



Automated Medical Payments

# Medicaid Bulletin Colorado Title XIX

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Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

**Distribution: Dentists**

**January 2001**

**Reference: B0100087**

This bulletin completely replaces Medicaid Bulletin B9800003 (12/98).  
*Bulletin B9800003 should be discarded.*

## Dental Program Updates & Revisions

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### Special points of interest:

- New ADA codes
- Dentists can use 1994 and 1999 ADA claim forms
- Some PARs for children eliminated
- No PAR required for assistant surgeons
- No PAR required for inpatient and outpatient hospitalizations

### Important:

Claims and PARs will be denied for deleted codes beginning April 1, 2001.

**Read changes carefully**

Please direct questions about Medicaid billing, PARs or the information in this bulletin to:

**Medicaid Provider Services**

**303-534-0146 or 1-800-237-0757 (toll free Colorado)**

**Dentistry**

**Caring for  
Colorado's  
Children**

*"Our children  
are  
our future"*

PLEASE KEEP THIS BULLETIN FOR REFERENCE

**This bulletin contains important policy and billing information. Share this bulletin promptly with your billing staff.**

This bulletin supplements information in the Medicaid Dental Provider Manual.

This document replaces the December 1998 bulletin.

**Revised Dental Benefits  
Colorado Medicaid**

**T**his bulletin contains a revised list of dental procedures that are benefits for Colorado Medicaid clients effective January 1, 2001.

The dental codes in this bulletin are current ADA codes. Please refer to the ADA publication Current Dental Terminology 3, version 2000 for detailed code information, clarification, and appropriate utilization.

All dental providers are required to utilize ADA dental codes. CPT medical and surgical codes may not be used.

Go to the appropriate section of this bulletin for a list of dental procedures that are benefits for children, adults and undocumented alien clients.

Providers may now use either the 1994 or 1999 ADA claim form for Prior Authorization Requests (PARs) and claims.

Effective January 1, 2001 maximum reimbursement has changed for some codes due to inflation adjustments.

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**THANK YOU**

**The Colorado Medicaid program would like to express our sincere thanks to all Colorado dentists who serve Medicaid clients. Your patients and the Colorado Department of Health Care Policy and Financing sincerely appreciate your dedication and contribution.**

# CHILD BENEFITS

**The comprehensive dental benefits listed in this section are available for children.**

◆ Children's dental services must be completed before the individual client's 21<sup>st</sup> birthday ◆

## PAR - Prior Authorization Review

**PAR** after the procedure code, designates that prior authorization review is required before starting the service for a child.

## PAR has been eliminated for codes

D0320, D0321, D0322, D0340, D0470, D8010, D8020, D8030, D8040, D8210, D8220.

## Electronic PAR

Electronic PAR is available only with Consultec's WINASAP program, which is supplied at no cost to dental providers. In the "Provider comments" field, write the dental condition supporting the need for service.

## Paper PAR

In the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the dental condition supporting the need for the service. Please do not send x-rays.

## TMJ surgery ◆ PAR required only for the primary surgeon

In the "Provider comments" field of Consultec's WINASAP program, or the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the; TMJ diagnosis, duration of symptoms, number of previous TMJ surgeries, and prognosis with the planned surgery. CPT medical and surgical codes may not be used. Please do not send x-rays or attachments.

## Assistant surgeon ◆ PAR not required

**ASSIST** next to the code, indicates procedures for which an assistant surgeon is allowed for a child. These claims must be submitted on paper, see page 14.

## Inpatient & Outpatient Hospitalization ◆ PAR not required

## Treatment of Handicapping malocclusion ◆ PAR required

For PAR information contact Colorado Department of Public Health & Environment, Health Care Program for Children with Special Needs.

Orthodontic treatment for handicapping malocclusions is a benefit only when the client's condition is the result of accident or injury, congenital dentofacial malformations, medical conditions, severe skeletal condition or discrepancy.

## Approval of a PAR does not guarantee Medicaid payment and does not serve as a timely filing waiver

Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medicaid program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, third party resources payments pursued, required attachments included, etc.) before payment can be made. Claims not in compliance with documentation and billing requirements may be denied or subject to recovery.

## CLINICAL ORAL EVALUATIONS

- D0120 periodic oral evaluation
- D0140 limited oral evaluation - problem focused
- D0150 comprehensive oral evaluation
- D0160 detailed & extensive oral evaluation problem focused, by report
- D0170 **new** re-evaluation-limited, problem focused (established patient; not post-operative visit)

## RADIOGRAPHS/DIAGNOSTIC IMAGING

- D0210 intraoral - complete series (including bite wings)
- D0220 intraoral - periapical first film
- D0230 intraoral - periapical each additional film
- D0240 intraoral - occlusal film
- D0250 extraoral - first film
- D0260 extraoral - each additional film
- D0270 bitewing - single film
- D0272 bitewings - two films
- D0274 bitewings - four films
- D0277 **new** vertical bitewings - 7 to 8 films
- D0290 postero-anterior or lateral skull & facial bone survey film
- D0310 sialography
- D0320 temporomandibular joint arthrogram, including injection
- D0321 other temporomandibular joint films, by report
- D0322 tomographic survey
- D0330 panoramic film
- D0340 cephalometric film
- D0350 **new** oral/facial images (includes intra and extraoral images)

## TESTS AND LABORATORY EXAMINATIONS

- D0415 bacteriologic studies for the determination of pathologic agents
- D0425 caries susceptibility tests
  - ➔ not to be used for carious dentin staining, for in-office lab culture the provider must be CLIA certified
- D0460 pulp vitality tests
  - ➔ includes multiple teeth & contralateral comparison/s
- D0470 diagnostic casts
  - ➔ includes both maxillary and mandibular casts
- D0471 **deleted** diagnostic photographs
  - ➔ see new code D0350

## ORAL PATHOLOGY LABORATORY

- D0472 **new** accession of tissue, gross examination, preparation and transmission of written report
- D0473 **new** accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 **new** accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0480 **new** processing and interpretation of cytologic smears, including the preparation and transmission of written report
- D0501 histopathologic examinations
- D0502 **PAR** other oral pathology procedures, by report
- D0999 **PAR** unspecified diagnostic procedure, by report

# CHILD BENEFITS

The comprehensive dental benefits listed in this section are available for children.

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## DENTAL PROPHYLAXIS

- D1110 prophylaxis - adult  
➔ use code D1205 when doing prophy & fluoride on same date of service
- D1120 prophylaxis - child  
➔ use code D1201 when doing prophy & fluoride on same date of service

## TOPICAL FLUORIDE TREATMENT

- D1201 topical application of fluoride (including prophylaxis) child  
➔ use code D1201 when doing prophy & fluoride on same date of service
- D1203 topical application of fluoride (prophylaxis not included) child  
➔ use code D1201 when doing prophy & fluoride on same date of service
- D1204 topical application of fluoride (prophylaxis not included) adult  
➔ use code D1205 when doing prophy & fluoride on same date of service
- D1205 topical application of fluoride (including prophylaxis) adult

## OTHER PREVENTIVE SERVICES

- D1330 oral hygiene instructions
- D1351 sealant - per tooth  
➔ a benefit only for permanent molars  
➔ mechanically and/or chemically prepared enamel surface sealed to prevent decay

## SPACE MAINTAINERS

- D1510 space maintainer - fixed - unilateral
- D1515 space maintainer - fixed - bilateral
- D1520 space maintainer - removable - unilateral
- D1525 space maintainer - removable - bilateral
- D1550 recementation of space maintainer

## AMALGAM RESTORATIONS

- D2110 amalgam - one surface, primary
- D2120 amalgam - two surfaces, primary
- D2130 amalgam - three surfaces, primary
- D2131 amalgam - four or more surfaces, primary
- D2140 amalgam - one surface, permanent
- D2150 amalgam - two surfaces, permanent
- D2160 amalgam - three surfaces, permanent
- D2161 amalgam - four or more surfaces, permanent

## RESIN-BASED COMPOSITE RESTORATIONS

- 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)
- D2336 resin-based composite crown, anterior-primary
- D2337 **[new]** resin-based composite crown, anterior-permanent
- D2380 resin-based composite - one surface, posterior-primary
- D2381 resin-based composite - two surfaces, posterior-primary
- D2382 resin-based composite - three or more surfaces, posterior-primary
- D2385 resin-based composite - one surface, posterior-permanent
- D2386 resin-based composite - two surfaces, posterior-permanent
- D2387 resin-based composite - three surfaces, posterior-permanent
- D2388 **[new]** resin-based composite - four or more surfaces, posterior-permanent

## CROWNS - SINGLE RESTORATIONS ONLY

- D2710 **[deleted]** crown - resin, laboratory

- D2721 **[deleted]** crown - resin with predominantly base metal
- D2740 **[deleted]** crown - porcelain /ceramic substrate
- D2751 **[PAR]** crown - porcelain fused to predominately base metal  
**change** ➔ a benefit for teeth 1-32
- D2791 **[PAR]** crown - full cast predominantly base metal  
➔ a benefit for teeth 1-32

## OTHER RESTORATIVE SERVICES

- D2910 recement inlay
- D2920 recement crown
- D2930 prefabricated stainless steel crown - primary tooth
- D2931 prefabricated stainless steel crown - permanent tooth
- D2932 prefabricated resin crown
- D2933 prefabricated stainless steel crown with resin window  
➔ a benefit only for teeth C-H, M-R
- D2940 sedative filling
- D2950 core build up, including any pins
- D2951 pin retention - per tooth, in addition to restoration
- D2952 **[PAR]** cast post & core in addition to crown
- D2953 **[PAR]** **[new]** each additional cast post - same tooth
- D2954 prefabricated post and core in addition to crown
- D2955 post removal (not in conjunction with endodontic therapy)
- D2957 **[new]** each additional prefabricated post - same tooth
- D2970 temporary crown (fractured tooth)
- D2980 **[PAR]** crown repair, by report
- D2999 **[PAR]** unspecified restorative procedure, by report

## PULP CAPPING

- D3110 pulp cap - direct (excluding final restoration)
- D3120 pulp cap - indirect (excluding final restoration)

## PULPOTOMY

- D3220 **[revised]** therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 **[new]** gross pulpal debridement, primary and permanent teeth  
➔ a benefit for teeth 1-32 only  
➔ gross pulpal debridement for the relief of acute pain prior to conventional root canal therapy  
➔ **not to be used by provider completing endodontic treatment**

## ENDODONTIC THERAPY ON PRIMARY TEETH

- D3240 pulp therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  
➔ a benefit only for teeth A,J,K,T

## ENDODONTIC THERAPY

- D3310 anterior (excluding final restoration)
- D3320 bicuspid (excluding final restoration)
- D3330 molar (excluding final restoration)
- D3331 **[new]** treatment of root canal obstruction; non-surgical access
- D3332 **[new]** incomplete endodontic therapy; inoperable or fractured tooth
- D3333 **[new]** internal root repair of perforation defects

## ENDODONTIC RETREATMENT

- D3346 retreatment of previous root canal therapy - anterior
- D3347 retreatment of previous root canal therapy - bicuspid
- D3348 retreatment of previous root canal therapy - molar

## APEXIFICATION/RECALCIFICATION PROCEDURES

- D3351 apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

# CHILD BENEFITS

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D3352 apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

D3353 apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)

## APICOECTOMY/PERIRADICULAR SERVICES

D3410 apicoectomy/periradicular surgery - anterior

D3421 apicoectomy/periradicular surgery - bicuspid (first root)

D3425 apicoectomy/periradicular surgery - molar (first root)

D3426 apicoectomy/periradicular surgery (each additional root)

D3430 retrograde filling - per root

D3450 root amputation - per root

D3460 [PAR] endodontic endosseous implant

D3470 [PAR] intentional reimplantation (including necessary splinting)

## OTHER ENDODONTIC PROCEDURES

D3910 surgical procedure for isolation of tooth with rubber dam

D3920 hemisection (including any root removal), not including root canal therapy

D3950 canal preparation and fitting of preformed dowel or post

D3999 [PAR] unspecified endodontic procedure, by report

## PERIODONTICS - SURGICAL SERVICES

D4210 [PAR] gingivectomy or gingivoplasty - per quadrant

D4211 [PAR] gingivectomy or gingivoplasty - per tooth

D4220 [PAR] gingival curettage, surgical - per quadrant, by report

D4240 [PAR] gingival flap procedure, including root planing - per quadrant

D4245 [PAR] [new] apically positioned flap

D4249 [PAR] clinical crown lengthening - hard tissue

D4250 [deleted] mucogingival surgery - per quadrant

D4260 [PAR] osseous surgery (including flap entry and closure) - per quadrant

D4263 [PAR] bone replacement graft - first site in quadrant

D4264 [PAR] bone replacement graft - each additional site in quadrant

D4266 [PAR] [revised] guided tissue regeneration - resorbable barrier, per site

D4267 [PAR] [revised] guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)

D4268 [PAR] [new] surgical revision procedure, per tooth

D4270 [PAR] pedicle soft tissue graft procedure

D4271 [PAR] free soft tissue graft procedure (including donor site surgery)

D4273 [PAR] subepithelial connective tissue graft procedure (including donor site surgery)

D4274 [PAR] distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

## NON-SURGICAL PERIODONTAL SERVICE

D4320 provisional splinting - intracoronal

D4321 provisional splinting - extracoronal

D4341 [PAR] periodontal scaling and root planing, per quadrant

D4355 full mouth debridement to enable comprehensive periodontal evaluation and diagnosis

D4381 [PAR] localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

## OTHER PERIODONTAL SERVICES

D4910 [PAR] periodontal maintenance procedures (following active therapy)

D4999 [PAR] unspecified periodontal procedure, by report

## COMPLETE DENTURES

D5110 [PAR] complete denture - maxillary

D5120 [PAR] complete denture - mandibular

D5130 [PAR] immediate denture - maxillary

D5140 [PAR] immediate denture - mandibular

## PARTIAL DENTURES

D5211 [PAR] maxillary partial denture - resin base (including any conventional clasps, rests and teeth)

D5212 [PAR] mandibular partial denture - resin base (including any conventional clasps, rests and teeth)

D5213 [PAR] maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5214 [PAR] mandibular partial denture - casts metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5281 [PAR] removable unilateral partial denture - one piece cast metal (including clasps and teeth)

## ADJUSTMENTS TO DENTURES

D5410 adjust complete denture - maxillary

D5411 adjust complete denture - mandibular

D5421 adjust partial denture - maxillary

D5422 adjust partial denture - mandibular

## REPAIRS TO COMPLETE DENTURES

D5510 repair broken complete denture base

D5520 repair missing broken teeth - complete denture (each tooth)

## REPAIRS TO PARTIAL DENTURES

D5610 repair resin denture base

D5620 repair cast framework

D5630 repair or replace broken clasp

D5640 replace broken teeth - per tooth

D5650 add tooth - to existing partial denture

D5660 add clasp to existing partial denture

## DENTURE REBASE PROCEDURES

D5710 rebase complete maxillary denture

D5711 rebase complete mandibular denture

D5720 rebase maxillary partial denture

D5721 rebase mandibular partial denture

## DENTURE RELINE PROCEDURES

D5730 reline complete maxillary denture (chairside)

D5731 reline complete mandibular denture (chairside)

D5740 reline maxillary partial denture (chairside)

D5741 reline mandibular partial denture (chairside)

D5750 reline complete maxillary denture (laboratory)

D5751 reline complete mandibular denture (laboratory)

D5760 reline maxillary partial denture (laboratory)

D5761 reline mandibular partial denture (laboratory)

## INTERIM PROSTHESIS

D5810 [PAR] interim complete denture (maxillary)

D5811 [PAR] interim complete denture (mandibular)

D5820 [PAR] interim partial denture (maxillary)

D5821 [PAR] interim partial denture (mandibular)

## OTHER REMOVABLE PROSTHETIC SERVICES

D5850 tissue conditioning, maxillary

D5851 tissue conditioning, mandibular

## CHILD BENEFITS

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- D5860 PAR overdenture - complete, by report
- D5861 PAR overdenture - partial, by report
- D5862 PAR precision attachment, by report
- D5867 PAR new replacement of replaceable part of semi-precision or precision attachment (male or female component)
- D5875 PAR new modification of removable prosthesis following implant surgery
- D5899 PAR unspecified removable prosthodontic procedure, by report

### MAXILLOFACIAL PROSTHETICS

- D5911 PAR facial moulage (sectional)
- D5912 PAR facial moulage (complete)
- D5913 PAR nasal prosthesis
- D5914 PAR auricular prosthesis
- D5915 PAR orbital prosthesis
- D5916 PAR ocular prosthesis
- D5919 PAR facial prosthesis
- D5922 PAR nasal septal prosthesis
- D5923 PAR ocular prosthesis, interim
- D5924 PAR cranial prosthesis
- D5925 PAR facial augmentation implant prosthesis
- D5926 PAR nasal prosthesis, replacement
- D5927 PAR auricular prosthesis, replacement
- D5928 PAR orbital prosthesis, replacement
- D5929 PAR facial prosthesis, replacement
- D5931 PAR obturator prosthesis, surgical
- D5932 PAR obturator prosthesis, definitive
- D5933 obturator prosthesis, modification
- D5934 PAR mandibular resection prosthesis with guide flange
- D5935 PAR mandibular resection prosthesis without guide flange
- D5936 obturator prosthesis, interim
- D5937 PAR trismus appliance (not for TMD treatment)
- D5951 PAR feeding aid
- D5952 PAR speech aid prosthesis, pediatric
- D5953 PAR speech aid prosthesis, adult
- D5954 PAR palatal augmentation prosthesis
- D5955 PAR palatal lift prosthesis, definitive
- D5958 PAR palatal lift prosthesis, interim
- D5959 PAR palatal lift prosthesis, modification
- D5960 PAR speech aid prosthesis, modification
- D5982 surgical stent
- D5983 PAR radiation carrier
- D5984 PAR radiation shield
- D5985 PAR radiation cone locator
- D5986 PAR fluoride gel carrier
- D5987 PAR commissure splint
- D5988 surgical splint
- D5999 PAR unspecified maxillofacial prosthesis, by report

### IMPLANT SERVICES

- D6010 PAR surgical placement of implant body: endosteal implant
- D6020 PAR abutment placement or substitution: endosteal implant
- D6040 PAR surgical placement: eposteal implant
- D6050 PAR surgical placement: transosteal implant

### IMPLANT SUPPORTED PROSTHETICS

- D6055 PAR dental implant supported connecting bar
- D6056 PAR new prefabricated abutment
- D6057 PAR new custom abutment
- D6060 PAR new abutment supported porcelain fused to metal crown (predominantly base metal)
- D6063 PAR new abutment supported cast metal crown (predominantly base metal)
- D6070 PAR new abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6073 PAR new abutment supported retainer for cast metal FPD (predominantly base metal)
- D6078 PAR new implant/abutment supported fixed denture for completely edentulous arch
- D6079 PAR new implant/abutment supported fixed denture for partially edentulous arch

### OTHER IMPLANT SERVICES

- D6080 PAR implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments, reinsertion of prosthesis
- D6090 PAR repair implant supported prosthesis, by report
- D6095 PAR repair implant abutment, by report
- D6100 PAR implant removal, by report
- D6199 PAR unspecified implant removal procedure, by report

### FIXED PARTIAL DENTURE PONTICS

- D6211 PAR pontic - cast predominately base metal  
➔ a benefit for teeth 1-32
- D6241 PAR pontic - porcelain fused to predominantly base metal  
change ➔ a benefit for teeth 1-32
- D6251 deleted pontic - resin with predominantly base metal

### FIXED PARTIAL DENTURE RETAINERS -

#### INLAYS/ONLAYS

- D6545 PAR retainer - cast metal for resin bonded fixed prosthesis  
➔ a benefit only for teeth 1-32

### FIXED PARTIAL DENTURE RETAINERS - CROWNS

- D6721 deleted crown - resin with predominantly base metal
- D6751 PAR crown - porcelain fused to predominantly base metal  
change ➔ a benefit for teeth 1-32
- D6791 PAR crown - full cast predominantly base metal  
➔ a benefit only for teeth 1-32

### OTHER FIXED PARTIAL DENTURE SERVICES

- D6920 PAR connector bar
- D6930 recement fixed partial denture
- D6940 PAR stress breaker
- D6950 PAR precision attachment
- D6970 PAR cast post and core in addition to fixed partial denture retainer
- D6971 PAR cast post as part of a fixed partial denture retainer
- D6972 prefabricated post and core in addition to fixed partial denture retainer
- D6973 core build up for retainer, including any pins
- D6975 PAR coping - metal
- D6976 PAR new each additional cast post - same tooth
- D6977 PAR new each additional prefabricated post - same tooth
- D6980 PAR fixed partial denture repair, by report
- D6999 PAR unspecified fixed prosthodontic procedure, by report

# CHILD BENEFITS

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## EXTRACTION

D7110 single tooth  
➔ when doing multiple extractions on the same date of service, use this code only for the first extraction

D7120 each additional tooth  
D7130 root removal - exposed roots

## SURGICAL EXTRACTIONS

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/or section of tooth  
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 surgical removal of residual tooth roots (cutting procedure)

## OTHER SURGICAL PROCEDURES

D7260 oroantral fistula closure  
D7270 tooth reimplantation &/or stabilization of accidentally avulsed or misplaced tooth &/or alveolus  
D7272 tooth transplantation (includes reimplantation from one site to another and splinting &/or stabilization)  
D7280 surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)  
D7281 surgical exposure of impacted or unerupted tooth to aid eruption  
D7285 **revised** biopsy of oral tissue, hard (bone, tooth)  
D7286 **revised** biopsy of oral tissue, soft (all others)  
D7290 surgical repositioning of teeth  
D7291 transeptal fibrotomy, by report

## ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE FOR DENTURES

D7310 alveoplasty in conjunction with extraction - per quadrant  
D7320 alveoplasty not in conjunction with extraction - per quadrant

## VESTIBULOPLASTY

D7340 vestibuloplasty - ridge extension (secondary epithelialization)  
D7350 vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue)

## SURGICAL EXCISION OF REACTIVE INFLAMMATORY LESIONS

D7410 radical excision - lesion diameter up to 1.25cm  
D7420 **ASSIST** radical excision - lesion diameter greater than 1.25cm

## REMOVAL OF TUMORS, CYSTS & NEOPLASM

D7430 excision of benign tumor - lesion diameter up to 1.25cm  
D7431 **ASSIST** excision of benign tumor - lesion diameter greater than 1.25cm  
D7440 excision of malignant tumor - lesion diameter up to 1.25cm  
D7441 **ASSIST** excision of malignant tumor - lesion diameter greater than 1.25cm  
D7450 removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm  
D7451 **ASSIST** removal of odontogenic cyst or tumor - lesion diameter greater than 1.25cm

D7460 removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm

D7461 **ASSIST** removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm

D7465 destruction of lesions(s) by physical or chemical methods, by report

## EXCISION OF BONE TISSUE

D7470 **deleted** removal of exostosis - maxilla or mandible  
D7471 **new** removal of exostosis - per site  
D7480 partial osteotomy (guttering or saucerization)  
D7490 radical resection of mandible with bone graft

## SURGICAL INCISION

D7510 incision & drainage of abscess - intraoral soft tissue  
D7520 incision & drainage of abscess - extraoral soft tissue  
D7530 removal of foreign body, skin, or subcutaneous alveolar tissue

D7540 removal of reaction-producing foreign bodies, musculoskeletal system

D7550 sequestrectomy for osteomyelitis

D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

## TREATMENT OF FRACTURES - SIMPLE

D7610 maxilla - open reduction (teeth immobilized, if present)  
D7620 maxilla - closed reduction (teeth immobilized, if present)  
D7630 mandible - open reduction (teeth immobilized, if present)  
D7640 mandible - closed reduction (teeth immobilized, if present)  
D7650 malar &/or zygomatic arch - open reduction  
D7660 malar &/or zygomatic arch - closed reduction  
D7670 **revised** alveolus - stabilization of teeth, closed reduction splinting

D7680 facial bones - complicated reduction with fixation & multiple surgical approaches

## TREATMENT OF FRACTURES - COMPOUND

D7710 **ASSIST** maxilla - open reduction  
D7720 **ASSIST** maxilla - closed reduction  
D7730 **ASSIST** mandible - open reduction  
D7740 **ASSIST** mandible - closed reduction  
D7750 **ASSIST** malar and/or zygomatic arch - open reduction  
D7760 **ASSIST** malar and/or zygomatic arch - closed reduction  
D7770 **ASSIST** alveolus - stabilization of teeth, open reduction splinting

D7780 **ASSIST** facial bones - complicated reduction with fixation & multiple surgical approaches

## REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

D7810 open reduction of dislocation  
D7820 closed reduction of dislocation  
D7830 manipulation under anesthesia  
D7840 **PAR** **ASSIST** condylectomy  
D7850 **PAR** **ASSIST** surgical discectomy, with/without implant  
D7852 **PAR** **ASSIST** disc repair  
D7854 **PAR** **ASSIST** synovectomy  
D7856 **PAR** **ASSIST** myotomy  
D7858 **PAR** **ASSIST** joint reconstruction  
D7860 **PAR** **ASSIST** arthroscopy  
D7865 **PAR** **ASSIST** arthroplasty  
D7870 **PAR** **ASSIST** arthrocentesis  
D7871 **PAR** **ASSIST** **new** non-arthroscopic lysis and lavage

## CHILD BENEFITS

The comprehensive dental benefits listed in this section are available for children.

◆ Children's dental services must be completed before the individual client's 21<sup>st</sup> birthday ◆

- D7872 **PAR** **ASSIST** arthroscopy - diagnostic, with or without biopsy
- D7873 **PAR** **ASSIST** arthroscopy - surgical: lavage & lysis of adhesions
- D7874 **PAR** **ASSIST** arthroscopy - surgical: disc repositioning & stabilization
- D7875 **PAR** **ASSIST** arthroscopy - surgical: synovectomy
- D7876 **PAR** **ASSIST** arthroscopy - surgical: discectomy
- D7877 **PAR** **ASSIST** arthroscopy - surgical: debridement
- D7880 **PAR** occlusal orthotic device, by report
- D7899 **PAR** **ASSIST** unspecified TMD therapy, by report
- REPAIR OF TRAUMATIC WOUNDS**
- D7910 suture of recent small wounds - up to 5 cm
- COMPLICATED SUTURING**
- D7911 complicated suture - up to 5 cm
- D7912 complicated suture - greater than 5 cm
- OTHER REPAIR PROCEDURES**
- D7920 **ASSIST** skin graft (identify defect covered, location and type of graft)
- D7940 **PAR** **ASSIST** osteoplasty - for orthognathic deformities
- D7941 **PAR** **ASSIST** **revised** osteotomy – mandibular rami
- D7942 **deleted** osteotomy - ramus, open
- D7943 **PAR** **ASSIST** **revised** osteotomy – mandibular rami with bone graft; includes obtaining the graft
- D7944 **PAR** **ASSIST** osteotomy - segmented or subapical - per sextant or quadrant
- D7945 **PAR** **ASSIST** osteotomy - body of mandible
- D7946 **PAR** **ASSIST** Lefort I (maxilla - total)
- D7947 **PAR** **ASSIST** Lefort I (maxilla - segmented)
- D7948 **PAR** **ASSIST** Lefort II or Lefort III (osteoplasty of facial bones for mid-face hypoplasia or retrusion) - without bone graft
- D7949 **PAR** **ASSIST** Lefort II or Lefort III - with bone graft
- D7950 **PAR** **ASSIST** osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report
- D7955 **PAR** **ASSIST** repair of maxillofacial soft and hard tissue defect
- D7960 frenulectomy (frenectomy or frenotomy) - separate procedure
- D7970 excision of hyperplastic tissue - per arch
- D7971 excision of pericoronal gingiva
- D7980 sialolithotomy
- D7981 **ASSIST** excision of salivary gland, by report
- D7982 sialodochoplasty
- D7983 closure of salivary fistula
- D7990 emergency tracheotomy
- D7991 **PAR** **ASSIST** coronoidectomy
- D7995 **PAR** **ASSIST** synthetic graft - mandible or facial bones, by report
- D7996 **PAR** **ASSIST** implant - mandible for augmentation purposes (excluding alveolar), by report
- D7997 **new** appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7999 **PAR** **ASSIST** unspecified oral surgery procedure, by report
- LIMITED ORTHODONTIC TREATMENT**
- D8010 limited orthodontic treatment of the primary dentition
- D8020 limited orthodontic treatment of the transitional dentition
- D8030 limited orthodontic treatment of the adolescent dentition
- D8040 limited orthodontic treatment of the adult dentition
- MINOR TREATMENT TO CONTROL HARMFUL HABITS**
- D8210 removable appliance therapy
- D8220 fixed appliance therapy
- UNCLASSIFIED TREATMENT**
- D9110 palliative (emergency) treatment of dental pain – minor procedures
- ANESTHESIA**
- D9220 general anesthesia - first 30 minutes
- D9221 general anesthesia - each additional 15 minutes
- D9230 **revised** analgesia, anxiolysis, inhalation of nitrous oxide  
➔ This code can be billed only when one or more of the following operative and/or surgical procedures is billed on the same date of service for the client: D2110-D1999, D7110-D7999.
- D9240 **deleted** intravenous sedation
- D9241 **new** intravenous sedation/analgesia – first 30 minutes
- D9242 **new** intravenous sedation/analgesia – each additional 15 minutes
- D9248 **new** non-intravenous conscious sedation
- X9250 **deleted** conscious sedation - parenteral route  
➔ see D9248
- X9260 **deleted** conscious sedation - oral route  
➔ see D9248
- PROFESSIONAL CONSULTATION**
- D9310 consultation (diagnostic services provided by dentist or physician other than practitioner providing treatment)
- PROFESSIONAL VISITS**
- D9410 **revised** house/extended care facility call
- D9420 hospital call
- MISCELLANEOUS SERVICES**
- D9911 **new** application of desensitizing resin for cervical and/or root surface, per tooth
- X9925 pedodontic restraining device  
➔ special Colorado Medicaid code begins with an "X"
- D9940 occlusal guard, by report
- D9951 occlusal adjustment - limited
- D9952 **PAR** occlusal adjustment – complete
- D9971 **new** odontoplasty 1-2 teeth; includes removal of enamel projections
- D9999 **PAR** unspecified adjunctive procedure, by report



# ADULT BENEFITS

Only the limited dental benefits listed in this section are available for adults, age 21 & older.

◆ A concurrent medical condition is required to provide any of the services listed below ◆

## PAR - Prior Authorization Review

**PAR** after the procedure code, designates that prior authorization review is required before starting the service for an adult.

## Electronic PAR

Electronic PAR is available only with Consultec's WINASAP program, which is supplied at no cost to dental providers. In the "Provider comments" field, write the dental condition supporting the need for service and one of the below listed concurrent medical conditions.

## Paper PAR

In the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the dental condition supporting the need for the service and one of the below listed concurrent medical conditions. Please do not send x-rays.

## Concurrent medical conditions

- Infection of an oral facial structure
- Accident to an oral facial structure
- Trauma to an oral facial structure
- Fracture of an oral facial structure
- Disorder of temporomandibular structure
- Mental retardation, severe mental condition
- Physical handicap
- Pregnancy
- Suppressed immune system
- Chemotherapy for cancer
- Organ transplant
- Other major medical condition - please describe

## TMJ surgery ◆ PAR required only for the primary surgeon

In the "Provider comments" field of Consultec's WINASAP program, or the "Remarks for unusual services" area of the 1994 or 1999 ADA dental claim form, write the TMJ diagnosis, duration of symptoms, number of previous TMJ surgeries, and prognosis with the planned surgery. CPT medical and surgical codes may not be used. Please do not send x-rays or attachments.

## Assistant surgeon ◆ PAR not required

**ASSIST** next to the code, indicates procedures for which an assistant surgeon is allowed for an adult. These claims must be submitted on paper, see page 14.

## Inpatient & Outpatient Hospitalization ◆ PAR not required

## Treatment of Handicapping malocclusion ◆ PAR required

Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medicaid program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, Primary Care Physician information completed appropriately, third party resources payments pursued, required attachments included, etc.) before payment can be made. Claims not in compliance with documentation and billing requirements may be denied or subject to recovery.

## CLINICAL ORAL EVALUATIONS

- D0140 **limited** oral evaluation - problem focused  
D0150 **PAR** comprehensive oral evaluation  
D0160 **PAR** detailed & extensive oral evaluation problem focuses  
D0170 **new** re-evaluation-limited, problem focused (established patient; not post-operative visit)

## RADIOGRAPHS/DIAGNOSTIC IMAGING

- D0210 **PAR** intraoral - complete series (including bite wings)  
D0220 intraoral - periapical - first film  
D0230 intraoral - each additional film  
D0240 intraoral - occlusal film  
D0250 extraoral - single film  
D0260 extraoral - each additional film  
D0270 bitewing - single film  
D0272 bitewings - two films  
D0274 bitewings - four films  
D0277 **new** vertical bitewings - 7 to 8 films  
D0290 **PAR** posterior-anterior or lateral skull & facial bone survey film  
D0310 **PAR** sialography  
D0320 **PAR** temporomandibular joint arthrogram, including injection  
D0321 **PAR** other temporomandibular joint films, by report  
D0322 **PAR** tomographic survey  
D0330 panoramic film  
D0340 **PAR** cephalometric film  
D0350 **new** oral/facial images (includes intra and extraoral images)

## TESTS AND LABORATORY EXAMINATIONS

- D0415 bacteriologic studies for the determination of pathologic agents  
D0460 pulp vitality tests  
    ➔ includes multiple teeth & contralateral comparison/s  
D0470 **PAR** diagnostic casts  
    ➔ includes both maxillary and mandibular casts  
D0471 **deleted** diagnostic photographs  
    ➔ see new code D0350

## ORAL PATHOLOGY LABORATORY

- D0472 **new** accession of tissue, gross examination, preparation and transmission of written report  
D0473 **new** accession of tissue, gross and microscopic examination, preparation and transmission of written report  
D0474 **new** accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report  
D0480 **new** processing and interpretation of cytologic smears, including the preparation and transmission of written report  
D0501 histopathologic examinations  
D0502 **PAR** other oral pathology procedure, by report  
D0999 **PAR** unspecified diagnostic procedure, by report
- ## AMALGAM RESTORATIONS
- D2140 **PAR** amalgam - one surface, permanent  
D2150 **PAR** amalgam - two surfaces, permanent  
D2160 **PAR** amalgam - three surfaces, permanent  
D2161 **PAR** amalgam - four or more surfaces, permanent

# ADULT BENEFITS

Only the limited dental benefits listed in this section are available for adults, age 21 & older.

◆ A concurrent medical condition is required to provide any of the services listed below ◆

## RESIN RESTORATIONS

- D2330 [PAR] resin - one surface, anterior
- D2331 [PAR] resin - two surfaces, anterior
- D2332 [PAR] resin - three surfaces, anterior
- D2335 [PAR] resin - four or more surfaces or involving incisal angle (anterior)
- D2385 [PAR] resin - one surface, posterior - permanent
- D2386 [PAR] resin - two surfaces, posterior - permanent
- D2387 [PAR] resin - three surfaces, posterior - permanent
- D2940 [PAR] sedative filling
- D2951 [PAR] pin retention - per tooth, in addition to restoration

## PULP CAPPING

- D3110 [PAR] pulp cap - direct (excluding final restoration)
- D3120 [PAR] pulp cap - indirect (excluding final restoration)

## PERIODONTICS - SURGICAL PROCEDURES

- D4210 [PAR] gingivectomy or gingivoplasty - per quadrant
- D4211 [PAR] gingivectomy or gingivoplasty - per tooth
- D4220 [PAR] gingival curettage, surgical - per quadrant, by report
- D4240 [PAR] gingival flap procedure, including root planing - per quadrant

## NON-SURGICAL PERIODONTAL SERVICE

- D4321 [PAR] provisional splinting - extracoronal
- D4341 [PAR] periodontal scaling and root planing, per quadrant
- D4355 [PAR] full mouth debridement to enable comprehensive periodontal evaluation and diagnosis
- D4381 [PAR] localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

## MAXILLOFACIAL PROSTHETICS

- D5931 [PAR] obturator prosthesis, surgical
- D5932 [PAR] obturator prosthesis, definitive
- D5933 [PAR] obturator prosthesis, modification
- D5934 [PAR] mandibular resection prosthesis with guide flange
- D5935 [PAR] mandibular resection prosthesis without guide flange
- D5936 [PAR] obturator prosthesis, interim
- D5954 [PAR] palatal augmentation prosthesis
- D5955 [PAR] palatal lift prosthesis, definitive
- D5958 [PAR] palatal lift prosthesis, interim
- D5959 [PAR] palatal lift prosthesis, modification
- D5982 surgical stent
- D5983 [PAR] radiation carrier
- D5984 [PAR] radiation shield
- D5985 [PAR] radiation cone locator
- D5987 [PAR] commissure splint
- D5988 surgical splint

## IMPLANT SERVICES

- D6010 [PAR] surgical placement of implant body - endosteal implant
- D6020 [PAR] abutment placement or substitution - endosteal implant
- D6040 [PAR] surgical placement - eposteal implant
- D6050 [PAR] surgical placement - transosteal implant

## OTHER IMPLANT SERVICES

- D6080 [PAR] implant maintenance procedures including removal of prosthesis and cleaning of prosthesis and abutments and reinsertion of prosthesis
- D6095 [PAR] repair implant abutment, by report

- D6100 [PAR] implant removal, by report
- D6199 [PAR] unspecified implant procedure, by report

## EXTRACTION

- D7110 single tooth
  - ➔ when doing multiple extractions on the same date of service, use this code only for the first extraction
- D7120 each additional tooth
- D7130 root removal - exposed roots

## SURGICAL EXTRACTIONS

- D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/or section of tooth
- 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 surgical removal of residual tooth roots (cutting procedure)

## OTHER SURGICAL PROCEDURES

- D7260 oroantral fistula closure
- D7270 tooth reimplantation &/or stabilization of accidentally avulsed or displaced tooth &/or alveolus
- D7285 [revised] biopsy of oral tissue - hard (bone, tooth)
- D7286 [revised] biopsy of oral tissue - soft (all others)
- D7290 surgical repositioning of teeth

## ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE FOR DENTURES

- D7310 alveoloplasty in conjunction with extraction - per quadrant
- D7320 [PAR] alveoloplasty not in conjunction with extraction - per quadrant
- D7340 [PAR] vestibuloplasty - ridge extension (secondary epithelialization)
- D7350 [PAR] vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue)

## SURGICAL EXCISION OF REACTIVE INFLAMMATORY LESIONS

- D7410 radical excision - lesion diameter up to 1.25cm
- D7420 [ASSIST] radical excision - lesion diameter greater than 1.25cm

## REMOVAL OF TUMORS, CYSTS & NEOPLASM

- D7430 excision of benign tumor - lesion diameter up to 1.25cm
- D7431 [ASSIST] excision of benign tumor - lesion diameter greater than 1.25cm
- D7440 excision of malignant tumor - lesion diameter up to 1.25cm
- D7441 [ASSIST] excision of malignant tumor - lesion diameter greater than 1.25cm
- D7450 removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm
- D7451 [ASSIST] removal of odontogenic cyst or tumor - lesion diameter greater than 1.25cm
- D7460 removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm
- D7461 [ASSIST] removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm

# ADULT BENEFITS

Only the limited dental benefits listed in this section are available for adults, age 21 & older.

◆ A concurrent medical condition is required to provide any of the services listed below ◆

D7465 destruction of lesion(s) by physical or chemical method, by report

## EXCISION OF BONE TISSUE

D7470 ~~deleted~~ removal of exostosis - maxilla or mandible

D7471 **PAR** **new** removal of exostosis – per site

D7480 **PAR** partial ostectomy (guttering or saucerization)

D7490 **PAR** radical resection of mandible with bone graft

## SURGICAL INCISION

D7510 incision & drainage of abscess - intraoral soft tissue

D7520 incision & drainage of abscess - extraoral soft tissue

D7530 removal of foreign body, skin, or subcutaneous alveolar tissue

D7540 removal of reaction-producing foreign bodies - musculoskeletal system

D7550 sequestrectomy for osteomyelitis

D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

## TREATMENT OF FRACTURES - SIMPLE

D7610 maxilla - open reduction (teeth immobilized, if present)

D7620 maxilla - closed reduction (teeth immobilized, if present)

D7630 mandible - open reduction (teeth immobilized, if present)

D7640 mandible - closed reduction (teeth immobilized, if present)

D7650 malar &/or zygomatic arch - open reduction

D7660 malar &/or zygomatic arch - closed reduction

D7670 **revised** alveolus - stabilization of teeth, closed reduction splinting

D7680 facial bones - complicated reduction with fixation & multiple surgical approaches

## TREATMENT OF FRACTURES - COMPOUND

D7710 **ASSIST** maxilla - open reduction

D7720 **ASSIST** maxilla - closed reduction

D7730 **ASSIST** mandible - open reduction

D7740 **ASSIST** mandible - closed reduction

D7750 **ASSIST** malar &/or zygomatic arch - open reduction

D7760 **ASSIST** malar &/or zygomatic arch - closed reduction

D7770 **ASSIST** alveolus - stabilization of teeth, open reduction splinting

D7780 **ASSIST** facial bones - complicated reduction with fixation & multiple surgical approaches

## REDUCTION OF DISLOCATION & MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTION

D7810 open reduction of dislocation

D7820 closed reduction of dislocation

D7830 manipulation under anesthesia

D7840 **PAR** **ASSIST** condylectomy

D7850 **PAR** **ASSIST** surgical discectomy, with/without implant

D7852 **PAR** **ASSIST** disc repair

D7854 **PAR** **ASSIST** synovectomy

D7856 **PAR** **ASSIST** myotomy

D7858 **PAR** **ASSIST** joint reconstruction

D7860 **PAR** **ASSIST** arthrotomy

D7865 **PAR** **ASSIST** arthroplasty

D7870 **PAR** **ASSIST** arthrocentesis

D7871 **PAR** **ASSIST** **new** non-arthroscopic lysis and lavage

D7872 **PAR** **ASSIST** arthroscopy - diagnostic, with or without biopsy

D7873 **PAR** **ASSIST** arthroscopy - surgical: lavage & lysis of adhesions

D7874 **PAR** **ASSIST** arthroscopy - surgical: disc repositioning & stabilization

D7875 **PAR** **ASSIST** arthroscopy - surgical: synovectomy

D7876 **PAR** **ASSIST** arthroscopy - surgical: discectomy

D7877 **PAR** **ASSIST** arthroscopy - surgical: debridement

D7880 **PAR** occlusal orthotic device, by report

D7899 **PAR** **ASSIST** unspecified TMD therapy, by report

## REPAIR OF TRAUMATIC WOUNDS

D7910 suture of recent small wounds up to 5cm

## COMPLICATED SUTURING

**(RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES & WIDE UNDERMINING FOR METICULOUS CLOSURE)**

D7911 complicated suture - up to 5cm

D7912 complicated suture - greater than 5cm

## OTHER REPAIR PROCEDURES

D7920 **PAR** **ASSIST** skin graft (identify defect covered, location and type of graft)

D7950 **PAR** **ASSIST** osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones-autogenous or nonautogenous, by report

D7955 **PAR** **ASSIST** repair of maxillofacial soft and hard tissue defect

D7970 **PAR** excision of hyperplastic tissue - per arch

D7971 **PAR** excision of pericoronal gingiva

D7980 **PAR** sialolithotomy

D7981 **PAR** **ASSIST** excision of salivary gland, by report

D7982 **PAR** sialodochoplasty

D7983 **PAR** closure of salivary fistula

D7990 emergency tracheotomy

D7991 **PAR** **ASSIST** coronoidectomy

D7995 **PAR** **ASSIST** synthetic graft - mandible or facial bones, by report

D7996 **PAR** **ASSIST** implant - mandible for augmentation purposes (excluding alveolar ridge), by report

D7997 **new** appliance removal (not by dentist who placed appliance), includes removal of archbar

D7999 **PAR** **ASSIST** unspecified oral surgery procedure, by report

## UNCLASSIFIED TREATMENT

D9110 palliative (emergency) treatment of dental pain – minor procedure

## ANESTHESIA

D9220 general anesthesia - first 30 minutes

D9221 general anesthesia - each additional 15 minutes

D9240 ~~deleted~~ intravenous sedation

D9241 **new** intravenous sedation/analgesia – first 30 minutes

D9242 **new** intravenous sedation/analgesia – each additional 15 minutes

## PROFESSIONAL CONSULTATION

D9310 **PAR** consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

## PROFESSIONAL VISITS

D9410 **revised** house/extended care facility call

D9420 hospital call

# UNDOCUMENTED ALIEN BENEFITS

**Only the selected dental services listed in this section are available for undocumented aliens.**

◆ A dental emergency is required to provide any of the below listed services ◆

<b>STATE OF COLORADO MEDICAID AUTHORIZATION CARD</b>						
EFFECTIVE DATE	EXPIRATION DATE	CAT CODE	COUNTY NO.	HOUSEHOLD NO.	OTHER INSURANCE	PRIMARY CARE PHYSICIAN NAME AND TELEPHONE NUMBER
STATE I.D. NO.	PERSONS ELIGIBLE		BIRTHDATE	SEX	INFORMATION	
					NO COVERAGE	
<b>NOTICE TO PROVIDERS: ** GOOD FOR EMERGENCY SERVICES ONLY **</b>					Mailed:	

**Undocumented alien**

The client's Medicaid Authorization Card (MAC card) reads:  
**GOOD FOR EMERGENCY SERVICES ONLY**  
See example above

**Dental emergency**

A dental emergency is present when an undocumented alien presents with pain, infection, fracture, or trauma of an oral facial structure. Preventative, restorative, endodontic, periodontal, and prosthetic care is not a benefit for undocumented alien clients under any circumstances.

**PAR - Prior Authorization Review**

PAR is not required for undocumented alien benefits.

**Assistant surgeon ◆ PAR not required**

ASSIST next to the code, indicates procedures for which an assistant surgeon is allowed for an undocumented alien. These claims must be submitted on paper, see page 14.

**Inpatient & Outpatient hospitalization ◆ PAR not required**

**ORAL EVALUATION**

D0140 limited oral evaluation - problem focused

**RADIOGRAPHS/DIAGNOSTIC IMAGING**

D0220 intraoral - periapical - first film

D0230 intraoral - each additional film

D0240 intraoral - occlusal film

D0250 extraoral - single film

D0260 extraoral - each additional film

D0270 bitewing - single film

D0272 bitewings - two films

D0330 panoramic film

**TESTS AND LABORATORY EXAMINATIONS**

D0415 bacteriologic studies for the determination of pathologic agent

D0472 new accession of tissue, gross examination, preparation and transmission of written report

D0473 new accession of tissue, gross and microscopic examination, preparation and transmission of written report

D0474 new accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report

D0480 new processing and interpretation of cytologic smears, including the preparation and transmission of written report

D0501 histopathologic examinations

**EXTRACTION**

D7110 single tooth

➔ when doing multiple extractions on the same date of service, use this code only for the first extraction

D7120 each additional tooth

D7130 root removal - exposed roots

**SURGICAL EXTRACTIONS**

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone &/or section of tooth

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 surgical removal of residual tooth roots (cutting procedure)

**OTHER SURGICAL PROCEDURES**

D7285 revised biopsy of oral tissue - hard (bone, tooth)

D7286 revised biopsy of oral tissue - soft (all others)

**REMOVAL OF TUMORS, CYSTS, & NEOPLASMS**

D7430 excision of benign tumor – lesion diameter up to 1.25 cm

# UNDOCUMENTED ALIEN BENEFITS

Only the selected dental services listed in this section are available for undocumented aliens.

◆ A dental emergency is required to provide any of the below listed services ◆

- D7431 **ASSIST** excision of benign tumor – lesion diameter greater than 1.25cm  
D7440 excision of malignant tumor – lesion diameter up to 1.25 cm  
D7441 **ASSIST** excision of malignant tumor – lesion diameter greater than 1.25cm  
D7450 removal of odontogenic cyst or tumor – lesion diameter up to 1.25 cm  
D7451 **ASSIST** removal of odontogenic cyst or tumor – lesion diameter greater than 1.25 cm  
D7460 removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm  
D7461 **ASSIST** removal of nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm  
D7465 destruction of lesion(s) by physical or chemical method, by report.

## SURGICAL INCISION

- D7510 incision & drainage of abscess - intraoral soft tissue  
D7520 incision & drainage of abscess - extraoral soft tissue  
D7530 removal of foreign body, skin, or subcutaneous alveolar tissue  
D7550 sequestrectomy for osteomyelitis  
D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

## TREATMENT OF FRACTURES - SIMPLE

- D7610 maxilla - open reduction (teeth immobilized, if present)  
D7620 maxilla - closed reduction (teeth immobilized, if present)  
D7630 mandible - open reduction (teeth immobilized, if present)  
D7640 mandible - closed reduction (teeth immobilized, if present)  
D7650 malar &/or zygomatic arch - open reduction  
D7660 malar &/or zygomatic arch - closed reduction  
D7670 **revised** alveolus - stabilization of teeth, open reduction splinting  
D7680 facial bones - complicated reduction with fixation & multiple surgical approaches

## TREATMENT OF FRACTURES - COMPOUND

- D7710 **ASSIST** maxilla - open reduction  
D7720 **ASSIST** maxilla - closed reduction  
D7730 **ASSIST** mandible - open reduction  
D7740 **ASSIST** mandible - closed reduction

- D7750 **ASSIST** malar &/or zygomatic arch - open reduction  
D7760 **ASSIST** malar &/or zygomatic arch - closed reduction  
D7770 **ASSIST** alveolus - stabilization of teeth, open reduction splinting  
D7780 **ASSIST** facial bones - complicated reduction with fixation & multiple surgical approaches

## REDUCTION OF DISLOCATION & MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTION

- D7810 open reduction of dislocation  
D7820 closed reduction of dislocation  
D7830 manipulation under anesthesia  
**REPAIR OF TRAUMATIC WOUNDS**  
D7910 suture of recent small wounds up to 5 cm

## COMPLICATED SUTURING

- D7911 complicated suture - up to 5 cm  
D7912 complicated suture - greater than 5 cm

## OTHER REPAIR PROCEDURES

- D7990 emergency tracheotomy

## UNCLASSIFIED TREATMENT

- D9110 palliative (emergency) treatment of dental pain – minor procedure

## ANESTHESIA

- D9220 general anesthesia - first 30 minutes  
D9221 general anesthesia - each additional 15 minutes  
D9240 **deleted** intravenous sedation  
D9241 **new** intravenous sedation/analgesia – first 30 minutes  
D9242 **new** intravenous sedation/analgesia – each additional 15 min.

## PROFESSIONAL VISITS

- D9410 **revised** house/extended care facility call  
D9420 hospital call

## ASSISTANT SURGEON BILLING

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**ASSIST** next to the procedure code indicates an assistant surgeon is allowed. The procedures for which an assistant surgeon is allowed are different for children, adults, and undocumented alien clients. Please refer to the appropriate section of this bulletin before providing these services.

- ▼ Prior authorization review (PAR) is not required for the assistant surgeon.
- ▼ Assistant surgeon claim must be submitted on a paper 1994 or 1999 ADA claim form.
- ▼ Bill one D7999 "unspecified oral surgery procedure, by report", and enter your total charge for assisting with the surgery/surgeries.
- ▼ In the "Remarks for unusual services" area, write; "assistant surgery".
- ▼ **Copy this page, complete the Assistant Surgeon Report, and attach it to your claim.**
- ▼ CPT medical and surgical codes cannot be used. Please do not send x-rays.

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### Assistant Surgeon Report

Report date \_\_\_\_\_

Assistant surgeon name \_\_\_\_\_ Medicaid provider number \_\_\_\_\_

Primary surgeon name \_\_\_\_\_ Medicaid provider number \_\_\_\_\_

Medicaid client name \_\_\_\_\_ Medicaid client ID number \_\_\_\_\_

Claim, date of service \_\_\_\_\_

List the ADA procedure codes provided by the primary surgeon, for which you were the assistant surgeon.

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**Attach to completed ADA claim form as described above.**

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PLEASE COPY THIS BLANK FORM AS NEEDED

# PROBLEM RESOLUTION

**Problem** **Solution**

Date _____	
Date _____	
Date _____	
Date _____	
Date _____	