more missing teeth
D5213	\$1,007.10	01/01/2007	X	X	Age 16+ ; 3 or more missing teeth
D5214	\$1,007.10	01/01/2007	X	X	Age 16+ ; 3 or more missing teeth
D5225	\$737.20	01/01/2007	X	X	
D5226	\$738.54	01/01/2007	X	X	
D5281	\$449.84	01/01/2007	X	X	
D5410	\$40.28	01/01/2007			Limited to 2 visits
D5411	\$40.28	01/01/2007			Limited to 2 visits
D5421	\$40.28	01/01/2007			Limited to 2 visits
D5422	\$40.28	01/01/2007			Limited to 2 visits
D5510	\$100.71	01/01/2007			
D5520	\$67.14	01/01/2007		X	
D5610	\$100.71	01/01/2007			
D5620	\$137.64	01/01/2007			
D5630	\$124.21	01/01/2007		X	
D5640	\$100.71	01/01/2007		X	
D5650	\$100.71	01/01/2007		X	
D5660	\$167.85	01/01/2007			
D5670	\$500.19	01/01/2007	X		Once every 2 yrs
D5671	\$500.19	01/01/2007	X		Once every 2 yrs
D5710	\$335.70	01/01/2007	X		Once every 3 yrs
D5711	\$335.70	01/01/2007	X		Once every 3 yrs
D5720	\$268.56	01/01/2007	X		Once every 3 yrs
D5721	\$268.56	01/01/2007	X		Once every 3 yrs
D5750	\$268.56	01/01/2007	X		Once every 3 yrs
D5751	\$268.56	01/01/2007	X		Once every 3 yrs
D5760	\$268.56	01/01/2007	X		Once every 3 yrs
D5761	\$268.56	01/01/2007	X		Once every 3 yrs
D5820	\$335.70	01/01/2007	X	X	
D5821	\$335.70	01/01/2007	X	X	
D5851	\$87.28	01/01/2007	X		Once every 3 yrs
D5860	\$889.61	01/01/2007	X		Once every 5 yrs
D5862	\$298.77	01/01/2007	X	X	
D5899	Manual	01/01/2007	X	X	

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MAXILLOFACIAL PROSTHETICS			Request must include narrative detailing medical necessity		
D5911	\$134.28	01/01/2007	X		
D5912	\$201.42	01/01/2007	X		
D5913	\$3,357.00	01/01/2007	X		
D5914	\$3,357.00	01/01/2007	X		
D5915	\$4,531.95	01/01/2007	X		
D5916	\$4,699.80	01/01/2007	X		
D5919	\$2,685.60	01/01/2007	X		
D5922	\$2,182.05	01/01/2007	X		
D5923	\$2,685.60	01/01/2007	X		
D5931	\$1,074.24	01/01/2007	X		
D5932	\$2,517.75	01/01/2007	X		
D5933	\$503.55	01/01/2007	X		
D5934	\$2,517.75	01/01/2007	X		
D5935	\$2,517.75	01/01/2007	X		
D5936	\$923.18	01/01/2007	X		
D5937	\$302.13	01/01/2007	X		
D5951	\$1,007.10	01/01/2007	X		
D5952	\$1,007.10	01/01/2007	X		
D5954	\$1,007.10	01/01/2007	X		
D5955	\$2,182.05	01/01/2007	X		
D5958	\$1,275.66	01/01/2007	X		
D5959	\$402.84	01/01/2007	X		
D5982	\$181.28	01/01/2007	X		
D5983	\$416.27	01/01/2007	X		
D5984	\$416.27	01/01/2007	X		
D5985	\$939.96	01/01/2007	X		
D5986	\$100.71	01/01/2007	X		
D5999	Manual	01/01/2007	X		
D6040	\$4,934.79	01/01/2007	X		BY REPORT
D6050	\$3,189.15	01/01/2007	X		BY REPORT
D6055	\$1,258.88	01/01/2007	X		BY REPORT
D6080	\$117.50	01/01/2007	X		BY REPORT
D6090	\$375.98	01/01/2007	X		
D6100	\$433.05	01/01/2007	X		
FIXED PROSTHODONTICS			Age 17+ Request must include narrative detailing medical necessity versus removable parti		
D6211	\$469.98	01/01/2007	X	X	
D6241	\$604.26	01/01/2007	X	X	
D6251	\$469.98	01/01/2007	X	X	
D6545	\$318.92	01/01/2007	X	X	Once per 5 yrs
D6721	\$503.55	01/01/2007	X	X	
D6751	\$537.12	01/01/2007	X	X	
D6791	\$469.98	01/01/2007	X	X	
D6930	\$67.14	01/01/2007	X	X	
D6970	\$268.56	01/01/2007	X	X	
D6971	\$0.00	01/01/2007	X	X	
D6972	\$201.42	01/01/2007	X	X	
D6973	\$137.64	01/01/2007	X	X	
D6980	\$174.56	01/01/2007	X		
D6985	\$570.69	01/01/2007	X	X	Age 1-9; Not for cosmetic purposes; specialist only

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ORAL AND MAXILLOFACIAL SURGERY			Request must include narrative detailing medical necessity		
D7111	\$67.14	01/01/2007		X	
D7140	\$73.85	01/01/2007		X	
D7210	\$134.28	01/01/2007		X	
D7220	\$154.42	01/01/2007		X	
D7230	\$201.42	01/01/2007		X	
D7240	\$241.70	01/01/2007		X	
D7241	\$335.70	01/01/2007		X	
D7250	\$134.28	01/01/2007		X	
D7260	\$402.84	01/01/2007	X		
D7261	\$352.49	01/01/2007			
D7270	\$241.70	01/01/2007		X	
D7272	\$335.70	01/01/2007	X	X	
D7280	\$201.42	01/01/2007	X	X	
D7282	\$67.14	01/01/2007		X	
D7283	\$80.57	01/01/2007	X	X	
D7285	\$174.56	01/01/2007			
D7286	\$134.28	01/01/2007			
D7310	\$140.99	01/01/2007		Quad	Requires 3 or more teeth
D7321	\$258.49	01/01/2007	X		
EXCISION/REMOVAL OF LESIONS			Request must include narrative detailing medical necessity		
D7410	\$167.85	01/01/2007			
D7411	\$164.49	01/01/2007	X		
D7412	\$228.28	01/01/2007	X		
D7413	\$335.70	01/01/2007			
D7414	\$295.42	01/01/2007			
D7415	\$476.69	01/01/2007			
D7440	\$265.20	01/01/2007			
D7441	\$537.12	01/01/2007			
D7450	\$228.28	01/01/2007			
D7451	\$295.42	01/01/2007			
D7460	\$224.92	01/01/2007			
D7461	\$318.92	01/01/2007			
D7465	\$176.24	01/01/2007			By report
EXCISION OF BONE TISSUE			Request must include narrative detailing medical necessity		
D7472	\$234.99	01/01/2007	X		Per arch
D7473	\$241.70	01/01/2007	X		Per quadrant
D7485	\$265.20	01/01/2007	X		Per quadrant
D7490	\$4,162.68	01/01/2007	X		
SURGICAL INCISION					
D7510	\$90.64	01/01/2007			
D7511	\$148.38	01/01/2007			
D7520	\$201.42	01/01/2007			
D7521	\$239.02	01/01/2007			
D7530	\$140.99	01/01/2007			
D7540	\$285.35	01/01/2007			
D7550	\$234.99	01/01/2007		X	
D7560	\$436.41	01/01/2007			

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FRACTURE TREATMENTS					
D7610	\$1,947.06	01/01/2007			
D7620	\$1,611.36	01/01/2007			
D7630	\$2,215.62	01/01/2007			
D7640	\$1,342.80	01/01/2007			
D7650	\$2,114.91	01/01/2007			
D7660	\$1,275.66	01/01/2007			
D7670	\$671.40	01/01/2007			
D7671	\$1,275.66	01/01/2007			
D7710	\$2,316.33	01/01/2007			
D7720	\$1,477.08	01/01/2007			
D7730	\$2,584.89	01/01/2007			
D7740	\$1,510.65	01/01/2007			
D7750	\$2,182.05	01/01/2007			
D7760	\$2,014.20	01/01/2007			
D7770	\$1,275.66	01/01/2007			
D7771	\$120.85	01/01/2007			
D7780	\$4,095.54	01/01/2007			
SURGICAL TMJ Request must include narrative detailing medical necessity					
D7820	\$654.62	01/01/2007			
D7830	\$305.49	01/01/2007			
D7840	\$2,887.02	01/01/2007	X		
D7850	\$2,752.74	01/01/2007	X		
D7858	\$3,759.84	01/01/2007	X		
D7860	\$1,007.10	01/01/2007	X		
D7865	\$2,819.88	01/01/2007	X		
D7870	\$134.28	01/01/2007	X		
D7872	\$872.82	01/01/2007	X		
D7873	\$956.75	01/01/2007	X		
D7874	\$1,208.52	01/01/2007	X		
D7875	\$1,292.45	01/01/2007	X		
D7876	\$1,342.80	01/01/2007	X		
D7877	\$1,242.09	01/01/2007	X		
D7880	\$476.69	01/01/2007	X		
SURGICAL REPAIRS Request must include narrative detailing medical necessity					
D7910	\$463.27	01/01/2007			
D7911	\$181.28	01/01/2007			
D7912	\$268.56	01/01/2007			
D7920	\$1,107.81	01/01/2007	X		Identify defect, location, type
D7940	\$1,779.21	01/01/2007	X		
D7941	\$4,699.80	01/01/2007	X		
D7943	\$4,766.94	01/01/2007	X		
D7944	\$3,759.84	01/01/2007	X		
D7945	\$3,793.41	01/01/2007	X		
D7946	\$4,196.25	01/01/2007	X		
D7947	\$4,196.25	01/01/2007	X		
D7948	\$4,699.80	01/01/2007	X		Osteoplasty of facial bones
D7949	\$6,848.28	01/01/2007	X		
D7950	\$1,443.51	01/01/2007	X		Osseous, osteoperiosteal or cartilage
D7960	\$201.42	01/01/2007			Lingual frenum only
D7970	\$1,611.36	01/01/2007	X		
D7971	\$406.20	01/01/2007		X	
D7972	\$337.71	01/01/2007			
D7980	\$278.63	01/01/2007			
D7981	\$1,342.80	01/01/2007			
D7982	\$822.47	01/01/2007			
D7983	\$570.69	01/01/2007			
D7990	\$557.26	01/01/2007			
D7991	\$2,081.34	01/01/2007	X		
D7996	\$1,510.65	01/01/2007	X		
D7999	Manual	01/01/2007			

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ORTHODONTICS		Request includes narrative detailing medical necessity			
D8020	\$472.78	01/01/2007	X		Transitional dentition
D8050	\$369.15	01/01/2007	X		
D8060	\$369.15	01/01/2007	X		
D8080	Manual	01/01/2007	X		
D8210	\$421.89	01/01/2007	X		Included in comprehensive tx
D8220	\$270.27	01/01/2007	X		
D8660	\$120.00	01/01/2007	X		
D8670	\$81.00	01/01/2007	X		
D8999	\$150.00	01/01/2007	X		By other than original orthodontist
ADJUNCTIVE GENERAL SERVICES		Request must include narrative detailing medical necessity			
D9110	\$67.14	01/01/2007		X	All inclusive, no other code acceptable on this date
D9215	\$26.86	01/01/2007	X		Not in conjunction with any definitive procedures
D9220	\$184.64	01/01/2007			
D9221	\$67.14	01/01/2007			
D9230	\$30.21	01/01/2007			Limited to four per year
D9248	\$149.39	01/01/2007			
D9310	\$53.71	01/01/2007			Diagnostic service by other than providing practitioner; specialty referral only
D9420	\$100.71	01/01/2007			Age 16+ Must Prior Authorize
D9610	\$33.57	01/01/2007			One unit per visit, limited to 4
D9930	\$57.07	01/01/2007			
D9940	\$335.70	01/01/2007	X		Narrative of clinical findings to qualify
D9950	\$151.07	01/01/2007	X		Narrative for need; limited to once per 3 yrs, models on request
D9951	\$77.21	01/01/2007	X	X	Limited to once per 3 yrs
D9999	Manual	01/01/2007	X		