

DMMA Adult Dental Benefit: codes & Description

Code	Procedure Description	Age, limitations, restrictions, prior authorizations for Adults
Clinical Oral Evaluations		
D0120	Periodic oral evaluation	Age 21-00: 1 in 6 months
D0140	Limited oral evaluation	Age 21-00: Specific problem
D0150	Comprehensive evaluation	Age 21-00: 1 in 2 years
D0160	Extensive oral evaluation problem-focus	Age 21-00
D0170	Re-evaluation, established patient, problem focus	Age 21-00: Narrative on claim
D0180	Periodontal evaluation	Age 21-00: Allowed for periodontist and/or general dentist only; 1 in 2 years
Diagnostic Imaging		
D0210	Intraoral - complete series of radiographic images	Age 21-00: 1 in 3 years; either D0330 or D0210 may be used once in a 3-year period (request patient x-rays if provided by another provider within past 3 years)
D0220	Intraoral - periapical radiographic image	Age 21-00: 6 per year
D0230	Intraoral - periapical radiographic image; each additional	Age 21-00: Bill code on one line# units and total
D0272	Bitewings - two radiographic images	Age 21-00: Once in 6 months
D0274	Bitewings - four radiographic images	Age21-00: Once in 6 months
D0330	Panoramic radiographic image	Age 21-00: 1 in 3 years; may be billed with D0272 or D0274, but is not a substitute for FMX; either D0330 or D0210 may be used once in a 3-year period (request patient x-rays if provided by another provider within past 3 years)
Preventive		
D1110	Prophylaxis - Adult	Age 21-00: 1 every 6 months

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D1206	Topical application of fluoride varnish	Age 21-00: 1 every 12 month; either D1206 or D1208 may be billed once in a 12 month period
D1208	Topical application of fluoride-excluding fluoride varnish	Age 21-00: 1 every 12 months; either 1206 or 1208 may be billed once in a 12 month period
D1354	Interim caries arresting medicament application-per tooth	Age 21-00: Once per tooth every 6 months for up to two years; submit narrative
Restorative		
D2140	Amalgam - one surface, primary or permanent	Age 21-00: Same tooth & surface covered once in 2 years
D2150	Amalgam - two surfaces, primary or permanent	Age 21-00: Same tooth & surface covered once in 2 years
D2160	Amalgam - three surfaces, primary or permanent	Age 21-00: Same tooth & surface covered once in 2 years
D2161	Amalgam - four or more surfaces, primary or permanent	Age 21-00: Same tooth & surface covered once in 2 years
D2330	Resin-based composite; one surface, anterior	Age 21-00: Same tooth & surface covered once in 2 years
D2331	Resin-based composite; two surfaces, anterior	Age 21-00: Same tooth & surface covered once in 2 years
D2332	Resin-based composite; three surfaces, anterior	Age 21-00: Same tooth & surface covered once in 2 years
D2335	Resin-based composite; four or more surfaces, anterior	Age 21-00: Same tooth & surface covered once in 2 years
D2390	Resin-based composite crown, anterior	Age 21-00: Covered one time in 5 years
D2391	Resin-based composite-one surface, posterior	Age 21-00: Same tooth & surface covered once in 2 years
D2392	Resin-based composite; two surfaces, posterior	Age 21-00: Same tooth & surface covered once in 2 years
D2393	Resin-based composite; three surfaces, posterior	Age 21-00: Same tooth & surface covered once in 2 years
D2394	Resin-based composite; four or more surfaces, posterior	Age 21-00: Same tooth & surface covered once in 2 years

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D2920	Re-cement crown	Age 21-00: Same tooth & surface covered once in 2 years
Periodontics		
D4341	Periodontal scaling and root planning 4 or more teeth per quadrant	Age 21-00: Prior Authorization with full series of x-rays and periodontal charting; 1/2 mouth per visit
D4342	Periodontal scaling and root planning 1-3 teeth per quadrant	Age 21-00: Prior authorization with full series of x-rays and periodontal charting; 1/2 mouth per visit
D4355	Full mouth debridement	Age 21-00: 1 time in 3 years; cannot be billed with D1110, D4341, D4342; cannot be billed same day as oral evaluation
D4910	Periodontal maintenance	Age 21-00: Must have had D4341 OR D4342; one (1) time in 3 months and alternate with D1110
Prosthodontics Removable		
D5511	Replace broken complete denture base, mandibular	Age 21-00
D5512	Replace broken complete denture base, maxillary	Age 21-00
D5520	Replace missing or broken teeth - complete denture	Age 21-00
D5630	Repair or replace broken clasp	Age 21-00
D5640	Replace broken teeth; per tooth	Age 21-00: Tooth number on claim
D5650	Add tooth to existing partial denture	Age 21-00: Tooth number on claim
D5660	Add clasp to existing partial denture	Age 21-00
D5750	Reline complete maxillary denture (laboratory)	Age 21-00: Covered 1 time in 2 years
D5751	Reline complete mandibular denture (laboratory)	Age 21-00: Covered 1 time in 2 years
Prosthodontics fixed		
D6930	Re-cement fixed partial denture	Age 21-00: Narrative on claim
Oral and maxillofacial Surgery		

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D7140	Extraction - erupted tooth/exposed root	Age 21-00
D7210	Extraction - surgical removal of erupted tooth	Age 21-00
D7220	Removal of impacted tooth - soft tissue	Age 21-00
D7250	Removal of residual tooth roots (cutting procedure)	Age 21-00
D7510	Incision and drainage of abscess - intraoral soft tissue	Age 21-00
D7520	Incision and drainage of abscess – extra-oral soft tissue	Age 21-00
D7521	Incision and drainage of abscess – extra-oral; soft tissue; complicated	Age 21-00
Adjunctive general services		
D9110	Palliative treatment	Age 21-00: Provide narrative; may not be used in conjunction with restorative code on same tooth; may not be billed with D0120 or D0150, or denture repair services; limited to twice per year
D9222	Deep sedation/General Anesthesia - first 15 mins	Age 21- 00 Prior authorization required
D9223	Deep sedation/Gen Anesthesia-each subsequent 15-minute increment	Age 21-00: Prior Authorization Required
D9230	Analgesia	Age 21-00: Prior Authorization Required
D9239	Intravenous moderate sedation first 15 min	age 21-00 Prior authorization required
D9243	IV sedation/analgesia- each subsequent 15- minute increment	Age 21-00: Prior Authorization Required
D9248	Sedation (non-iv)	Age 21-00: Prior Authorization Required
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	Claim must include one of the following codes: D0140, D0150, D0120 or D0180
D9996	TELEDENTISTRY – ASYNCHRONOUS	Claim must include procedure code D0140