



# Medical Assistance Program Bulletin

## Colorado Title XIX

Fiscal Agent



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### Medical Assistance Program Fiscal Agent Information on the Internet

[www.chcpf.state.co.us](http://www.chcpf.state.co.us)

Click on the Provider Services tab at the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff. Bulletins supplement information in the Medical Assistance Program 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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 Medical Assistance Program Provider Services.

Distribution: Dentists

December 2004

Reference: B0400189

*This bulletin completely replaces Medical Assistance Program Bulletin B0200146 (12/02).*

## Dental Program Updates & Revisions

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### Special points of interest

- Identifies a new ADA procedure code
  - ▲ Identifies an ADA revision to nomenclature / definition
  - Identifies code use limitations
1. Three (3) ADA procedure codes are no longer valid
  2. The ADA 2002 claim form is preferred for claims and PARs
  3. Esthetic prefabricated stainless steel crowns are a benefit for children
  4. Procedure D9230 analgesia, anxiolysis, inhalation of nitrous oxide – this benefit has been expanded for children
  5. Procedure D3230 pulp therapy (resorbable filling) – anterior, primary tooth is a benefit for children

### Important

Claims and PARs will be denied for codes that are no longer valid and deleted benefits beginning January 1, 2005.

### Please read changes carefully

Please direct questions to  
Medical Assistance Program Provider Services  
303-534-0146 or 1-800-237-0757 (toll free Colorado)

All Medical Assistance Program bulletins are located in the Provider Services section of the Departments website at:

[www.chcpf.state.co.us](http://www.chcpf.state.co.us)



## **This document replaces the December 2002 bulletin.**

Share this bulletin promptly with your billing staff. It contains important policy and billing information, supplementing information in the Medical Assistance Program Dental Billing Instructions.

# **Important**

## **Current Dental Terminology 2005**

Please refer to the ADA publication [Current Dental Terminology 2005](#) for detailed code information, clarification, and appropriate code selection. All dental providers are required to use current ADA dental codes. Dental providers may not use CPT medical and surgical codes. ADA claim forms 1994 ■ 1999 ■ 2002 are accepted for Prior Authorization Requests (PARs) and claims.

## **Revised Dental Benefits**

This bulletin contains a revised list of dental procedures that are benefits for Colorado Medical Assistance Program clients effective January 1, 2005. Go to the appropriate section of this bulletin for a list of dental procedures that are benefits for:

Children, page 4

Adults, page 11

Non-Citizen Clients, page 15

**The dental codes in this bulletin are current ADA codes.**

## **Thank you**

The Colorado Medical Assistance Program would like to express our sincere thanks to all Colorado dental providers who serve Medical Assistance Program clients.

### **Inpatient & Outpatient Hospitalization Policy**

Dental procedures requiring hospitalization may be a covered benefit, if in the treating dentist's opinion the client meets one or more of the following criteria:

1. The client has a physical, mental or medically compromising condition; or
2. The client has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy; or
3. The client is extremely uncooperative, unmanageable, anxious, or uncommunicative and has dental needs deemed sufficiently important that dental care cannot be deferred; or
4. The client has sustained extensive orofacial and dental trauma; or
5. The client has ramped multi-surface decay and needs six or more prefabricated crowns placed during one date of service

#### **What to do**

If a dentist determines that a client needs hospitalization with or without associated general anesthesia, and meets one or more of the listed criteria, the dentist should:

1. Contact the individual's HMO medical management department for prior authorization to use the hospital. The HMO may require documentation of medical necessity; or
2. If the client is not enrolled in an HMO, the dentist should make prior arrangements with the Medical Assistance Program participating hospital.

#### **Enrollment in an HMO**

Enrollment in a Medical Assistance Program HMO does not affect a client's eligibility for dental services. A client is eligible for dental services regardless of the primary care provider or the HMO. Clients enrolled in HMOs receive medical care through that HMO.

# Child

## PAR ■ Prior Authorization Review

**PAR** after the procedure code means that the procedure requires a prior authorization review before starting the service for a child.

## Approval of a PAR does not guarantee Medical Assistance Program payment

Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medical Assistance 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.

## Dental necessity required

Provide the following information with all dental PARs

- Describe the dental condition supporting the need for the service
- Please do not send x-rays.

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

Provide the following information with all TMJ surgery PARs

- TMJ diagnosis
- Duration of symptoms
- Number of previous TMJ surgeries
- 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 that allow an assistant surgeon for a child. These claims must be submitted on paper, see last page of this bulletin.

## Treatment of handicapping malocclusion ■ PAR required ■

For PAR information contact ACS prior authorization assistance at 303.534.0279 or 1.800.237.7647.

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.

## Prefabricated Stainless Steel and Resin Crowns

■ Limited to 5 per patient visit in the dental office ■

**New**

When the prefabricated stainless steel and resin crown procedures listed below are provided in the office setting, they are limited to five (5) per date of service for a client.

- 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
- D2934 prefabricated esthetic coated stainless steel crown

This limitation includes 5 of the same crown procedure, or 5 different crown procedures on the same date. This limitation does not apply when the crown procedures are done in the hospital.

## Esthetic Coated Crowns for Anterior Primary Teeth

■ Limited to specific tooth numbers ■

**New**

The Colorado Medical Assistance Program now has three prefabricated crown procedures available for children to meet the restorative and esthetic needs of anterior teeth.

- D2932 prefabricated resin crown
- D2933 prefabricated stainless steel crown with resin window
- D2934 prefabricated esthetic coated stainless steel crown

Please review codes limitations carefully.

## 2005 ADA procedure codes

New ■ Revised ■ Deleted

- Identifies a new code
- ▲ Identifies a revision to nomenclature / definition
- Identifies code use limitations

ADA codes that are no longer valid are identified

## CDT 5

The Medical Assistance Program strongly encourages providers to purchase and use ADA publication:

Current Dental Terminology 5.

This is the appropriate reference for code selection and claim form completion.

## ADA claim forms

Three different ADA claim forms are now accepted

- 1994
- 1999
- **2002 – preferred**

# Child

## CLINICAL ORAL EVALUATIONS

- D0120 periodic oral evaluation
- D0140 limited oral evaluation - problem focused
- D0150 comprehensive oral evaluation - new or established patient
- D0160 detailed & extensive oral evaluation - problem focused, by report
- D0170 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 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 oral/facial photographic images

## TESTS AND LABORATORY EXAMINATIONS

- ▲ D0415 collection of microorganisms for culture and sensitivity
- 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

## ORAL PATHOLOGY LABORATORY

- D0472 accession of tissue, gross examination, preparation and transmission of written report
- D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- ▲ D0480 processing and interpretation of exfoliative cytologic smears, including the preparation and transmission of written report
- D0502 **PAR** other oral pathology procedures, by report
- D0999 **PAR** unspecified diagnostic procedure, by report
  - used only by dental hygienists for dental screening
  - dentists can use code D7999 or D9999 for unusual diagnostic service

## DENTAL PROPHYLAXIS

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

## TOPICAL FLUORIDE TREATMENT (office procedure)

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

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

## 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)
- D2391 resin-based composite - one surface, posterior
- D2392 resin-based composite - two surfaces, posterior
- D2393 resin-based composite - three surfaces, posterior
- D2394 resin-based composite - four or more surfaces, posterior

## CROWNS - SINGLE RESTORATIONS ONLY

- D2751 **PAR** crown - porcelain fused to predominately base metal
  - a benefit for teeth 1-32
- D2791 **PAR** crown - full cast predominantly base metal
  - a benefit for teeth 1-32

# Child

## OTHER RESTORATIVE SERVICES

- ▲ D2910 recement inlay, onlay, or partial coverage restoration
- D2920 recement crown
- D2930 prefabricated stainless steel crown - primary tooth
- D2931 prefabricated stainless steel crown - permanent tooth
- D2932 prefabricated resin crown
  - Benefit only for primary anteriors
  - Limited to teeth C-H, M-R
- D2933 prefabricated stainless steel crown with resin window
  - Benefit only for primary anteriors
  - Limited to teeth C-H, M-R
- D2934 prefabricated esthetic coated stainless steel crown – primary tooth
  - Benefit only for primary anteriors
  - Limited to 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** 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 each additional prefabricated post – same tooth
- D2970 **ADA code is no longer valid, no replacement for code**
- 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 therapeutic pulpotomy (excluding final restoration)
  - removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 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 the provider completing endodontic treatment

## ENDODONTIC THERAPY ON PRIMARY TEETH

- D3230 pulp therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
  - Limited to teeth C-H, M-R
- D3240 pulp therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
  - Limited to teeth A, B, I, J, K, L, S, T

## ENDODONTIC THERAPY

- D3310 anterior (excluding final restoration)
- D3320 bicuspid (excluding final restoration)
- D3330 molar (excluding final restoration)
- D3331 treatment of root canal obstruction; non-surgical access
- ▲ D3332 incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
- D3333 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.)
- 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 – four or more contiguous teeth or bounded teeth spaces per quadrant
- ▲ D4211 **PAR** Gingivectomy or gingivoplasty one to three contiguous teeth or bounded teeth spaces per quadrant
- ▲ D4240 **PAR** gingival flap procedure, including root planning - four or more contiguous teeth or bounded spaces per quadrant
  - D4245 **PAR** apically positioned flap
  - D4249 **PAR** clinical crown lengthening - hard tissue
- ▲ D4260 **PAR** osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant
  - D4263 **PAR** bone replacement graft - first site in quadrant
  - D4264 **PAR** bone replacement graft - each additional site in quadrant
  - D4266 **PAR** guided tissue regeneration - resorbable barrier, per site
  - D4267 **PAR** guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)
  - D4268 **PAR** 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 procedures, per tooth

# Child

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 - four or more teeth per quadrant

D4355 full mouth debridement to enable comprehensive evaluation and diagnosis

▲ D4381 **PAR** localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

## OTHER PERIODONTAL SERVICES

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 (chair side)

D5731 reline complete mandibular denture (chair side)

D5740 reline maxillary partial denture (chair side)

D5741 reline mandibular partial denture (chair side)

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

D5860 **PAR** overdenture - complete, by report

D5861 **PAR** overdenture - partial, by report

D5862 **PAR** precision attachment, by report

D5867 **PAR** replacement of replaceable part of semi-precision or precision attachment (male or female component)

D5875 **PAR** 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

# Child

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 **ADA code is no longer valid, see D6056, D6057**  
 D6040 **PAR** surgical placement: eosteal implant  
 D6050 **PAR** surgical placement: tranosteal implant

## IMPLANT SUPPORTED PROSTHETICS

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

## OTHER IMPLANT SERVICES

D6080 **PAR** implants 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  
 ● D6190 **PAR** radiographic / surgical implant index, 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  
 → a benefit for teeth 1-32

## FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS

D6545 **PAR** retainer - cast metal for resin bonded fixed prosthesis  
 → a benefit only for teeth 6-11, 22-27

## FIXED PARTIAL DENTURE RETAINERS - CROWNS

D6751 **PAR** crown – porcelain fused to predominantly base metal  
 → 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** each additional cast post – same tooth  
 D6977 **PAR** each additional prefabricated post – same tooth  
 D6980 **PAR** fixed partial denture repair, by report  
 D6999 **PAR** unspecified fixed prosthodontic procedure, by report  
 → Groper appliance deleted as a benefit 01-03-03  
 → code valid for tooth numbers 1-32 only

## EXTRACTION

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

## 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 oral antral fistula closure  
 D7261 primary closure of sinus perforation  
 D7270 tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth  
 D7272 tooth transplantation (includes reimplantation from one site to another and splinting &/or stabilization)  
 D7280 **PAR** surgical access of an unerupted tooth  
 D7281 **ADA code is no longer valid, see D7280 and D7283**  
 ● D7283 **PAR** placement of device to facilitate eruption of impacted tooth  
 → Review CDT 5 for appropriate code use  
 → Not for placement of inter-dental wire ligatures  
 → Not for brass wire eruption spacer



# Child

- D7285 biopsy of oral tissue, hard (bone, tooth)
- ▲ D7286 biopsy of oral tissue, soft
- D7288 brush biopsy – transepithelial sample collection
- D7290 surgical repositioning of teeth
- D7291 transseptal fibrotomy/supra crestal fibrotomy, by report

## ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE FOR DENTURES

- D7310 alveoloplasty in conjunction with extraction - per quadrant
- D7320 alveoloplasty 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 excision of benign lesion up to 1.25 cm
- D7411 excision of benign lesion greater than 1.25 cm
- D7412 excision of benign lesion, complicated
- D7413 excision of malignant lesion up to 1.25 cm
- D7414 excision of malignant lesion greater than 1.25 cm
- D7415 excision of malignant lesion, complicated

## REMOVAL OF TUMORS, CYSTS & NEOPLASM

- 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 benign odontogenic cyst or tumor – lesion diameter up to 1.25cm
- D7451 [ASSIST] removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25cm
- D7460 removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm
- D7461 [ASSIST] removal of benign 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

- D7471 removal of lateral exostosis (maxilla or mandible)
- D7472 removal of torus palatinus
- D7473 removal of torus mandibularis
- D7485 surgical reduction of osseous tuberosity
- ▲ D7490 radical resection of maxilla or mandible

## SURGICAL INCISION

- D7510 incision & drainage of abscess - intraoral soft tissue
- D7511 [ASSIST] incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
- D7520 incision & drainage of abscess - extraoral soft tissue
- D7521 [ASSIST] incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple facial spaces)

- D7530 removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
- D7540 removal of reaction-producing foreign bodies, musculoskeletal system
- D7550 partial osteotomy/sequestrectomy for removal of non-vital bone
- 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 alveolus – closed reduction, may include stabilization of teeth
- D7671 alveolus – open reduction, may include stabilization of teeth
- 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 - open reduction stabilization of teeth
- D7771 alveolus – closed reduction stabilization of teeth
- 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] arthrotomy
- D7865 [PAR] [ASSIST] arthroplasty
- D7870 [PAR] [ASSIST] arthrocentesis
- D7871 [PAR] [ASSIST] 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

# Child

- 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** osteotomy – mandibular rami  
 D7943 **PAR** **ASSIST** 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/or hard tissue defect  
 D7960 frenulectomy (frenectomy or frenotomy) - separate procedure  
 ● D7963 frenuloplasty  
 D7970 excision of hyperplastic tissue - per arch  
 D7971 excision of pericoronal gingiva  
 D7972 surgical reduction of fibrous tuberosity  
 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 appliance removal (not by dentist who placed appliance), includes removal of archbar  
 D7999 **PAR** **ASSIST** unspecified oral surgery procedure, by report

## MINOR TREATMENT TO CONTROL HARMFUL HABITS

- D8210 removable appliance therapy  
 → Only for treatment to control harmful habits  
 D8220 fixed appliance therapy  
 → Only for treatment to control harmful habits

## UNCLASSIFIED TREATMENT

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

## ANESTHESIA

- D9220 deep sedation/general anesthesia – first 30 minutes  
 D9221 deep sedation/general anesthesia – each additional 15 minutes  
 D9230 analgesia, anxiolysis, inhalation of nitrous oxide  
 → This code can be billed only when one or more of the following operative and/or surgical procedures are billed on the same date of service for the client:  
 D2140-D4999, D6010-D7999  
 D9241 intravenous conscious sedation/analgesia – first 30 minutes  
 D9242 intravenous conscious sedation/analgesia – each additional 15 minutes  
 D9248 non-intravenous conscious sedation

## PROFESSIONAL CONSULTATION

- D9310 consultation (diagnostic services provided by dentist or physician other than practitioner providing treatment)

## PROFESSIONAL VISITS

- D9410 house/extended care facility call  
 D9420 hospital call

## MISCELLANEOUS SERVICES

- D9911 application of desensitizing resin for cervical and/or root surface, per tooth  
 D9940 occlusal guard, by report  
 D9951 occlusal adjustment - limited  
 D9952 **PAR** occlusal adjustment – complete  
 D9971 odontoplasty 1-2 teeth; includes removal of enamel projections  
 D9999 **PAR** unspecified adjunctive procedure, by report

# Adult

## PAR ■ Prior Authorization Review

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

## Approval of a PAR does not guarantee Medical Assistance Program payment

Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medical Assistance 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.

## PAR requires Medical Necessity

### Medical and Dental necessity required

Provide the following information with all adult dental PARs

- Describe the concurrent medical condition that necessitates providing dental treatment, and
- Describe the dental condition supporting the need for the service
- Please do not send x-rays.

### Documentation of Concurrent Medical Condition

**Important**

**Concurrent medical condition must be clearly documented in an adult client's dental records.**

### Accepted concurrent Medical conditions

**One of the below listed concurrent medical condition is required to provide any dental service to an adult Medical Assistance Program client.**

- 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

Provide the following information with all TMJ surgery PARs

- TMJ diagnosis
- Duration of symptoms
- Number of previous TMJ surgeries
- 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 last page of this bulletin.

## Treatment of handicapping malocclusion

Orthodontic treatment for handicapping malocclusions is a not a benefit for adult under any circumstances

## 2005 ADA procedure codes

### New ■ Revised ■ Deleted

- Identifies a new code
  - ▲ Identifies a revision to nomenclature / definition
  - Identifies code use limitations
- ADA codes that are no longer valid are identified

## CDT 5

The Medical Assistance Program strongly encourages providers to purchase and use ADA publication: Current Dental Terminology 5.

This is the appropriate reference for code selection and claim form completion.

## ADA claim forms

Three different ADA claim forms are now accepted

- 1994
- 1999
- **2002 - preferred**

# Adult

## CLINICAL ORAL EVALUATIONS

- D0140 limited oral evaluation - problem focused  
 D0150 **PAR** comprehensive oral evaluation – new or established patient  
 D0160 **PAR** detailed & extensive oral evaluation - problem focused, by report  
 D0170 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 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 oral/facial photographic images

## TESTS AND LABORATORY EXAMINATIONS

- ▲ D0415 collection of microorganisms for culture and sensitivity  
 D0460 pulp vitality tests  
 → includes multiple teeth & contralateral comparison/s  
 D0470 **PAR** diagnostic casts  
 → includes both maxillary and mandibular casts

## ORAL PATHOLOGY LABORATORY

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

## AMALGAM RESTORATIONS

- D2140 **PAR** amalgam - one surface, primary or permanent  
 D2150 **PAR** amalgam - two surfaces, primary or permanent  
 D2160 **PAR** amalgam - three surfaces, primary or permanent  
 D2161 **PAR** amalgam - four or more surfaces, primary or permanent

## 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)  
 D2391 **PAR** resin-based composite – one surface, posterior  
 D2392 **PAR** resin-based composite – two surfaces, posterior  
 D2393 **PAR** resin-based composite – three surfaces, posterior  
 D2394 **PAR** resin-based composite – four or more surfaces, posterior  
 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 – four or more contiguous teeth or bounded teeth spaces per quadrant  
 ▲ D4211 **PAR** gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant  
 ▲ D4240 **PAR** gingival flap procedure, including root planning, four or more contiguous teeth or bounded teeth spaces, per quadrant

## NON-SURGICAL PERIODONTAL SERVICE

- D4321 **PAR** provisional splinting – extracoronal  
 ▲ D4341 **PAR** periodontal scaling and root planing - four or more teeth per quadrant  
 D4355 **PAR** full mouth debridement to enable comprehensive evaluation and diagnosis  
 ▲ D4381 **PAR** localized delivery of antimicrobial 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

# Adult

D6020 **ADA code is no longer valid**

D6040 **PAR** surgical placement: eposteal implant

D6050 **PAR** surgical placement: transosteal implant

## OTHER IMPLANT SERVICES

D6080 **PAR** implants maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments, reinsertion of prosthesis

D6095 **PAR** repair implant abutment, by report

D6100 **PAR** implant removal, by report

D6199 **PAR** unspecified implant removal procedure, by report

## EXTRACTION

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

## 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

D7261 primary closure of sinus perforation

D7270 tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth

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

▲ D7286 biopsy of oral tissue - soft

● D7288 brush biopsy – transepithelial sample collection

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

## VESTIBULOPLASTY

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 excision of benign lesion up to 1.25 cm

D7411 excision of benign lesion greater than 1.25 cm

D7412 excision of benign lesion, complicated

D7413 excision of malignant lesion up to 1.25 cm

D7414 excision of malignant lesion greater than 1.25 cm

D7415 excision of malignant lesion, complicated

## REMOVAL OF TUMORS, CYSTS & NEOPLASM

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 benign odontogenic cyst or tumor – lesion diameter up to 1.25cm

D7451 **ASSIST** removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25cm

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

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

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

## EXCISION OF BONE TISSUE

D7471 **PAR** removal of lateral exostosis (maxilla or mandible)

D7472 **PAR** removal of torus palatinus

D7473 **PAR** removal of torus mandibularis

D7485 **PAR** surgical reduction of osseous tuberosity

▲ D7490 **PAR** radical resection of maxilla or mandible

## SURGICAL INCISION

D7510 incision & drainage of abscess - intraoral soft tissue

● D7511 incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)

D7520 incision & drainage of abscess - extraoral soft tissue

● D7521 incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)

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

D7540 removal of reaction-producing foreign bodies – musculoskeletal system

D7550 partial osteotomy/sequestrectomy for removal of non-vital bone

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 alveolus – closed reduction, may include stabilization of teeth

D7671 alveolus – open reduction, may include stabilization of teeth

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

# Adult

- D7770 **ASSIST** alveolus – open reduction stabilization of teeth  
 D7771 alveolus – closed reduction stabilization of teeth  
 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** 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/or hard tissue defect  
 D7970 **PAR** excision of hyperplastic tissue - per arch  
 D7971 **PAR** excision of pericoronal gingival  
 D7972 **PAR** surgical reduction of fibrous tuberosity  
 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 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 deep sedation/general anesthesia – first 30 minutes  
 D9221 deep sedation/general anesthesia – each additional 15 minutes  
 D9241 intravenous conscious sedation/analgesia – first 30 minutes  
 D9242 intravenous conscious 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 house/extended care facility call  
 D9420 hospital call

# Non-Citizen

## Dental Emergency required

### MID card

#### Client's Medical Assistance Program Identification Card

##### The MID does not guarantee Eligibility.

The client should have the card with them. However, it is the provider's responsibility to verify eligibility before services are rendered. Information on how to verify eligibility is located in the General Provider Information section of the Billing Manual.

### Dental emergency

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

### PAR ■ Prior Authorization Review

A PAR is not required for non-citizen benefits.

### Assistant surgeon ■ PAR not required

**ASSIST** next to the code, indicates procedures for which an assistant surgeon is allowed for a non-citizen. These claims must be submitted on paper, see the last page of this bulletin.

### 2005 ADA procedure codes

#### New ■ Revised ■ Deleted

- Identifies a new code
- ▲ Identifies a revision to nomenclature / definition
- Identifies code use limitations

ADA codes that are no longer valid are identified

### CDT 5

The Medical Assistance Program strongly encourages providers to purchase and use ADA publication:

Current Dental Terminology 5.

This is the appropriate reference for code selection and claim form completion.

### ADA claim forms

Three different ADA claim forms are now accepted

- 1994
- 1999
- **2002 - preferred**

# Non-Citizen

## Dental Emergency 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 collection of microorganisms for culture and sensitivity

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

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

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

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

### EXTRACTION

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

### 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 biopsy of oral tissue - hard (bone, tooth)

▲ D7286 biopsy of oral tissue - soft

● D7288 brush biopsy – transepithelial sample collection

### REMOVAL OF TUMORS, CYSTS, & NEOPLASM

D7411 excision of benign lesion greater than 1.25 cm

D7412 excision of benign lesion, complicated

D7413 excision of malignant lesion up to 1.25 cm

D7414 excision of malignant lesion greater than 1.25 cm

D7415 excision of malignant lesion, complicated

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 benign odontogenic cyst or tumor – lesion diameter up to 1.25cm

D7451 **ASSIST** removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25cm

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

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

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

### SURGICAL INCISION

D7510 incision & drainage of abscess - intraoral soft tissue

● D7511 incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple facial spaces)

D7520 incision & drainage of abscess - extraoral soft tissue

● D7521 incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)

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

D7540 removal of reaction-producing foreign bodies, musculoskeletal system

D7550 partial osteotomy/sequestrectomy for removal of non-vital bone

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)

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D7660 malar &/or zygomatic arch - closed reduction

D7670 alveolus – closed reduction, may include stabilization of teeth

D7671 alveolus – open reduction, may include stabilization of teeth

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 - open reduction stabilization of teeth

D7771 alveolus – closed reduction stabilization of teeth

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



# Non-Citizen

## Dental Emergency required

### 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 deep sedation/general anesthesia – first 30 minutes  
D9221 deep sedation/general anesthesia – each additional 15 minutes  
D9241 intravenous conscious sedation/analgesia – first 30 minutes  
D9242 intravenous conscious sedation/analgesia – each additional 15 minutes

### PROFESSIONAL VISITS

D9410 house/extended care facility call  
D9420 hospital call

**ASSISTANT SURGEON REPORT**

**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 non-citizen 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 ■ 1999 ■ 2002 (preferred) 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" 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.

**Assistant Surgeon Report**

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

<b>Assistant surgeon name</b> _____	<b>Medical Assistance Program provider number</b> _____
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<b>Primary surgeon name</b> _____	<b>Medical Assistance Program provider number</b> _____
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<b>Medical Assistance Program client name</b> _____	<b>Medical Assistance Program client ID number</b> _____
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**Claim date of service** \_\_\_\_\_

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

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

PLEASE COPY THIS BLANK FORM AS NEEDED