

Procedure Code	Rate	Effective Date	Prior Authorize
<b>EXAMINATION</b>			
D0120	21.35	1/1/21	N
D0140	30.50	1/1/21	N
D0145	30.50	1/1/21	N
D0150	30.50	1/1/21	N
<b>RADIOGRAPHS/TEST</b>			
D0210	60.98	1/1/21	Y
D0220	15.24	1/1/21	N
D0230	7.62	1/1/21	N
D0240	18.30	1/1/21	N
D0270	15.24	1/1/21	Y
D0272	18.30	1/1/21	N
D0274	30.50	1/1/21	N
D0310	128.06	1/1/21	Y
D0320	304.89	1/1/21	Y
D0321	94.52	1/1/21	Y
D0330	48.77	1/1/21	Y
D0340	60.98	1/1/21	N
D0350	30.50	1/1/21	N
D0460	24.40	1/1/21	Y
D0470	38.12	1/1/21	N
D0601	9.15	1/1/21	Y
D0602	9.15	1/1/21	Y
D0603	9.15	1/1/21	Y
D8080	MANUAL	1/1/21	Y
<b>PROPHYLAXIS/SEALANTS</b>			
D1110	45.74	1/1/21	N
D1120	30.50	1/1/21	N
D1206	15.24	1/1/21	N
D1208	15.24	1/1/21	N
D1320	33.54	1/1/21	N
D1351	24.40	1/1/21	N
D1354	24.40	1/1/21	N
<b>SPACE MAINTENANCE - PASSIVE</b>			
D1510	121.95	1/1/21	N
D1516	182.92	1/1/21	N
D1517	182.92	1/1/21	N
D1520	152.44	1/1/21	Y
D1526	213.42	1/1/21	Y
D1527	213.42	1/1/21	Y
D1552	36.57	1/1/21	N
D1553	36.57	1/1/21	N
D1556	33.54	1/1/21	N

D1557	33.54	1/1/21	N
D1558	33.54	1/1/21	N
<b>AMALGAM RESTORATIONS</b>			
D1575	121.95	1/1/21	N
D2140	60.98	1/1/21	N
D2150	94.52	1/1/21	N
D2160	123.49	1/1/21	N
D2161	131.97	1/1/21	N
<b>RESIN BASED COMPOSITE RESTORATIONS</b>			
D2330	60.98	1/1/21	N
D2331	91.47	1/1/21	N
D2332	106.71	1/1/21	N
D2335	121.95	1/1/21	N
D2390	207.32	1/1/21	N
D2391	60.98	1/1/21	N
D2392	94.52	1/1/21	N
D2393	123.49	1/1/21	N
D2394	131.97	1/1/21	N
<b>SINGLE CROWNS</b>			
D2710	304.89	1/1/21	Y
D2721	457.33	1/1/21	Y
D2740	609.77	1/1/21	Y
D2750	426.85	1/1/21	Y
D2751	487.81	1/1/21	Y
D2752	426.85	1/1/21	Y
D2790	426.85	1/1/21	Y
D2791	426.85	1/1/21	Y
D2792	426.85	1/1/21	Y
<b>OTHER RESTORATIVE</b>			
D2920	45.74	1/1/21	N
D2930	121.95	1/1/21	N
D2931	182.92	1/1/21	N
D2932	146.35	1/1/21	N
D2933	121.95	1/1/21	N
D2934	121.95	1/1/21	N
D2940	45.74	1/1/21	N
D2950	121.95	1/1/21	Y
D2951	30.50	1/1/21	N
D2952	243.92	1/1/21	Y
D2954	152.44	1/1/21	Y
D2960	182.92	1/1/21	Y
D2961	304.89	1/1/21	Y
D2962	439.04	1/1/21	Y
D2980	125.01	1/1/21	Y

<b>ENDODONTICS</b>		No missing teeth in arch, provider responsible for	
D3110	38.12	1/1/21	N
D3120	30.50	1/1/21	N
D3220	91.47	1/1/21	N
D3221	121.95	1/1/21	N
D3230	100.60	1/1/21	N
D3240	112.80	1/1/21	N
D3310	310.99	1/1/21	N
D3320	350.62	1/1/21	Y
D3330	426.85	1/1/21	Y
D3346	335.37	1/1/21	Y
D3347	408.54	1/1/21	Y
D3351	152.44	1/1/21	Y
D3352	115.86	1/1/21	Y
D3353	243.92	1/1/21	Y
D3410	277.45	1/1/21	Y
D3430	94.30	1/1/21	Y
<b>PERIODONTAL SERVICES</b>			
D4210	289.64	1/1/21	Y
D4211	106.71	1/1/21	Y
D4212	106.73	1/1/21	Y
D4231	246.96	1/1/21	Y
D4240	332.34	1/1/21	Y
D4241	268.31	1/1/21	Y
D4260	487.81	1/1/21	Y
D4261	243.92	1/1/21	Y
D4265	201.23	1/1/21	Y
D4270	371.95	1/1/21	Y
D4275	265.25	1/1/21	Y
D4276	289.64	1/1/21	Y
D4277	914.82	1/1/21	Y
D4278	304.94	1/1/21	Y
D4341	152.44	1/1/21	Y
D4342	82.32	1/1/21	Y
D4346	274.40	1/1/21	Y
<b>REMOVABLE PROSTHODONTICS</b>			
D5110	762.21	1/1/21	Y
D5120	762.21	1/1/21	Y
D5130	838.45	1/1/21	Y
D5140	838.45	1/1/21	Y
D5211	518.31	1/1/21	Y
D5212	539.65	1/1/21	Y

D5213	914.66	1/1/21	Y
D5214	914.66	1/1/21	Y
D5225	649.40	1/1/21	Y
D5226	649.40	1/1/21	Y
D5282	408.54	1/1/21	Y
D5283	408.54	1/1/21	Y
D5410	36.57	1/1/21	N
D5411	36.57	1/1/21	N
D5421	36.57	1/1/21	N
D5422	36.57	1/1/21	N
D5511	91.47	1/1/21	Y
D5512	91.47	1/1/21	Y
D5520	60.98	1/1/21	N
D5611	91.47	1/1/21	N
D5612	91.47	1/1/21	N
D5621	125.01	1/1/21	N
D5622	125.01	1/1/21	N
D5630	112.80	1/1/21	N
D5640	91.47	1/1/21	N
D5650	91.47	1/1/21	N
D5660	152.44	1/1/21	N
D5670	454.27	1/1/21	Y
D5671	454.27	1/1/21	Y
D5710	304.89	1/1/21	Y
D5711	304.89	1/1/21	Y
D5720	243.92	1/1/21	Y
D5721	243.92	1/1/21	Y
D5750	243.92	1/1/21	Y
D5751	243.92	1/1/21	Y
D5760	243.92	1/1/21	Y
D5761	243.92	1/1/21	Y
D5820	304.89	1/1/21	Y
D5821	304.89	1/1/21	Y
D5850	70.60	1/1/21	Y
D5899	MANUAL	1/1/21	Y
<b>MAXILLOFACIAL PROS</b>	-		
D5911	121.95	1/1/21	Y
D5912	182.92	1/1/21	Y
D5913	3,048.86	1/1/21	Y
D5914	3,048.86	1/1/21	Y
D5915	4,115.97	1/1/21	Y
D5916	4,268.42	1/1/21	Y
D5919	2,439.10	1/1/21	Y
D5922	1,981.77	1/1/21	Y

D5923	2,439.10	1/1/21	Y
D5931	975.64	1/1/21	Y
D5932	2,286.65	1/1/21	Y
D5933	457.33	1/1/21	Y
D5934	2,286.65	1/1/21	Y
D5935	2,286.65	1/1/21	Y
D5936	838.45	1/1/21	Y
D5937	277.45	1/1/21	Y
D5951	914.66	1/1/21	Y
D5952	914.66	1/1/21	Y
D5954	914.66	1/1/21	Y
D5955	1,981.77	1/1/21	Y
D5958	1,158.57	1/1/21	Y
D5959	365.87	1/1/21	Y
D5982	164.64	1/1/21	Y
D5983	378.06	1/1/21	Y
D5984	378.06	1/1/21	Y
D5985	853.68	1/1/21	Y
D5986	91.47	1/1/21	Y

**FIXED PROSTHODONTICS Age 17+ Request must include narrative detailing medical necessity**

D6211	426.85	1/1/21	Y
D6241	548.79	1/1/21	Y
D6251	426.85	1/1/21	Y
D6545	289.64	1/1/21	Y
D6721	457.33	1/1/21	Y
D6751	487.81	1/1/21	Y
D6791	426.85	1/1/21	Y
D6930	60.98	1/1/21	Y
D6980	158.54	1/1/21	Y

**ORAL AND MAXILLOFACIAL SURGERY Request must include narrative detailing medical necessity**

D7111	60.98	1/1/21	N
D7140	67.07	1/1/21	N
D7210	121.95	1/1/21	N
D7220	140.25	1/1/21	N
D7230	182.92	1/1/21	N
D7240	219.50	1/1/21	N
D7241	304.89	1/1/21	Y
D7250	121.95	1/1/21	N
D7261	320.13	1/1/21	N
D7270	219.50	1/1/21	N
D7280	182.92	1/1/21	Y
D7282	222.57	1/1/21	N
D7283	231.70	1/1/21	Y
D7285	158.54	1/1/21	N
D7286	121.95	1/1/21	N
D7310	128.06	1/1/21	N
D7321	234.77	1/1/21	N

<b>EXCISION/REMOVAL OF LESIONS</b>			
D7410	152.44	1/1/21	N
D7411	149.39	1/1/21	Y
D7412	207.32	1/1/21	Y
D7413	304.89	1/1/21	N
D7414	268.31	1/1/21	N
D7415	432.94	1/1/21	N
D7440	240.85	1/1/21	N
D7441	487.81	1/1/21	N
D7450	207.32	1/1/21	N
D7451	268.31	1/1/21	N
D7460	204.28	1/1/21	N
D7461	289.64	1/1/21	N
D7465	160.05	1/1/21	N
<b>EXCISION OF BONE TISSUE</b>			
D7471	259.17	1/1/21	Y
D7472	213.42	1/1/21	Y
D7473	219.50	1/1/21	Y
D7485	240.85	1/1/21	Y
D7490	3,780.60	1/1/21	Y
<b>SURGICAL INCISION</b>			
D7510	82.32	1/1/21	N
D7511	134.15	1/1/21	N
D7520	182.92	1/1/21	N
D7521	228.67	1/1/21	N
D7530	128.06	1/1/21	N
D7540	259.17	1/1/21	N
D7550	213.42	1/1/21	N
D7560	396.35	1/1/21	N
<b>FRACTURE TREATMENTS</b>			
D7610	1,768.35	1/1/21	N
D7620	1,463.46	1/1/21	N
D7630	2,012.25	1/1/21	N
D7640	1,219.55	1/1/21	N
D7650	1,920.79	1/1/21	N
D7660	1,158.57	1/1/21	N
D7670	609.77	1/1/21	N
D7671	365.87	1/1/21	N
D7710	2,103.73	1/1/21	N
D7720	1,341.50	1/1/21	N
D7730	2,347.62	1/1/21	N
D7740	1,371.99	1/1/21	N
D7750	1,981.77	1/1/21	N
D7760	1,829.32	1/1/21	N
D7770	1,158.57	1/1/21	N

D7771	716.47	1/1/21	N
D7780	3,719.61	1/1/21	N
<b>SURGICAL TMJ</b>			
D7820	274.40	1/1/21	N
D7830	277.45	1/1/21	N
D7840	2,622.02	1/1/21	Y
D7850	2,500.07	1/1/21	Y
D7858	3,414.74	1/1/21	Y
D7860	914.66	1/1/21	Y
D7865	2,561.04	1/1/21	Y
D7870	121.95	1/1/21	Y
D7872	792.71	1/1/21	Y
D7873	868.93	1/1/21	Y
D7874	1,097.59	1/1/21	Y
D7875	1,173.83	1/1/21	Y
D7876	1,219.55	1/1/21	Y
D7877	1,128.08	1/1/21	Y
D7880	432.94	1/1/21	Y
<b>SURGICAL REPAIRS</b>			
D7910	128.06	1/1/21	N
D7911	164.64	1/1/21	N
D7912	243.92	1/1/21	N
D7920	1,006.14	1/1/21	Y
D7940	1,615.90	1/1/21	Y
D7941	4,268.42	1/1/21	Y
D7943	4,329.38	1/1/21	Y
D7944	3,414.74	1/1/21	Y
D7945	3,445.23	1/1/21	Y
D7946	3,811.08	1/1/21	Y
D7947	3,811.08	1/1/21	Y
D7948	4,268.42	1/1/21	Y
D7949	6,219.69	1/1/21	Y
D7950	1,311.02	1/1/21	Y
D7960	182.92	1/1/21	N
D7961	182.92	1/1/21	N
D7962	213.42	1/1/21	N
D7970	243.92	1/1/21	Y
D7971	103.68	1/1/21	N
D7972	314.02	1/1/21	N
D7980	253.05	1/1/21	N
D7981	1,219.55	1/1/21	N
D7982	746.98	1/1/21	N
D7983	518.31	1/1/21	N
D7990	506.12	1/1/21	N
D7991	1,890.30	1/1/21	Y

D7999	MANUAL	1/1/21	Y
<b>ORTHODONTICS</b>			
D8020	429.38	1/1/21	Y
D8050	335.27	1/1/21	Y
D8060	335.27	1/1/21	Y
D8220	383.17	1/1/21	Y
D8695	121.95	1/1/21	Y
D8999	136.24	1/1/21	Y
<b>ADJUNCTIVE GENERAL SERVICES</b>			
D9110	60.98	1/1/21	N
D9130	432.94	1/1/21	Y
D9222	79.26	1/1/21	N
D9223	60.98	1/1/21	N
D9230	27.44	1/1/21	N
D9248	135.67	1/1/21	N
D9310	48.77	1/1/21	N
D9610	30.50	1/1/21	N
D9930	51.84	1/1/21	N
D9944	304.89	1/1/21	Y
D9945	304.89	1/1/21	Y
D9946	304.89	1/1/21	Y
D9950	137.21	1/1/21	Y
D9951	70.11	1/1/21	Y
D9999	MANUAL	1/1/21	Y



Tooth # Required	Additional Criteria
	Narrative to qualify, once per 3 years
X	
X	
01, 02	
	Once per 2 yrs
	Age 13+
	Age 12 or less
X	
Missing tooth #, provider responsible for 6 month post insertion	
01, 02	
X	

X	
X	
X	
X	
X	
X	
X	
X	
X	
X	C-H, M-R
X	
X	
X	
X	
X	6-11, 22-27
X	1-32
X	1-32
X	1-32
X	1-32
X	1-32
X	1-5, 12-21, 28-32
X	1-5, 12-21, 28-32
X	1-5, 12-21, 28-32
X	
X	
X	
X	
X	A-T, AS-TS
X	A-T, AS-TS
X	
X	
X	
X	Anterior permanent teeth; provider responsible for 24 month post insertion
X	
X	
X	
X	
X	

24 months follow-up	
X	Allowed with sedative fill;
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
Requires narrative, perio chart	
Quad.	
Quad.	
Quad.	
Quad.	
Quad.	
Quad.	
Quad.	
Quad.	
Quad.	
X	
Quad.	
X	
Quad.	
Quad.	
Teeth to be replaced must be on PA request	
	Once every 5 yrs, includes 6 months follow up
	Once every 5 yrs, includes 6 months follow up
	Once every 5 yrs, includes 6 months follow up
	Once every 5 yrs, includes 6 months follow up







X	
Request must include narrative detailing medical necessity	
L, R	
L, R	
L, R	
L, R	
L, R	
L, R	
L, R	
L, R	
L, R	
L, R	
L, R	
L, R	
Request must include narrative detailing medical necessity	
Quad	
01, 02	
X	
L, R	
Quad	
L, R	

Request includes narrative detailing medical necessity	
	Transitional dentition
	By other than original orthodontist
Request must include narrative detailing medical necessity	
	All inclusive, no other code acceptable on this date
	Diagnostic service by other than providing practitioner; specialty referral only
	Narrative for need; limited to 1/3 year, models on request
X	Limited to once per 3 years