

Procedure Code	Rate	Effective Date	Adult
EXAMINATION			
D0120	21.35	7/1/21	X
D0140	30.50	7/1/21	X
D0145	30.50	7/1/21	
D0150	30.50	7/1/21	X
RADIOGRAPHS/TEST			
D0210	60.98	7/1/21	
D0220	15.24	7/1/21	X
D0230	7.62	7/1/21	X
D0240	18.30	7/1/21	
D0270	15.24	7/1/21	
D0272	18.30	7/1/21	X
D0274	30.50	7/1/21	X
D0310	128.06	7/1/21	
D0320	304.89	7/1/21	
D0321	94.52	7/1/21	
D0330	48.77	7/1/21	X
D0340	60.98	7/1/21	
D0350	30.50	7/1/21	
D0460	24.40	7/1/21	
D0470	38.12	7/1/21	
D0601	9.15	7/1/21	
D0602	9.15	7/1/21	
D0603	9.15	7/1/21	
PROPHYLAXIS/SEALANTS			
D1110	45.74	7/1/21	X
D1120	30.50	7/1/21	
D1206	15.24	7/1/21	X
D1208	15.24	7/1/21	
D1320	33.54	7/1/21	X
D1351	24.40	7/1/21	
D1354	24.40	7/1/21	
SPACE MAINTENANCE - PASSIVE			
D1510	121.95	7/1/21	
D1516	182.92	7/1/21	
D1517	182.92	7/1/21	
D1520	152.44	7/1/21	
D1526	213.42	7/1/21	
D1527	213.42	7/1/21	
D1552	36.57	7/1/21	
D1553	36.57	7/1/21	
D1556	33.54	7/1/21	

D1557	33.54	7/1/21	
D1558	33.54	7/1/21	
AMALGAM RESTORATIONS			
D1575	121.95	7/1/21	
D2140	60.98	7/1/21	X
D2150	94.52	7/1/21	X
D2160	123.49	7/1/21	X
D2161	131.97	7/1/21	X
RESIN BASED COMPOSITE RESTORATIONS			
D2330	60.98	7/1/21	X
D2331	91.47	7/1/21	X
D2332	106.71	7/1/21	X
D2335	121.95	7/1/21	X
D2390	207.32	7/1/21	
D2391	60.98	7/1/21	X
D2392	94.52	7/1/21	X
D2393	123.49	7/1/21	X
D2394	131.97	7/1/21	X
SINGLE CROWNS			
D2710	304.89	7/1/21	
D2721	457.33	7/1/21	
D2740	609.77	7/1/21	
D2750	426.85	7/1/21	
D2751	487.81	7/1/21	
D2752	426.85	7/1/21	
D2790	426.85	7/1/21	
D2791	426.85	7/1/21	
D2792	426.85	7/1/21	
OTHER RESTORATIVE			
D2920	45.74	7/1/21	
D2930	121.95	7/1/21	
D2931	182.92	7/1/21	
D2932	146.35	7/1/21	
D2933	121.95	7/1/21	
D2934	121.95	7/1/21	
D2940	45.74	7/1/21	
D2950	121.95	7/1/21	
D2951	30.50	7/1/21	
D2952	243.92	7/1/21	
D2954	152.44	7/1/21	
D2960	182.92	7/1/21	
D2961	304.89	7/1/21	
D2962	439.04	7/1/21	
D2980	125.01	7/1/21	

ENDODONTICS			
D3110	38.12	7/1/21	
D3120	30.50	7/1/21	
D3220	91.47	7/1/21	
D3221	121.95	7/1/21	
D3230	100.60	7/1/21	
D3240	112.80	7/1/21	
D3310	310.99	7/1/21	
D3320	350.62	7/1/21	
D3330	426.85	7/1/21	
D3346	335.37	7/1/21	
D3347	408.54	7/1/21	
D3351	152.44	7/1/21	
D3352	115.86	7/1/21	
D3353	243.92	7/1/21	
D3410	277.45	7/1/21	
D3430	94.30	7/1/21	
PERIODONTAL SERVICES			
D4210	289.64	7/1/21	
D4211	106.71	7/1/21	
D4212	106.73	7/1/21	
D4231	246.96	7/1/21	
D4240	332.34	7/1/21	
D4241	268.31	7/1/21	
D4260	487.81	7/1/21	
D4261	243.92	7/1/21	
D4265	201.23	7/1/21	
D4270	371.95	7/1/21	
D4275	265.25	7/1/21	
D4276	289.64	7/1/21	
D4277	914.82	7/1/21	
D4278	304.94	7/1/21	
D4341	152.44	7/1/21	X
D4342	82.32	7/1/21	X
D4346	274.40	7/1/21	X
REMOVABLE PROSTHODONTICS			
D5110	762.21	7/1/21	X
D5120	762.21	7/1/21	X
D5130	838.45	7/1/21	X
D5140	838.45	7/1/21	X

D5211	518.31	7/1/21	X
D5212	539.65	7/1/21	X
D5213	914.66	7/1/21	X
D5214	914.66	7/1/21	X
D5225	649.40	7/1/21	X
D5226	649.40	7/1/21	X
D5282	408.54	7/1/21	X
D5283	408.54	7/1/21	X
D5410	36.57	7/1/21	X
D5411	36.57	7/1/21	X
D5421	36.57	7/1/21	X
D5422	36.57	7/1/21	X
D5511	91.47	7/1/21	X
D5512	91.47	7/1/21	X
D5520	60.98	7/1/21	X
D5611	91.47	7/1/21	X
D5612	91.47	7/1/21	X
D5621	125.01	7/1/21	X
D5622	125.01	7/1/21	X
D5630	112.80	7/1/21	X
D5640	91.47	7/1/21	X
D5650	91.47	7/1/21	X
D5660	152.44	7/1/21	X
D5670	454.27	7/1/21	X
D5671	454.27	7/1/21	X
D5710	304.89	7/1/21	X
D5711	304.89	7/1/21	X
D5720	243.92	7/1/21	X
D5721	243.92	7/1/21	X
D5750	243.92	7/1/21	X
D5751	243.92	7/1/21	X
D5760	243.92	7/1/21	X
D5761	243.92	7/1/21	X

D5820	304.89	7/1/21	X
D5821	304.89	7/1/21	X
D5850	70.60	7/1/21	X
D5899	MANUAL	7/1/21	X
MAXILLOFACIAL PROS	-		
D5911	121.95	7/1/21	
D5912	182.92	7/1/21	
D5913	3,048.86	7/1/21	
D5914	3,048.86	7/1/21	
D5915	4,115.97	7/1/21	
D5916	4,268.42	7/1/21	
D5919	2,439.10	7/1/21	
D5922	1,981.77	7/1/21	
D5923	2,439.10	7/1/21	
D5931	975.64	7/1/21	
D5932	2,286.65	7/1/21	
D5933	457.33	7/1/21	
D5934	2,286.65	7/1/21	
D5935	2,286.65	7/1/21	
D5936	838.45	7/1/21	
D5937	277.45	7/1/21	
D5951	914.66	7/1/21	
D5952	914.66	7/1/21	
D5954	914.66	7/1/21	
D5955	1,981.77	7/1/21	
D5958	1,158.57	7/1/21	
D5959	365.87	7/1/21	
D5982	164.64	7/1/21	
D5983	378.06	7/1/21	
D5984	378.06	7/1/21	
D5985	853.68	7/1/21	
D5986	91.47	7/1/21	
FIXED PROSTHODONTICS Age 17+ Request must include narrative			
D6211	426.85	7/1/21	
D6241	548.79	7/1/21	
D6251	426.85	7/1/21	
D6545	289.64	7/1/21	
D6721	457.33	7/1/21	
D6751	487.81	7/1/21	
D6791	426.85	7/1/21	
D6930	60.98	7/1/21	
D6980	158.54	7/1/21	
ORAL AND MAXILLOFACIAL SURGERY Request must include narrative detailir			
D7111	60.98	7/1/21	X
D7140	67.07	7/1/21	X
D7210	121.95	7/1/21	X

D7220	140.25	7/1/21	X
D7230	182.92	7/1/21	X
D7240	219.50	7/1/21	X
D7241	304.89	7/1/21	X
D7250	121.95	7/1/21	X
D7261	320.13	7/1/21	X
D7270	219.50	7/1/21	
D7280	182.92	7/1/21	
D7282	222.57	7/1/21	
D7283	231.70	7/1/21	
D7285	158.54	7/1/21	
D7286	121.95	7/1/21	
D7310	128.06	7/1/21	
D7321	234.77	7/1/21	
EXCISION/REMOVAL OF LESIONS			
D7410	152.44	7/1/21	
D7411	149.39	7/1/21	
D7412	207.32	7/1/21	
D7413	304.89	7/1/21	X
D7414	268.31	7/1/21	X
D7415	432.94	7/1/21	X
D7440	240.85	7/1/21	
D7441	487.81	7/1/21	
D7450	207.32	7/1/21	
D7451	268.31	7/1/21	
D7460	204.28	7/1/21	
D7461	289.64	7/1/21	
D7465	160.05	7/1/21	
EXCISION OF BONE TISSUE			
D7471	259.17	7/1/21	
D7472	213.42	7/1/21	
D7473	219.50	7/1/21	
D7485	240.85	7/1/21	
D7490	3,780.60	7/1/21	
SURGICAL INCISION			
D7510	82.32	7/1/21	
D7511	134.15	7/1/21	
D7520	182.92	7/1/21	
D7521	228.67	7/1/21	
D7530	128.06	7/1/21	
D7540	259.17	7/1/21	
D7550	213.42	7/1/21	
D7560	396.35	7/1/21	
FRACTURE TREATMENTS			
D7610	1,768.35	7/1/21	

D7620	1,463.46	7/1/21	
D7630	2,012.25	7/1/21	
D7640	1,219.55	7/1/21	
D7650	1,920.79	7/1/21	
D7660	1,158.57	7/1/21	
D7670	609.77	7/1/21	
D7671	365.87	7/1/21	
D7710	2,103.73	7/1/21	
D7720	1,341.50	7/1/21	
D7730	2,347.62	7/1/21	
D7740	1,371.99	7/1/21	
D7750	1,981.77	7/1/21	
D7760	1,829.32	7/1/21	
D7770	1,158.57	7/1/21	
D7771	716.47	7/1/21	
D7780	3,719.61	7/1/21	
SURGICAL TMJ			
D7820	274.40	7/1/21	
D7830	277.45	7/1/21	
D7840	2,622.02	7/1/21	
D7850	2,500.07	7/1/21	
D7858	3,414.74	7/1/21	
D7860	914.66	7/1/21	
D7865	2,561.04	7/1/21	
D7870	121.95	7/1/21	
D7872	792.71	7/1/21	
D7873	868.93	7/1/21	
D7874	1,097.59	7/1/21	
D7875	1,173.83	7/1/21	
D7876	1,219.55	7/1/21	
D7877	1,128.08	7/1/21	
D7880	432.94	7/1/21	
SURGICAL REPAIRS			
D7910	128.06	7/1/21	
D7911	164.64	7/1/21	
D7912	243.92	7/1/21	
D7920	1,006.14	7/1/21	
D7940	1,615.90	7/1/21	
D7941	4,268.42	7/1/21	
D7943	4,329.38	7/1/21	
D7944	3,414.74	7/1/21	
D7945	3,445.23	7/1/21	
D7946	3,811.08	7/1/21	
D7947	3,811.08	7/1/21	
D7948	4,268.42	7/1/21	

D7949	6,219.69	7/1/21	
D7950	1,311.02	7/1/21	
D7960	182.92	7/1/21	
D7961	182.92	7/1/21	
D7962	213.42	7/1/21	
D7970	243.92	7/1/21	
D7971	103.68	7/1/21	
D7972	314.02	7/1/21	
D7980	253.05	7/1/21	
D7981	1,219.55	7/1/21	
D7982	746.98	7/1/21	
D7983	518.31	7/1/21	
D7990	506.12	7/1/21	
D7991	1,890.30	7/1/21	
D7999	MANUAL	7/1/21	
ORTHODONTICS			
D8020	429.38	7/1/21	
D8050	335.27	7/1/21	
D8060	335.27	7/1/21	
D8080	MANUAL	7/1/21	
D8220	383.17	7/1/21	
D8695	121.95	7/1/21	
D8999	136.24	7/1/21	
ADJUNCTIVE GENERAL SERVICES			
D9110	60.98	7/1/21	
D9130	432.94	7/1/21	
D9222	79.26	7/1/21	
D9223	60.98	7/1/21	
D9230	27.44	7/1/21	
D9248	135.67	7/1/21	
D9310	48.77	7/1/21	
D9610	30.50	7/1/21	
D9930	51.84	7/1/21	
D9944	304.89	7/1/21	
D9945	304.89	7/1/21	
D9946	304.89	7/1/21	
D9950	137.21	7/1/21	
D9951	70.11	7/1/21	
D9999	MANUAL	7/1/21	

Prior Authorize	Tooth # Required	Additional Criteria
N		
N		
N		
N		
Y		Narrative to qualify, once per 3 years
N	X	
N	X	
N		
Y		
N		
N		
Y		
Y		
Y		
Y		
Y		Narative to qualify, Once every three years
N		
N		
Y	01, 02	
N		Once per 2 yrs
N		
N		
N		
N		Age 13+; every 184 days
N		Age 12 or less
N		1 per 6 months
N		
N		
N	X	
N		
	Missing tooth #, provider responsible for 6 month post insertion	
N	01, 02	
N		
N		
Y	X	
Y		
Y		
N		
N		
N		

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

rch, provider responsible for 24 months follow-up		
N	X	Allowed with sedative fill;
N	X	
N	X	
N	X	
N	X	
N	X	
N	X	
Y	X	
Y	X	
Y	X	
Y	X	
Y	X	
Y	X	
Y	X	
Y	X	
Y	X	
	Requires narrative, perio chart	
Y	Quad.	
Y	Quad.	
Y		
Y	Quad.	
Y	Quad.	
Y	Quad.	
Y	Quad.	
Y	Quad.	
Y	Quad.	
Y	X	
Y	Quad.	
Y	X	
Y		
Y		
Y	Quad.	
Y	Quad.	
Y		
Teeth to be replaced must be on PA request		
Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
Y		Under 25: Once every 5 yrs, includes 6 months follow up; Adults 25 and over: 1 every 7 years
Y		once per lifetime
Y		once per lifetime

N	X	
N	X	
N	X	
Y	X	
N	X	
N	X	
N	X	
Y	X	
N	X	
Y	X	
N		
N	Quad	
N	Quad	
N	Quad	
	Request must include narrative detailing medical necessity	
N		
Y		
Y		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N		By report
	Request must include narrative detailing medical necessity	
Y	L, R	
Y		
Y	L, R	
Y		
Y	01, 02	
N	X	
N	X	
N	X	
N	X	
N		
N		
N	Quad	
N		
N		

N		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N		
N	X	
N	X	
N		
	Request must include narrative detailing medical necessity	
N	L, R	
N		
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y	L, R	
Y		
	Request must include narrative detailing medical necessity	
N		
N		
N		
Y		
Y		
Y		
Y		
Y	Quad	
Y		
Y		
Y		
Y		

Y		
Y		
N	01, 02	
N		
N		
Y		
N	X	
N	L, R	
N		
N		
N		
N	Quad	
N		
Y	L, R	
Y		
	Request includes narrative detailing medical necessity	
Y		Transitional dentition
Y		
Y		
Y		
Y		
Y		
Y		By other than original orthodontist
	Request must include narrative detailing medical necessity	
N		All inclusive, no other code acceptable on this date
Y		
N		
N		
N		
N		
N		Diagnostic service by other than providing practitioner; specialty referral only
N		
N		
Y		
Y		
Y		
Y		Narrative for need; limited to 1/3 year, models on request
Y	X	Limited to once per 3 years
Y		