

Oklahoma Health Care Authority

CDT5 Code	Amount	Effective Date	Prior Authorize	Tooth # Required	Additional Criteria
<b>EXAMINATION</b>					
D0120	\$21.00	08/01/2006			
D0140	\$30.00	08/01/2006		X	Only allowed for trauma related
D0150	\$42.00	08/01/2006			Absent from treatment for 18 months
<b>RADIOGRAPHS/TEST</b>					
D0210	\$60.00	08/01/2006	X		Narrative to qualify, once per 3 years
D0220	\$15.00	08/01/2006		X	
D0230	\$7.50	08/01/2006		X	
D0240	\$18.00	08/01/2006	X	ARCH	Once per year
D0270	\$15.00	08/01/2006	X		Once per year
D0272	\$18.00	08/01/2006			Once per year
D0290	\$54.00	08/01/2006	X		Once per 2 yrs
D0310	\$126.00	08/01/2006	X		Once per 2 yrs
D0320	\$300.00	08/01/2006	X		Once per 2 yrs
D0321	\$93.00	08/01/2006	X		Once per 3 yrs
D0322	\$168.00	08/01/2006	X		Once per 3 yrs
D0330	\$48.00	08/01/2006			Once per 3 yrs
D0340	\$60.00	08/01/2006	X		Ortho/Oral Surgeons only
D0460	\$24.00	08/01/2006	X	X	Once per 3 yrs
D0470	\$37.50	08/01/2006			Once per 2 yrs
<b>PROPHYLAXIS/SEALANTS</b>					
D1110	\$45.00	08/01/2006			Age 13+
D1120	\$30.00	08/01/2006			Age 12 or less
D1201	\$37.50	08/01/2006			
D1203	\$15.00	08/01/2006			Age 12 or less
D1204	\$15.00	08/01/2006			Age 13+
D1205	\$60.00	08/01/2006			Age 13+
D1320	\$33.00	08/01/2006			
D1330	\$21.00	08/01/2006			
D1351	\$24.00	08/01/2006		X	Tooth must be caries free
<b>SPACE MAINTENANCE - PASSIVE</b>					
D1510	\$120.00	08/01/2006		X	Missing tooth #, provider responsible for 6 month post insertion
D1515	\$180.00	08/01/2006		X	Missing tooth #, provider responsible for 6 month post insertion
D1520	\$150.00	08/01/2006		X	Anterior permanent teeth; provider responsible for 9 month post insertion
D1525	\$210.00	08/01/2006		X	Anterior permanent teeth; provider responsible for 9 month post insertion
D1550	\$36.00	08/01/2006		X	Available 9 months post insertion
<b>AMALGAM RESTORATIONS</b>					
D2140	\$60.00	08/01/2006		X	
D2150	\$66.00	08/01/2006		X	
D2160	\$81.00	08/01/2006		X	
D2161	\$99.00	08/01/2006		X	
<b>RESIN BASED COMPOSITE RESTORATIONS</b>					
D2330	\$60.00	08/01/2006		X	
D2331	\$90.00	08/01/2006		X	
D2332	\$105.00	08/01/2006		X	
D2335	\$120.00	08/01/2006		X	
D2390	\$204.00	08/01/2006	X	X	Primary anteriors only
D2391	\$60.00	08/01/2006		X	
D2392	\$120.00	08/01/2006		X	
D2393	\$162.00	08/01/2006		X	No cusp replacements or subgingival margins
<b>SINGLE CROWNS</b>					
D2710	\$300.00	08/01/2006	X	X	
D2721	\$435.00	08/01/2006	X	X	
D2740	\$600.00	08/01/2006	X	X	#s 7,8,9,10,23,24,25,26
D2751	\$480.00	08/01/2006	X	X	#s 4-13, 21-28
D2791	\$420.00	08/01/2006	X	X	Posterior teeth

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<b>OTHER RESTORATIVE</b>					
D2920	\$45.00	08/01/2006		X	Available 9 months post cementation
D2930	\$120.00	08/01/2006		X	2 or more extensively decayed surfaces
D2931	\$180.00	08/01/2006		X	
D2932	\$144.00	08/01/2006		X	
D2940	\$45.00	08/01/2006		X	
D2950	\$120.00	08/01/2006	X	X	
D2951	\$30.00	08/01/2006		X	
D2952	\$240.00	08/01/2006	X	X	Anterior permanent teeth; provider responsible for 24 month post insertion
D2954	\$150.00	08/01/2006	X	X	Requires 50% pre op caries destruction
D2960	\$180.00	08/01/2006	X	X	
D2961	\$300.00	08/01/2006	X	X	Not allowable for cosmetics
D2962	\$432.00	08/01/2006	X	X	
D2980	\$123.00	08/01/2006	X	X	
<b>ENDODONTICS</b> No missing teeth in arch, provider responsible for 24 months follow-up					
D3110	\$37.50	08/01/2006		X	Allowed with sedative fill; no perm restoration 30 days
D3120	\$30.00	08/01/2006		X	
D3220	\$90.00	08/01/2006		X	
D3221	\$120.00	08/01/2006		X	
D3230	\$99.00	08/01/2006		X	
D3240	\$111.00	08/01/2006		X	
D3310	\$306.00	08/01/2006		X	If needs more than 4, must prior authorize
D3320	\$345.00	08/01/2006	X	X	
D3330	\$420.00	08/01/2006	X	X	No opposing 2nd molars
D3346	\$330.00	08/01/2006	X	X	Limited, 24 mths responsible rule
D3347	\$402.00	08/01/2006	X	X	Limited, 24 mths responsible rule
D3348	\$495.00	08/01/2006	X	X	Limited, 24 mths responsible rule
D3351	\$342.00	08/01/2006	X	X	
D3352	\$414.00	08/01/2006	X	X	
D3353	\$240.00	08/01/2006	X	X	Series end with a sealed RCT
D3410	\$273.00	08/01/2006	X	X	
<b>PERIODONTAL SERVICES</b> Requires narrative, perio chart					
D4210	\$285.00	08/01/2006	X	Quad.	
D4211	\$246.00	08/01/2006	X	Quad.	
D4240	\$327.00	08/01/2006	X	Quad.	
D4241	\$93.00	08/01/2006	X	Quad.	
D4260	\$480.00	08/01/2006	X	Quad.	
D4261	\$240.00	08/01/2006	X	Quad.	
D4265	\$141.00	08/01/2006	X	Quad.	
D4270	\$366.00	08/01/2006	X	X	
D4271	\$378.00	08/01/2006	X	X	Requires narrative, perio chart; includes donor site
D4275	\$261.00	08/01/2006	X	Quad.	
D4276	\$285.00	08/01/2006	X	X	
D4341	\$150.00	08/01/2006	X	Quad.	Requires 50% of 6 pts measurement be 4mm or more, age 12-20
D4342	\$81.00	08/01/2006	X	Quad.	Age 12-20
<b>REMOVABLE PROSTHODONTICS</b> Once every 5 yrs, includes 6 months follow up					
D5110	\$750.00	08/01/2006	X		
D5120	\$750.00	08/01/2006	X		
D5130	\$825.00	08/01/2006	X		
D5140	\$825.00	08/01/2006	X		
D5211	\$510.00	08/01/2006	X	X	3 or more missing teeth
D5212	\$531.00	08/01/2006	X	X	3 or more missing teeth
D5213	\$900.00	08/01/2006	X	X	Age 16+ ; 3 or more missing teeth
D5214	\$900.00	08/01/2006	X	X	Age 16+ ; 3 or more missing teeth
D5225	\$465.00	08/01/2006	X	X	
D5226	\$465.00	08/01/2006	X	X	
D5281	\$402.00	08/01/2006	X	X	
D5410	\$36.00	08/01/2006			Limited to 2 visits
D5411	\$36.00	08/01/2006			Limited to 2 visits
D5421	\$36.00	08/01/2006			Limited to 2 visits
D5422	\$36.00	08/01/2006			Limited to 2 visits

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D5510	\$90.00	08/01/2006			
D5520	\$60.00	08/01/2006		X	
D5610	\$90.00	08/01/2006			
D5620	\$123.00	08/01/2006			
D5630	\$111.00	08/01/2006		X	
D5640	\$90.00	08/01/2006		X	
D5650	\$90.00	08/01/2006		X	
D5660	\$150.00	08/01/2006			
D5670	\$447.00	08/01/2006	X		Once every 2 yrs
D5671	\$447.00	08/01/2006	X		Once every 2 yrs
D5710	\$300.00	08/01/2006	X		Once every 3 yrs
D5711	\$300.00	08/01/2006	X		Once every 3 yrs
D5720	\$240.00	08/01/2006	X		Once every 3 yrs
D5721	\$240.00	08/01/2006	X		Once every 3 yrs
D5750	\$240.00	08/01/2006	X		Once every 3 yrs
D5751	\$240.00	08/01/2006	X		Once every 3 yrs
D5760	\$240.00	08/01/2006	X		Once every 3 yrs
D5761	\$240.00	08/01/2006	X		Once every 3 yrs
D5820	\$300.00	08/01/2006	X	X	
D5821	\$300.00	08/01/2006	X	X	
D5851	\$78.00	08/01/2006	X		Once every 3 yrs
D5860	\$795.00	08/01/2006	X		Once every 5 yrs
D5862	\$267.00	08/01/2006	X	X	
D5899	Manual	08/01/2006	X	X	
<b>MAXILLOFACIAL PROSTHETICS</b>			Request must include narrative detailing medical necessity		
D5911	\$120.00	08/01/2006	X		
D5912	\$180.00	08/01/2006	X		
D5913	\$3,000.00	08/01/2006	X		
D5914	\$3,000.00	08/01/2006	X		
D5915	\$4,050.00	08/01/2006	X		
D5916	\$4,200.00	08/01/2006	X		
D5919	\$2,769.00	08/01/2006	X		
D5922	\$1,950.00	08/01/2006	X		
D5923	\$2,400.00	08/01/2006	X		
D5931	\$960.00	08/01/2006	X		
D5932	\$2,250.00	08/01/2006	X		
D5933	\$450.00	08/01/2006	X		
D5934	\$2,250.00	08/01/2006	X		
D5935	\$2,250.00	08/01/2006	X		
D5936	\$825.00	08/01/2006	X		
D5937	\$324.00	08/01/2006	X		
D5951	\$900.00	08/01/2006	X		
D5952	\$900.00	08/01/2006	X		
D5954	\$1,375.50	08/01/2006	X		
D5955	\$1,950.00	08/01/2006	X		
D5958	\$1,140.00	08/01/2006	X		
D5959	\$360.00	08/01/2006	X		
D5982	\$162.00	08/01/2006	X		
D5983	\$490.50	08/01/2006	X		
D5984	\$490.50	08/01/2006	X		
D5985	\$840.00	08/01/2006	X		
D5986	\$90.00	08/01/2006	X		
D5999	Manual	08/01/2006	X		
D6040	\$4,410.00	08/01/2006	X		BY REPORT
D6050	\$2,850.00	08/01/2006	X		BY REPORT
D6055	\$1,125.00	08/01/2006	X		BY REPORT
D6080	\$105.00	08/01/2006	X		BY REPORT
D6090	\$336.00	08/01/2006	X		
D6100	\$387.00	08/01/2006	X		

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<b>FIXED PROSTHODONTICS</b> Age 17+ Request must include narrative detailing medical necessity versus removable partial					
D6211	\$420.00	08/01/2006	X	X	
D6241	\$540.00	08/01/2006	X	X	
D6251	\$420.00	08/01/2006	X	X	
D6545	\$285.00	08/01/2006	X	X	Once per 5 yrs
D6721	\$450.00	08/01/2006	X	X	
D6751	\$480.00	08/01/2006	X	X	
D6791	\$420.00	08/01/2006	X	X	
D6930	\$60.00	08/01/2006	X	X	
D6970	\$240.00	08/01/2006	X	X	
D6971	\$168.00	08/01/2006	X	X	
D6972	\$180.00	08/01/2006	X	X	
D6973	\$123.00	08/01/2006	X	X	
D6980	\$156.00	08/01/2006	X		
D6985	\$510.00	08/01/2006	X	X	Age 1-9; Not for cosmetic purposes; specialist only
<b>ORAL AND MAXILLOFACIAL SURGERY</b> Request must include narrative detailing medical necessity					
D7111	\$60.00	08/01/2006		X	
D7140	\$66.00	08/01/2006		X	
D7210	\$120.00	08/01/2006		X	
D7220	\$138.00	08/01/2006		X	
D7230	\$180.00	08/01/2006		X	
D7240	\$216.00	08/01/2006		X	
D7241	\$300.00	08/01/2006		X	
D7250	\$120.00	08/01/2006		X	
D7260	\$360.00	08/01/2006	X		
D7261	\$208.50	08/01/2006			
D7270	\$216.00	08/01/2006		X	
D7272	\$300.00	08/01/2006	X	X	
D7280	\$180.00	08/01/2006	X	X	
D7282	\$60.00	08/01/2006		X	
D7283	\$72.00	08/01/2006	X	X	
D7285	\$156.00	08/01/2006			
D7286	\$120.00	08/01/2006			
D7310	\$126.00	08/01/2006		Quad	Requires 3 or more teeth
D7321	\$231.00	08/01/2006	X		
<b>EXCISION/REMOVAL OF LESIONS</b> Request must include narrative detailing medical necessity					
D7410	\$150.00	08/01/2006			
D7411	\$147.00	08/01/2006	X		
D7412	\$204.00	08/01/2006	X		
D7413	\$300.00	08/01/2006			
D7414	\$264.00	08/01/2006			
D7415	\$426.00	08/01/2006			
D7440	\$237.00	08/01/2006			
D7441	\$480.00	08/01/2006			
D7450	\$204.00	08/01/2006			
D7451	\$264.00	08/01/2006			
D7460	\$201.00	08/01/2006			
D7461	\$285.00	08/01/2006			
D7465	\$157.50	08/01/2006			By report
<b>EXCISION OF BONE TISSUE</b> Request must include narrative detailing medical necessity					
D7472	\$210.00	08/01/2006	X		Per arch
D7473	\$216.00	08/01/2006	X		Per quadrant
D7485	\$237.00	08/01/2006	X		Per quadrant
D7490	\$3,720.00	08/01/2006	X		

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<b>SURGICAL INCISION</b>					
D7510	\$81.00	08/01/2006			
D7511	\$81.00	08/01/2006			
D7520	\$180.00	08/01/2006			
D7521	\$180.00	08/01/2006			
D7530	\$126.00	08/01/2006			
D7540	\$255.00	08/01/2006			
D7550	\$210.00	08/01/2006		X	
D7560	\$390.00	08/01/2006			
<b>FRACTURE TREATMENTS</b>					
D7610	\$1,740.00	08/01/2006			
D7620	\$1,440.00	08/01/2006			
D7630	\$1,980.00	08/01/2006			
D7640	\$1,200.00	08/01/2006			
D7650	\$1,890.00	08/01/2006			
D7660	\$1,140.00	08/01/2006			
D7670	\$600.00	08/01/2006			
D7671	\$1,140.00	08/01/2006			
D7710	\$2,070.00	08/01/2006			
D7720	\$1,320.00	08/01/2006			
D7730	\$2,310.00	08/01/2006			
D7740	\$1,350.00	08/01/2006			
D7750	\$1,950.00	08/01/2006			
D7760	\$1,800.00	08/01/2006			
D7770	\$1,140.00	08/01/2006			
D7771	\$108.00	08/01/2006			
D7780	\$3,660.00	08/01/2006			
<b>SURGICAL TMJ</b> Request must include narrative detailing medical necessity					
D7820	\$585.00	08/01/2006			
D7830	\$273.00	08/01/2006			
D7840	\$2,580.00	08/01/2006	X		
D7850	\$2,460.00	08/01/2006	X		
D7858	\$3,360.00	08/01/2006	X		
D7860	\$900.00	08/01/2006	X		
D7865	\$2,520.00	08/01/2006	X		
D7870	\$120.00	08/01/2006	X		
D7872	\$780.00	08/01/2006	X		
D7873	\$855.00	08/01/2006	X		
D7874	\$1,080.00	08/01/2006	X		
D7875	\$1,155.00	08/01/2006	X		
D7876	\$1,200.00	08/01/2006	X		
D7877	\$1,110.00	08/01/2006	X		
D7880	\$426.00	08/01/2006	X		

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<b>SURGICAL REPAIRS</b>					
Request must include narrative detailing medical necessity					
D7910	\$414.00	08/01/2006			
D7911	\$162.00	08/01/2006			
D7912	\$240.00	08/01/2006			
D7920	\$990.00	08/01/2006	X		Identify defect, location, type
D7940	\$1,590.00	08/01/2006	X		
D7941	\$4,200.00	08/01/2006	X		
D7943	\$4,260.00	08/01/2006	X		
D7944	\$3,360.00	08/01/2006	X		
D7945	\$3,390.00	08/01/2006	X		
D7946	\$3,750.00	08/01/2006	X		
D7947	\$3,750.00	08/01/2006	X		
D7948	\$4,200.00	08/01/2006	X		Osteoplasty of facial bones
D7949	\$6,120.00	08/01/2006	X		
D7950	\$1,290.00	08/01/2006	X		Osseous, osteoperiosteal or cartilage
D7960	\$180.00	08/01/2006			Lingual frenum only
D7970	\$1,440.00	08/01/2006	X		
D7971	\$363.00	08/01/2006		X	
D7972	\$120.00	08/01/2006			
D7980	\$249.00	08/01/2006			
D7981	\$1,200.00	08/01/2006			
D7982	\$735.00	08/01/2006			
D7983	\$510.00	08/01/2006			
D7990	\$498.00	08/01/2006			
D7991	\$1,860.00	08/01/2006	X		
D7996	\$1,215.00	08/01/2006	X		
D7999	Manual	08/01/2006			
<b>ORTHODONTICS</b>					
Request includes narrative detailing medical necessity					
D8020	\$472.78	08/01/2006	X		Transitional dentition
D8050	\$369.15	08/01/2006	X		
D8060	\$369.15	08/01/2006	X		
D8080	Manual	08/01/2006	X		
D8210	\$421.89	08/01/2006	X		Included in comprehensive tx
D8220	\$270.27	08/01/2006	X		
D8660	\$120.00	08/01/2006			Includes pan, ceph, diagnostic cast and all work up services
D8670	\$81.00	08/01/2006	X		
D8999	\$150.00	08/01/2006	X		By other than original orthodontist
<b>ADJUNCTIVE GENERAL SERVICES</b>					
Request must include narrative detailing medical necessity					
D9110	\$60.00	08/01/2006		X	All inclusive, no other code acceptable on this date
D9215	\$24.00	08/01/2006	X		Not in conjunction with any definitive procedures
D9220	\$165.00	08/01/2006			Oral Facial Surgeons, pediatric only
D9221	\$60.00	08/01/2006			Oral Facial Surgeons, pediatric only
D9230	\$27.00	08/01/2006			Limited to four per year
D9248	\$133.50	08/01/2006			Oral surgeons and pediatric specialties only
D9310	\$48.00	08/01/2006			Diagnostic service by other than providing practitioner; specialty referral only
D9420	\$90.00	08/01/2006			Age 16+ Must Prior Authorize
D9610	\$30.00	08/01/2006			One unit per visit, limited to 4
D9930	\$51.00	08/01/2006			
D9940	\$300.00	08/01/2006	X		Narrative of clinical findings to qualify
D9950	\$135.00	08/01/2006	X		Narrative for need; limited to once per 3 yrs, models on request
D9951	\$69.00	08/01/2006	X	X	Limited to once per 3 yrs
D9999	Manual	08/01/2006	X		