

CDT CODE	NOMENCLATURE	RANGE (arch, quadrant or tooth)	BENEFIT AND FREQUENCY LIMITATIONS (AGES 0-20)	BENEFIT AND FREQUENCY LIMITATIONS (AGE 21 AND OLDER)	AUTH REQUIRED	DOCUMENTATION REQUIRED
<b>GENERAL NOTES</b>						
1) All benefits are based on the calendar year. 2) If a CDT code is not listed on this Schedule of Covered Services the service is not covered; the member is responsible for the full fee charged by the dentist. 3) Services are only payable when provided by an affiliated dentist in the Avēsis network; there are no out-of-network benefits. 4) N/A refers to "Not Applicable." 5) Effective for dates of service on or after May 1, 2021, the Illinois Department of Healthcare and Family Services (HFS) will be temporarily amending children benefit limitations for certain dental services. Please note the following CDT code benefit changes to the dental benefit grid are effective for children until the public health emergency no longer exists.						
<b>Claims Processing Notes</b>						
1) Services that require an arch should be reported with "01" (upper) or "02" (lower). 2) Services that require a quadrant should be reported with "10" (UR), "20" (UL), "30" (LL) and "40" (LR). 3) Supernumerary primary teeth are identified by adding "S" after the tooth letter. 4) Supernumerary permanent teeth are identified by adding "50" to the tooth number. 5) Service(s) on a primary tooth is not payable if exfoliation is imminent.						
<b>DIAGNOSTIC</b>						
<b>Clinical Oral Evaluations</b>						
1) The collection and recording of some data and components by the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning is the responsibility of the dentist. 2) There is no distinction made between the evaluations provided by general practitioners and specialists.						
D0120	periodic oral evaluation, established patient	N/A	1) One (1) per six (6) months in a dental office 2) One (1) per school year in a school setting for ages 0-20. 3) Completion of a mandated school form is part of the oral evaluation	One (1) per six (6) months	No	None
D0140	limited oral evaluation - problem focused	N/A	1) One (1) per day per dentist or dental group 2) Payable when emergency services are medically necessary to treat pain, infection, swelling, uncontrolled bleeding, or traumatic injury 3) Not payable if billed with D9110 on same date of service	1) One (1) per day per dentist or dental group 2) Payable when emergency services are medically necessary to treat pain, infection, swelling, uncontrolled bleeding, or traumatic injury 3) Not payable if billed with D9110 on same date of service	No	None
D0150	comprehensive oral evaluation, new or established patient	N/A	One (1) per lifetime per dentist or dental group	One (1) per lifetime per dentist or dental group	No	None
<b>Diagnostic Imaging</b>						
1) Diagnostic imaging is for clinical reasons determined by the dentist. 2) Should be of diagnostic quality and properly identified and dated, and is part of the patient's clinical record. 3) Original images should be retained by the dentist and not used to fulfill requests from patients or third-parties for copies of records. 4) Reimbursement for radiographs is limited to the fee for a complete series (D0210).						
D0210	intraoral - complete series of radiographic images	N/A	1) One (1) per 36 months, either D0210, D0277 or D0330 2) Limited to ages 6-20	One (1) per 36 months, either D0210, D0277 or D0330	No	None
D0220	intraoral - periapical first radiographic image	A-T, 1-32	1) One (1) per day per dentist or dental group 2) Tooth letter/number must be submitted on claim 3) See Diagnostic Imaging Note #4	1) One (1) per day per dentist or dental group 2) Tooth letter/number must be submitted on claim 3) See Diagnostic Imaging Note #4	No	None
D0230	intraoral - periapical each additional radiographic image	A-T, 1-32	1) One (1) per tooth per date of service, per dentist or dental group 2) Tooth letter/number must be submitted on claim 3) See Diagnostic Imaging Note #4	1) One (1) per tooth per date of service, per dentist or dental group 2) Tooth letter/number must be submitted on claim 3) See Diagnostic Imaging Note #4	No	None
D0270	bitewing - single radiographic image	N/A	See Diagnostic Imaging Note #4	See Diagnostic Imaging Note #4	No	None
D0272	bitewings - two radiographic images	N/A	1) One (1) per 12 months, either D0272 or D0274 2) Limited to ages 2-20 3) See Diagnostic Imaging Note #4	1) One (1) per 12 months, either D0272 or D0274 2) See Diagnostic Imaging Note #4	No	None

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D0274	bitewings - four radiographic images	N/A	1) One (1) per 12 months, either D0272 or D0274 2) Limited to ages 10-20 3) See Diagnostic Imaging Note #4	1) One (1) per 12 months, either D0272 or D0274 2) See Diagnostic Imaging Note #4	No	None
D0277	vertical bitewings - 7 to 8 films	N/A	1) One (1) per 36 months, either D0210, D0277 or D0330 2) Limited to ages 6-20 3) See Diagnostic Imaging Note #4	1) One (1) per 36 months, either D0210, D0277 or D0330 2) See Diagnostic Imaging Note #4	No	None
D0330	panoramic radiographic image	N/A	1) One (1) per 36 months, either D0210, D0277 or D0330 2) Limited to ages 6-20 3) See Diagnostic Imaging Note #4	1) One (1) per 36 months, either D0210, D0277 or D0330 2) See Diagnostic Imaging Note #4	No	None
D0601	caries risk assessment and documentation, with a finding of low risk	N/A	1) Must be submitted with any oral evaluation performed in a school or mobile setting 2) Limited to ages 0-18 in a school setting	Not a plan benefit	No	None
D0602	caries risk assessment and documentation, with a finding of moderate risk	N/A	1) Must be submitted with any oral evaluation performed in a school or mobile setting 2) Limited to ages 0-18 in a school setting	Not a plan benefit	No	None
D0603	caries risk assessment and documentation, with a finding of high risk	N/A	1) Must be submitted with any oral evaluation performed in a school or mobile setting 2) Limited to ages 0-18 in a school setting	Not a plan benefit	No	None
<b>PREVENTIVE</b>						
1) Removal of plaque, calculus and stains from the tooth structures. 2) It is intended to control local irrational factors. 3) Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. 4) Fluoride must be applied separately from prophylaxis paste. 5) Sealant must be placed on occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.						
D1110	prophylaxis - adult	N/A	Not a plan benefit	One (1) per six (6) months, either D1110 or D4355	No	None
D1120	prophylaxis - child	N/A	1) One (1) per six (6) months, either D1120 or D4355 in a dental office/mobile setting 2) One per six (6) months in a school setting for ages 0-20 3) See General Note #5	Not a plan benefit	No	None
D1206	topical application of fluoride varnish	N/A	1) One (1) per six (6) months in a dental office for ages 3-20, either D1206 or D1208 2) Three (3) per 12 months in a dental office for ages 0-2, either D1206 or D1208 3) One (1) per 6 months in a school setting for ages 3-20. 4) See General Note #5	Not a plan benefit	No	None
D1208	topical application of fluoride (ages 0-20)	N/A	1) One (1) per six (6) months in a dental office for ages 3-20, either D1206 or D1208 2) Three (3) per 12 months in a dental office for ages 0-2, either D1206 or D1208 3) One (1) per 6 months in a school setting for ages 3-20. 4) See General Note #5	Not a plan benefit	No	None
D1351	sealant - per tooth	2-3, 14-15, 18-19, 30-31	1) One (1) per two (2) years per tooth 2) Service can be provided in a school setting or dental office for ages 5-17 3) See General Note #5	Not a plan benefit	No	None

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D1354	interim caries arresting medicament application - per tooth	A-T, 1-32	1) One (1) application per tooth to a maximum of four (4) teeth per day 2) Two (2) applications per tooth per year with a lifetime maximum of 6 applications per tooth 3) Not payable with any D2000 or D3000 code on the same tooth on the same date of service 4) Not payable for application on exposed pulps 5) Must be performed in dental office setting	1) One (1) application per tooth to a maximum of four (4) teeth per day 2) Two (2) applications per tooth per year with a lifetime maximum of 6 applications per tooth 3) Not payable with any D2000 or D3000 code on the same tooth on the same date of service 4) Not payable for application on exposed pulps 5) Must be performed in dental office setting	No	Silver Diamine Consent form must be completed and signed. This documentation must be retained in the patient's chart.
D1510	space maintainer - fixed - unilateral	10, 20, 30, 40	One (1) per lifetime per quadrant per dentist or dental group	Not a plan benefit	No	None
D1516	space maintainer - fixed - bilateral, maxillary	01, 02	One (1) per lifetime per arch per dentist or dental group	Not a plan benefit	No	None
D1517	space maintainer - fixed - bilateral, mandibular	01, 02	One (1) per lifetime per arch per dentist or dental group	Not a plan benefit	No	None
D1520	space maintainer - removable - unilateral	10, 20, 30, 40	One (1) per lifetime per quadrant per dentist or dental group	Not a plan benefit	No	None
D1526	space maintainer - removable - bilateral, maxillary	01, 02	One (1) per lifetime per arch per dentist or dental group	Not a plan benefit	No	None
D1527	space maintainer - removable - bilateral, mandibular	01, 02	One (1) per lifetime per arch per dentist or dental group	Not a plan benefit	No	None
D1551	re-cement or re-bond bilateral space maintainer - maxillary	01	1) One (1) per 24 months per arch 2) Not payable within six (6) months to dentist or dental group that initially placed the appliance	Not a plan benefit	No	None
D1552	re-cement or re-bond bilateral space maintainer - mandibular	02	1) One (1) per 24 months per arch 2) Not payable within six (6) months to dentist or dental group that initially placed the appliance	Not a plan benefit	No	None
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	10, 20, 30, 40	1) One (1) per 24 months per quadrant 2) Not payable within six (6) months to dentist or dental group that initially placed the appliance	Not a plan benefit	No	None
<b>RESTORATIVE</b>						
1) Local anesthesia is usually considered to be part of restorative procedures. 2) Restorations on primary teeth are not payable if exfoliation is imminent. 3) Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of restoration. 4) If pins are used, they should be reported separately (see D2951). 5) Reimbursement for any restoration on a tooth will be the total number of surfaces restored on that date of service. 6) Tooth preparation, acid etching, adhesives (including resin bonding agents), glass ionomers, liners and bases and curing are included as part of the restoration.						
D2140	amalgam - one surface, primary or permanent	A-T, 1-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2150	amalgam - two surfaces, primary or permanent	A-T, 1-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2160	amalgam - three surfaces, primary or permanent	A-T, 1-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2161	amalgam - three surfaces, primary or permanent	A-T, 1-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2330	resin-based composite - one surface, anterior	C-H, M-R, 6-11, 22-27	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2331	resin-based composite - two surfaces, anterior	C-H, M-R, 6-11, 22-27	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2332	resin-based composite - three surfaces, anterior	C-H, M-R, 6-11, 22-27	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None

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D2335	resin-based composite - four or more surfaces, anterior	C-H, M-R, 6-11, 22-27	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2391	resin-based composite - one surface, posterior	A-B, I-J, K-L, S-T 1-5, 12-16, 17-21, 28-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2392	resin-based composite - two surfaces, posterior	A-B, I-J, K-L, S-T 1-5, 12-16, 17-21, 28-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2393	resin-based composite - three surfaces, posterior	A-B, I-J, K-L, S-T 1-5, 12-16, 17-21, 28-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None
D2394	resin-based composite - four or more surfaces, posterior	A-B, I-J, K-L, S-T 1-5, 12-16, 17-21, 28-32	One (1) restoration per 12 months per tooth per surface	One (1) restoration per 12 months per tooth per surface	No	None

**Inlays/Onlay Restorations**

1) The date of delivery for the inlay/onlay is the date of service (billing date).  
 2) One (1) per 60 months per tooth, either D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2542, D2543, D2544, D2642, D2643 or D2644.  
 3) All radiographs submitted for documentation must show entire tooth (crown to apex).

D2542	onlay - metallic - two surfaces	1-32	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2543	onlay - metallic - three surfaces	1-32	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2544	onlay - metallic - four or more surfaces	1-32	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2642	onlay - porcelain/ceramic - two surfaces	1-32	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2643	onlay - porcelain/ceramic - three surfaces	1-32	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2644	onlay - porcelain/ceramic - four or more surfaces	1-32	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	1) One (1) per 60 months per tooth 2) See Inlay/Onlay notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image

**Crowns - Single Restorations Only**

1) The date of delivery for the crown is the date of service (billing date).  
 2) One (1) per 60 months per tooth, either D2740, D2750, D2751, D2752, D2753, D2790, D2791 or D2792, D2542, D2543, D2544, D2642, D2643 or D2644.  
 3) One (1) per lifetime per tooth, either D2930, D2933 or D2934.  
 4) One (1) per 60 months per tooth, either D2931 or D2932.  
 5) One (1) per 60 months per tooth, either D2950, D2951 or D2954.  
 6) All radiographs submitted for documentation must show entire tooth (crown to apex).

D2740	crown - porcelain/ceramic	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2750	crown - porcelain fused to high noble metal	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2751	crown - porcelain fused to predominantly base metal	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2752	crown - porcelain fused to noble metal	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image

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D2753	crown - porcelain fused to titanium and titanium alloys	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2790	crown - full cast high noble metal	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2791	crown - full cast predominantly base metal	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2792	crown - full cast noble metal	1-32	1) One (1) per 60 months per tooth 2) See Crown notes	1) One (1) per 60 months per tooth 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	1-32	Not payable within 6 months of initial insert, re-cement or re-bond to dentist or dental group that delivered the restoration	Not payable within 6 months of initial insert, re-cement or re-bond to dentist or dental group that delivered the restoration	No	None
D2915	re-cement cast or prefabricated post and core	1-32	Not payable within 6 months of initial insert, re-cement or re-bond to dentist or dental group that delivered the post and core	Not payable within 6 months of initial insert, re-cement or re-bond to dentist or dental group that delivered the post and core	No	None
D2920	re-cement or re-bond crown	A-T, 1-32	Not payable within 6 months of initial insert, re-cement or re-bond to dentist or dental group that delivered the crown	Not payable within 6 months of initial insert, re-cement or re-bond to dentist or dental group that delivered the crown	No	None
D2930	prefabricated stainless steel crown - primary tooth	A-T	One (1) per lifetime per tooth either D2930, D2933 or D2934	Not a plan benefit	No	None
D2931	prefabricated stainless steel crown - permanent tooth	1-32	1) One (1) per 60 months per tooth either D2931 or D2932. 2) See Crown notes	1) One (1) per 60 months per tooth either D2931 or D2932 2) See Crown notes	No	None
D2932	prefabricated resin crown	C-H, M-R 6-11, 22-27	1) One (1) per 60 months per tooth either D2931 or D2932. 2) See Crown notes	1) One (1) per 60 months per tooth either D2931 or D2932. 2) See Crown notes	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D2933	prefabricated stainless steel crown with resin window	C-H, M-R	One (1) per lifetime per tooth either D2930, D2933 or D2934	Not a plan benefit	No	None
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	A-T	One (1) per lifetime per tooth either D2930, D2933 or D2934	Not a plan benefit	No	None
D2940	protective restoration	A-T, 1-32	1) One (1) per lifetime per tooth 2) Not payable with any other procedure billed on the same date for that tooth	1) One (1) per lifetime per tooth 2) Not payable with any other procedure billed on the same date for that tooth	No	None
D2950	core buildup, including any pins	1-32	One (1) per 60 months, either D2950, D2951 or D2954	One (1) per 60 months, either D2950, D2951 or D2954	Yes Eff. 1/1/2021	*Pre-treatment radiographic image *effective July 23,2018
D2951	pin retention - per tooth, in addition to restoration	1-32	One (1) per 60 months, either D2950, D2951 or D2954	One (1) per 60 months, either D2950, D2951 or D2954	Yes Eff. 1/1/2021	*Pre-treatment radiographic image *effective July 23,2018
D2954	prefabricated post and core in addition to crown	1-32	One (1) per 60 months, either D2950, D2951 or D2954	One (1) per 60 months, either D2950, D2951 or D2954	Yes Eff. 1/1/2021	Pre-treatment radiographic image
<b>ENDODONTICS</b>						
1) Local anesthesia is usually considered to be part of Endodontic procedures. 2) All pre-treatment and post-treatment radiographs must show the entire tooth (crown to apex). 3) Pulpotomy on a permanent tooth is not to be construed as the first stage of a root canal. 4) Includes pulpectomy, cleaning and filling of canals with resorbable material. 5) Pulpotomy is part of root canal therapy.						
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	A-T	1) One (1) per lifetime per tooth, either D3220 or D3222 2) Not payable if previously billed or billed on the same day with D3230, D3310, D3320 or D3330	Not a plan benefit	No	None
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	6-11, 22-27	1) One (1) per lifetime per tooth either D3222, D3351 or D3353 2) Only payable for trauma	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity

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D3230	pulpal therapy (resorbable filling) - anterior, primary tooth	C-H, M-R	One (1) per lifetime per tooth	Not a plan benefit	No	None
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)</b>						
<p>1) A root canal is not payable if a gross periapical or periodontal pathosis is demonstrated radiographically (caries to the furcation, or subcrestal deeming the tooth non-restorable); general oral condition does not justify root canal therapy due to loss of arch integrity; tooth does not demonstrate 50% bone support and/or tooth demonstrates active untreated periodontal disease.                  2) Includes all appointment necessary to complete treatment.                  3) Includes all intra-operative radiographs.                  4) All radiographs submitted for documentation must show entire tooth (crown to apex).                  5) Payment will be made if all roots in a multi-rooted tooth are treated.</p>						
D3310	endodontic therapy, anterior tooth (excluding final restoration)	6-11, 22-27	One (1) per lifetime per tooth, either D3310, D3351, D3352 or D3353	One (1) per lifetime per tooth	No	None
D3320	endodontic therapy, premolar tooth (excluding final restoration)	4-5, 12-13 20-21, 28-29	One (1) per lifetime per tooth, either D3320, D3351, D3352 or D3353	Not a plan benefit	No	None
D3330	endodontic therapy, molar tooth (excluding final restoration)	1-3, 14-16 17-19, 30-32	One (1) per lifetime per tooth, either D3330, D3351, D3352 or D3353	Not a plan benefit	No	None
D3351	apexification/ recalcification/ pulpal regeneration - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	1-32	One (1) per lifetime per tooth	Not a plan benefit	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D3352	apexification/ recalcification/ pulpal regeneration - interim medication replacement	1-32	One (1) per lifetime per tooth	Not a plan benefit	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D3353	apexification/ recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	1-32	One (1) per lifetime per tooth	Not a plan benefit	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D3410	apicoectomy/ periradicular surgery - anterior	6-11, 22-27	1) One (1) per lifetime per tooth 2) Not payable with D3310.	Not a plan benefit	Yes Eff. 1/1/2021	Pre-treatment radiographic image
<b>PERIODONTICS</b>						
<p>Local anesthesia is usually considered to be part of Periodontal procedures.1) The word "site" is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.                  2) If two contiguous teeth have areas of soft tissue recession, each ear of recession is a single site.                  3) If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.                  4) If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.                  5) If all non-communicating osseous defects are single sites.                  6) All edentulous non-contiguous tooth positions are single sites.                  7) Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.                  8) Either D4210, D4211, D4240, D4241, D4260 or D4261                  9) Not payable within 90 days of active periodontal treatment; does not include D4355</p>						
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	Yes	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm

CDT CODE	NOMENCLATURE	RANGE (arch, quadrant or tooth)	BENEFIT AND FREQUENCY LIMITATIONS (AGES 0-20)	BENEFIT AND FREQUENCY LIMITATIONS (AGE 21 AND OLDER)	AUTH REQUIRED	DOCUMENTATION REQUIRED
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4249	clinical crown lengthening - hard tissue	1-32	1) One (1) per per tooth per lifetime 2) Not payable if performed within 24 months of D4260 or D4261 in the same quadrant	1) One (1) per per tooth per lifetime 2) Not payable if performed within 24 months of D4260 or D4261 in the same quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	One (1) per 24 months per quadrant, either D4210, D4211, D4240, D4241, D4260 or D4261	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4263	bone replacement graft - retained natural tooth - first site in quadrant	10, 20, 30, 40	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	10, 20, 30, 40	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4270	pedicle soft tissue graft procedure	1-32	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	1-32	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	1-32	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	1-32	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm

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D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	1-32	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	10, 20, 30, 40	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2022	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	10, 20, 30, 40	None	One (1) per 24 months per quadrant	Yes Eff. 1/1/2022	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4341	periodontal scaling and root planing - four or more teeth per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant either D4341 or D4342	One (1) per 24 months per quadrant either D4341 or D4342	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image (for members who are pregnant a narrative can be submitted instead of the radiographic image) 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4342	periodontal scaling and root planing -one to three teeth per quadrant	10, 20, 30, 40	One (1) per 24 months per quadrant either D4341 or D4342	One (1) per 24 months per quadrant either D4341 or D4342	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image (for members who are pregnant a narrative can be submitted instead of the radiographic image) 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	N/A	1) One (1) D4355 per thirty-six (36) months. 2) One (1) per six (6) months, either D1120 or D4355	1) One (1) D4355 per thirty-six (36) months. 2) One (1) per six (6) months, either D1110 or D4355	No	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm
D4910	periodontal maintenance	N/A	1) Only payable after active periodontal therapy 2) One (1) per twelve (12) months, or a combination of D1120 and D4910 during a twelve (12) month period. 3) See Periodontics note #9	1) Only payable after active periodontal therapy 2) One (1) per twelve (12) months, or a combination of D1110 and D4910 during a twelve (12) month period. 3) See Periodontics note #9	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Comprehensive periodontal evaluation, including charting, not older than twelve (12) months 3) For ages 21 and older, must exhibit bone loss and pocket depths greater than 4mm

CDT CODE	NOMENCLATURE	RANGE (arch, quadrant or tooth)	BENEFIT AND FREQUENCY LIMITATIONS (AGES 0-20)	BENEFIT AND FREQUENCY LIMITATIONS (AGE 21 AND OLDER)	AUTH REQUIRED	DOCUMENTATION REQUIRED
<b>PROSTHODONTICS (removable)</b>						
<p>1) Local anesthesia is considered to be part of Removable Prosthodontic procedures.                      2) Includes all adjustments, replacement of lost teeth (tooth), or relines for the first six (6) months following delivery.                      3) The date of delivery for any denture is the date of service (billing date).                      4) Reimbursement of an incomplete denture service will be limited to out-of-pocket costs documented by a copy of the lab bill.                      5) Provisions for removable prosthesis include initial placement when masticatory function is impaired or when existing prosthesis is at least five (5) years old and unserviceable. All necessary restorative work must be completed before fabrication of a partial denture. Abutments for partial dentures must be free of active periodontal disease and have at least 50% bone support.                      6) Dentures for patients with the following medical conditions will not be considered for coverage: a) patients on feeding tubes, b) post CVA patients with decreased facial muscle tone, c) patients in a coma, d) patients with diminished mental capacity that could not function with dentures, e) patients who do not desire dentures, f) advanced terminal patients.                      7) Extractions and other procedures necessary prior to denture placement must be rendered and paid before dentures will be reimbursed. If immediate dentures, extractions must be rendered and billed with the same date of service as placement of the immediate dentures.                      8) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221, or D5223.                      9) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224.                      10) Partial dentures that replace only posterior permanent teeth, must include three or more teeth on the denture that are anatomically correct (natural size, shape and color). Partial dentures must include one anterior tooth and/or 3 posterior teeth (including third molars).</p>						
D5110	complete denture - maxillary	N/A	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D5120	complete denture - mandibular	N/A	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D5130	immediate denture - maxillary	N/A	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D5140	immediate denture - mandibular	N/A	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	N/A	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	N/A	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date
D5213	maxillary partial denture - cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	N/A	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date
D5214	mandibular partial denture - cast metal framework with resin denture bases (including conventional clasps, rests and teeth)	N/A	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date
D5221	immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	N/A	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date
D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	N/A	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date

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D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	N/A	1) One (1) per 60 months per arch either D5110, D5130, D5211, D5213, D5221 or D5223 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	N/A	1) One (1) per 60 months per arch either D5120, D5140, D5212, D5214, D5222 or D5224 2) See Prosthodontics Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) RPD Worksheet 3) If applicable, prior placement date
D5511	repair broken denture base, mandibular	02	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5512	repair broken denture base, maxillary	01	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5520	replace missing or broken teeth - complete denture (each tooth)	1-32	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5611	repair resin partial denture, mandibular	02	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5612	repair resin partial denture, maxillary	01	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5621	repair cast partial framework, mandibular	02	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5622	repair cast partial framework, maxillary	01	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5630	repair or replace broken clasp	1-32	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5640	replace broken teeth - per tooth	1-32	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
D5650	add tooth to existing partial denture	1-32	Not payable if billed within 6 months of placement	Not payable if billed within 6 months of placement	No	None
<b>Denture Reline Procedures</b>						
1) Not payable within six (6) months of denture delivery to the dentist or dental group that delivered the denture. 2) Includes all adjustments within six (6) months of reline for the dentist or dental group who delivered the denture. 3) One (1) per 24 months, either D5730, D5740, D5750 or D5760. 4) One (1) per 24 months, either D5731, D5741, D5751 or D5761.						
D5730	reline complete maxillary denture (chair side)	N/A	One (1) per 24 months, either D5730, D5740, D5750 or D5760	One (1) per 24 months, either D5730, D5740, D5750 or D5760	Yes Eff. 1/1/2021	Date of denture placement
D5731	reline complete mandibular denture (chair side)	N/A	One (1) per 24 months, either D5731, D5741, D5751 or D5761	One (1) per 24 months, either D5731, D5741, D5751 or D5761	Yes Eff. 1/1/2021	Date of denture placement
D5740	reline maxillary partial denture (chair side)	N/A	One (1) per 24 months, either D5730, D5740, D5750 or D5760	One (1) per 24 months, either D5730, D5740, D5750 or D5760	Yes Eff. 1/1/2021	Date of denture placement
D5741	reline mandibular partial denture (chair side)	N/A	One (1) per 24 months, either D5731, D5741, D5751 or D5761	One (1) per 24 months, either D5731, D5741, D5751 or D5761	Yes Eff. 1/1/2021	Date of denture placement
D5750	reline complete maxillary denture (laboratory)	N/A	One (1) per 24 months, either D5730, D5740, D5750 or D5760	One (1) per 24 months, either D5730, D5740, D5750 or D5760	Yes Eff. 1/1/2021	Date of denture placement
D5751	reline complete mandibular denture (laboratory)	N/A	One (1) per 24 months, either D5731, D5741, D5751 or D5761	One (1) per 24 months, either D5731, D5741, D5751 or D5761	Yes Eff. 1/1/2021	Date of denture placement
D5760	reline maxillary partial denture (laboratory)	N/A	One (1) per 24 months, either D5730, D5740, D5750 or D5760	One (1) per 24 months, either D5730, D5740, D5750 or D5760	Yes Eff. 1/1/2021	Date of denture placement
D5761	reline mandibular partial denture (laboratory)	N/A	One (1) per 24 months, either D5731, D5741, D5751 or D5761	One (1) per 24 months, either D5731, D5741, D5751 or D5761	Yes Eff. 1/1/2021	Date of denture placement

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D5899	unspecified removable prosthodontic procedure, by report	N/A	1) Payable only to a Federally Qualified Healthcare Center 2) Payable up to four (4) encounters per denture 3) Payable only in conjunction with approval of pre-auth for the denture 4) One (1) denture per 60 months per arch 5) All encounters must be a different date of service	1) Payable only to a Federally Qualified Healthcare Center 2) Payable up to four (4) encounters per denture 3) Payable only in conjunction with approval of pre-auth for the denture 4) One (1) denture per 60 months per arch 5) All encounters must be a different date of service	Yes Eff. 1/1/2021	Date of denture placement
D5911	facial moulage(sectional)	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5912	facial moulage (complete)	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5913	nasal prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5914	auricular prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5915	orbital prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5916	ocular prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5919	facial prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5922	nasal septal prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5923	ocular prosthesis, interim	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5924	cranial prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5925	facial augmentation implant prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5926	nasal prosthesis, replacement	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5927	auricular prosthesis, replacement	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5928	orbital prosthesis, replacement	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5929	facial prosthesis, replacement	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5931	obturator prosthesis, surgical	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5932	obturator prosthesis, definitive	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5933	obturator prosthesis, modification	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5934	mandibular resection prosthesis with guide flange	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5935	mandibular resection prosthesis without guide flange	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5936	obturator prosthesis, interim	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5937	trismus appliance (not for TMD treatment)	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5951	feeding aid	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5952	speech aid prosthesis, pediatric	N/A	Limited to ages 0-12	Not a plan benefit	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5953	speech aid prosthesis, adult	N/A	Limited to ages 13-20	Not a plan benefit	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5954	palatal augmentation prosthesis	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity

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D5955	palatal lift prosthesis, definitive	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5958	palatal lift prosthesis, interim	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5959	palatal lift prosthesis, modification	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5960	speech aid prosthesis, modification	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5982	surgical stent	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5983	radiation carrier	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5984	radiation shield	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5985	radiation cone locator	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5986	fluoride gel carrier	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5987	commissure splint	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5988	surgical splint	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D5999	unspecified maxillofacial prosthesis, by report	N/A	None	None	Yes Eff. 1/1/2021	Narrative detailing medical necessity

**PROSTHODONTICS, fixed**

- 1) Local anesthesia is usually considered to be part of Fixed Prosthodontic procedures.
- 2) Fixed bridgework will only be considered for the replacement of permanent anterior teeth.
- 3) All necessary restorative, endodontic, periodontics, and oral surgery must be completed before the fixed bridgework can be authorized. Completion must be documented.
- 4) Fixed bridgework will not be allowed in conjunction with the placement of a partial denture in the same arch.
- 5) Fixed bridgework will not be covered when replacing a removable appliance less than five years old.
- 6) The date of delivery for the prosthetic is the date of service (billing date).
- 7) One (1) per 60 months either D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6753, D6790, D6791, or D6792.

D6210	pontic - cast high noble metal	6-11, 22-27	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6211	pontic - cast predominantly base metal	6-11, 22-27	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6212	pontic - cast noble metal	6-11, 22-27	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6240	pontic - porcelain fused to high noble metal	6-11, 22-27	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6241	pontic - porcelain fused to predominantly base metal	6-11, 22-27	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6242	pontic - porcelain fused to noble metal	6-11, 22-27	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6251	pontic - resin with predominantly base metal	6-11, 22-27	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6721	crown - resin with predominantly base metal	6-11, 22-28	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6750	crown - porcelain fused to high noble metal	6-11, 22-29	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6751	crown - porcelain fused to predominantly base metal	6-11, 22-30	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6752	crown - porcelain fused to noble metal	6-11, 22-31	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date

CDT CODE	NOMENCLATURE	RANGE (arch, quadrant or tooth)	BENEFIT AND FREQUENCY LIMITATIONS (AGES 0-20)	BENEFIT AND FREQUENCY LIMITATIONS (AGE 21 AND OLDER)	AUTH REQUIRED	DOCUMENTATION REQUIRED
D6753	crown - porcelain fused to titanium and titanium alloys	6-11, 22-32	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6791	crown - full cast predominantly base metal	6-11, 22-33	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6792	crown - full cast noble metal	6-11, 22-34	1) One (1) per 60 months per tooth 2) See Prosthodontics, fixed Notes	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) If applicable, prior placement date
D6930	re-cement or re-bond fixed partial denture	6-11, 22-35	Not payable within six (6) months to dentist or dental group that delivered appliance	Not payable within six (6) months to dentist or dental group that delivered appliance	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity.
D6999	unspecified fixed prosthodontic procedure, by report	1-32	Description of service and narrative of medical necessity	Not a plan benefit	Yes Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity 3) If applicable, prior placement date
<b>ORAL AND MAXILLOFACIAL SURGERY</b>						
<b>Extractions (Includes Local Anesthesia, Suturing, If Needed, and Routine Postoperative Care)</b>						
1) Local anesthesia is usually considered to be part of Oral and Maxillofacial Surgical procedure 2) Tuberosity reduction is not payable in conjunction with extractions or alveoplasty in the same quadrant. 3) Prophylactic removal of asymptomatic teeth or teeth free from pathology is not a covered benefit. 4) For oral surgery performed as part of emergency care, the prior authorization requirement is waived. The service is subject to retrospective review. Emergency care is defined as treatment of pain, infection, swelling, uncontrolled bleeding or traumatic injury.						
D7140	extraction, erupted tooth or exposed tooth (elevation and/or forceps removal)	A-T, 1-32	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	No	None
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	A-T, 1-32	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	No	None
D7220	removal of impacted tooth - soft tissue	A-T, 1-32	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7230	removal of impacted tooth - partially bony	A-T, 1-32	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7240	removal of impacted tooth - completely bony	A-T, 1-32	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	One (1) per lifetime per tooth either D7140, D7210, D7220, D7230, D7240 or D7250	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7250	surgical removal of residual tooth roots (cutting procedure)	A-T, 1-32	1) One per lifetime per tooth, either D7140, D7210, D7220, D7230, D7240 or D7250 2) Not payable to dentist or dental group that originally extracted tooth	1) One per lifetime per tooth, either D7140, D7210, D7220, D7230, D7240 or D7250 2) Not payable to dentist or dental group that originally extracted tooth	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 to 32	None	Not a plan benefit	Post review Eff. 1/1/2021	Post -op radiographic image
D7280	surgical access of an unerupted tooth	1 to 32	1) Payable only if used to expose crown of impacted tooth not to be extracted for orthodontic treatment 2) Only allowed on approved orthodontic treatment	Not a plan benefit	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7283	placement of device to facilitate eruption of impacted tooth	1 to 32	1) One (1) per lifetime per tooth 2) Only allowed on approved orthodontic treatment	Not a plan benefit	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	10, 20, 30, 40	One (1) per lifetime per quadrant, either D7310 or D7311	One (1) per lifetime per quadrant, either D7310 or D7311	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	10, 20, 30, 40	One (1) per lifetime per quadrant, either D7310 or D7311	One (1) per lifetime per quadrant, either D7310 or D7311	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	10, 20, 30, 40	One (1) per lifetime per quadrant, either D7320 or D7321	One (1) per lifetime per quadrant, either D7320 or D7321	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	10, 20, 30, 40	One (1) per lifetime per quadrant, either D7320 or D7321	One (1) per lifetime per quadrant, either D7320 or D7321	Yes Eff. 1/1/2021	Pre-treatment radiographic image
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	N/A	None	None	Post review Eff. 1/1/2021	Pathology report
D7451	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	N/A	None	None	Post review Eff. 1/1/2021	Pathology report
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	N/A	None	None	Post review Eff. 1/1/2021	Pathology report

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D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	N/A	None	None	Post review Eff. 1/1/2021	Pathology report
D7510	incision and drainage of abscess - intraoral soft tissue	A-T, 1-32	1) One (1) per day per tooth either D7510 or D7511 2) Not payable if billed with D7140-D7250 on same date of service	1) One (1) per day per tooth either D7510 or D7511 2) Not payable if billed with D7140-D7250 on same date of service	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	A-T, 1-32	1) One (1) per day per tooth either D7510 or D7511 2) Not payable if billed with D7140-D7250 on same date of service	1) One (1) per day per tooth either D7510 or D7511 2) Not payable if billed with D7140-D7250 on same date of service	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7610	maxilla - open reduction (teeth immobilized, if present) - simple	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7620	maxilla - closed reduction (teeth immobilized, if present) - simple	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7630	mandible - open reduction (teeth immobilized, if present) - simple	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7640	mandible - closed reduction (teeth immobilized, if present) - simple	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7710	maxilla - open reduction - compound	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7720	maxilla - closed reduction - compound	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7730	mandible - open reduction - compound	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7740	mandible - closed reduction - compound	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7810	open reduction of dislocation	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7820	closed reduction of dislocation	N/A	None	None	Post review Eff. 1/1/2021	1) Pre-treatment radiographic image 2) Narrative detailing medical necessity
D7961	buccal/labial frenectomy (frenulectomy)	01, 02	Six (6) per lifetime	Not a plan benefit	Yes Eff. 1/1/2021	1) Narrative detailing medical necessity 2) Photographs
D7962	lingual frenectomy (frenulectomy)	NA	One (1) per lifetime	Not a plan benefit	Yes Eff. 1/1/2021	1) Narrative detailing medical necessity 2) Photographs
D7963	frenuloplasty	01, 02	One per lifetime per arch, either D7960 or D7963	Not a plan benefit	Yes Eff. 1/1/2021	1) Narrative detailing medical necessity 2) Photographs
D7999	unspecified oral surgery procedure, by report	N/A	One (1) per day per dentist or dental group	One (1) per day per dentist or dental group	Yes Eff. 1/1/2021	Narrative detailing medical necessity
<b>ORTHODONTICS</b>						
<p>1) In order for a member to receive orthodontic treatment, all treatment must have received prior authorization. Prior authorization is attained by:</p> <p>a) Using standard ADA approved claim form                      b) Completed Handicapping Labio-Lingual Deviation Index (HLD)                      c) Narrative describing medical necessity                      d) Diagnostic records</p> <p>2) Provider is responsible for verifying member eligibility prior to beginning orthodontic treatment and on each date a service is provided.</p> <p>3) Comprehensive orthodontic treatment includes, but not limited to: a) initial exam; b) complete diagnostic records and written narrative; c) placement of all necessary appliances to properly treat the participant (both removable and fixed appliances); d) broken brackets; e) removal of appliances at the completion of the active phase of treatment; g) placement of retainers or necessary retention techniques</p> <p>4) If the orthodontic case does not qualify for treatment benefits, the provider may bill for orthodontic records and consultation using CDT code D8999.</p>						
D8080	comprehensive orthodontic treatment of the adolescent dentition	N/A	One (1) of (D8080) per lifetime per patient	Not a plan benefit	Yes Eff. 1/1/2021	1) Cephalometric, panoramic or full-mouth survey radiographic images 2) External facial photographs 3) Intraoral photographs 4) HLD Index

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D8660	pre-orthodontic treatment visit	N/A	One (1) of (D8660) per lifetime per patient	Not a plan benefit	Yes Eff. 1/1/2021	1) Cephalometric, panoramic or full-mouth survey radiographic images 2) External facial photographs 3) Intraoral photographs 4) HLD Index
D8670	periodic orthodontic treatment visit (as part of contract)	N/A	1) One (1) per forty-five (45) days regardless of number visits with in the forty five (45) day period 2) Maximum of 11 payments	Not a plan benefit	Yes Eff. 1/1/2021	Approved orthodontic treatment
D8680	orthodontic retention (removal of appliances, construction of and placement of retainer(s))	N/A	One (1) per lifetime	Not a plan benefit	Yes Eff. 1/1/2021	Debanding date with claim form
D8999	unspecified orthodontic procedure, by report	N/A	1) One (1) per lifetime 2) Only payable if case fails to reach HLD score	Not a plan benefit	Yes Eff. 1/1/2021	Denied orthodontic treatment D8080
<b>ADJUNCTIVE GENERAL SERVICES</b>						
D9110	palliative (emergency) treatment of dental pain - minor procedure	N/A	1) One (1), per day per dentist or dental group 2) Only payable with radiographs 3) Not payable if billed with D0140 on same date of service	1) One (1), per day per dentist or dental group 2) Only payable with radiographs 3) Not payable if billed with D0140 on same date of service	No	None
<b>Anesthesia</b>						
<p>1) All licensed dentists who provide conscious sedation or deep sedation/general anesthesia must have an anesthesia permit. Permit A is required for moderate sedation (conscious sedation) regardless of the route of administration. Permit B is required for deep sedation/general anesthesia. Neither permit is required if the dentist is providing an oral medication or nitrous oxide analgesia to reduce anxiety.</p> <p>2) General anesthesia, intravenous sedation, conscious sedation and nitrous oxide are only payable in conjunction with a covered dental procedure.</p> <p>3) Requests for sedation and general anesthesia will be reviewed on a case-by-case basis. A case will be covered for patients with physical or mental health problems of such severity that treatment cannot be attempted without. Sedation and general anesthesia may be allowed when a surgical procedure is being rendered.</p> <p>4) Acceptable conditions for general anesthesia include: toxicity to local anesthesia supported by documentation, severe intellectual disability, severe physical disability uncontrolled management problem, extensive or complicated surgical procedures, failure of local anesthesia, documented medical complications and/or acute infection that would preclude the efficacy of local anesthesia. Apprehension alone is not typically considered medically necessary.</p> <p>5) For cases requiring sedation, the following must be documented in the patient's chart for appropriate psychosomatic disorders: diagnosis, description of past evidence of situational anxiety or uncontrolled behaviors. In the case of a referral due to uncontrolled behavior, the name of the referring dentist must be included.</p> <p>6) Chart audits may be performed to verify all criteria has been met. Services not documented as required may be denied for payment.</p> <p>7) Local anesthesia is included in the fee for the procedure.</p> <p>8) D9310 will only be reimbursed to a dentist other than the one providing definitive treatment. When billing, a copy of the written report must be attached. When the consulting dentist performs the service, reimbursement will be limited to the actual services rendered.</p> <p>9) Anesthesia time begins when a doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient.</p> <p>10) Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.</p> <p>11) The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.</p>						
D9222	deep sedation/general anesthesia - first 15 minutes	N/A	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Maximum of 1 unit per date of service per dentist or dental group	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Maximum of 1 unit per date of service per dentist or dental group	Yes	Narrative detailing medical necessity
D9223	deep sedation/general anesthesia - each subsequent 15 minutes increment	N/A	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Payable only if D9222 is billed on the same date of service	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Payable only if D9222 is billed on the same date of service	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	N/A	Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group	Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group	No	Narrative detailing medical necessity
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	N/A	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Maximum of 1 unit per date of service per dentist or dental group	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Maximum of 1 unit per date of service per dentist or dental group	Yes Eff. 1/1/2021	Narrative detailing medical necessity

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D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	N/A	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Payable only if D9239 is billed on the same date of service	1) Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group 2) Payable only if D9239 is billed on the same date of service	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D9248	non-intravenous conscious sedation	N/A	Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group	Either D9222, D9223, D9230, D9239, D9243 or D9248 is payable on the same date of service per dentist or dental group	Yes Eff. 1/1/2021	Narrative detailing medical necessity
D9310	consultation - diagnostic service provided by dentist of physician other than requesting dentist or physician	N/A	1) See Anesthesia note # 8 2) Payable only to a dentist other than the one providing definitive treatment 3) Includes an examination and evaluation of the patient, and a written report from the consultant to the treating dentist 4) Copy of written report must be attached to claim	1) See Anesthesia note # 8 2) Payable only to a dentist other than the one providing definitive treatment 3) Includes an examination and evaluation of the patient, and a written report from the consultant to the treating dentist 4) Copy of written report must be attached to claim	No	Narrative detailing medical necessity
D9610	therapeutic parenteral drug, single administration	N/A	Name of drug and amount administered	Name of drug and amount administered	Yes Eff. 1/1/2021	1) Narrative detailing medical necessity 2) Name of drug and amount administered
D9630	other drugs and/or medicaments, by report	N/A	Name of drug and amount administered	Name of drug and amount administered	Yes Eff. 1/1/2021	1) Narrative detailing medical necessity 2) Name of drug and amount administered
<b>Non-clinical Procedures</b>						
1) Member chart notes should include information on the member's complaint, method(s) used to review clinical presentation and symptoms (telephone, video, pictures, etc.), differential diagnosis, treatment plan, method of triage, and prescribed prescriptions if indicated.						
D9995	teledentistry - synchronous; real-time encounter	N/A	1) One (1) per day per dentist or dental group 2) Payable only when submitted with code D0140 and Place of Service 02. 3) See Non-clinical Procedures note #1	1) One (1) per day per dentist or dental group 2) Payable only when submitted with code D0140 and Place of Service 02. 3) See Non-clinical Procedures note #1	No	None
D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	N/A	1) One (1) per day per dentist or dental group 2) Payable only when submitted with code D0140 and Place of Service 02. 3) See Non-clinical Procedures note #1	1) One (1) per day per dentist or dental group 2) Payable only when submitted with code D0140 and Place of Service 02. 3) See Non-clinical Procedures note #1	No	None
D9999	unspecified adjunctive procedure, by report	N/A	Description of service and narrative of medical necessity	Description of service and narrative of medical necessity	Yes Eff. 1/1/2021	1) Narrative detailing medical necessity 2) Name of drug and amount administered