P R O V I D E R   B U L L E T I N

BT200321   M A R C H   3 1 ,   2 0 0 3

To: All Dental Providers

Subject: Correct Codes for Billing of IHCP Dental Services

Overview

This bulletin corrects the dental coding information published in the Indiana Health Coverage Programs (IHCP) provider bulletin, *BT200313*, dated February 15, 2003. Due to coding changes from the American Dental Association (ADA) issued in current dental terminology (CDT)-4 and the fee schedule impact to dental services, the Office of Medicaid Policy and Planning (OMPP) will use the dental codes in this bulletin for billing of dental services for IHCP members. These codes include CDT-3 and CDT-4 codes that will allow the IHCP to continue using the current dental program fee schedule. The CDT-4 codes will be fully implemented when system changes are made to allow the new codes to reimburse at the current fee schedule amount. Table 1.1 shows the codes that are valid for billing IHCP dental services, effective January 1, 2003, and billable on April 1, 2003, and Table 1.2 lists the new Healthcare Common Procedure Coding System (HCPCS) 2003 codes that **are not** billable. Please refer questions about the content of this bulletin to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

IHCP Covered Dental Codes

The codes in Table 1.1 are effective for billing of dental services beginning April 1, 2003, retroactive to January 1, 2003.

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D0120	Periodic oral examination	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0140	Limited oral evaluation – problem focused	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0150	Comprehensive oral evaluation - new or established patient	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D0160	Detailed and extensive oral evaluation – problem focused, by report	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0170	Re-evaluation – limited, problem focused (Established patient; not post-operative visit)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0210	Intraoral – complete series (including bitewings)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0220	Intraoral – periapical, first film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0230	Intraoral – periapical, each additional film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0240	Intraoral – occlusal film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0250	Extraoral – first film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0260	Extraoral – each additional film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0270	Bitewing – single film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0272	Bitewing – two films	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0274	Bitewings – four films	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0290	Posterior-anterior or lateral skull and facial bone survey film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0310	Sialography	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0320	Temporomandibular joint arthrogram, including injection	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0321	Other temporomandibular joint films, by report	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D0322	Tomographic survey	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0330	Panoramic film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D0340	Cephalometric film	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D1110	Prophylaxis - adult	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D1120	Prophylaxis - child	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1201	Topical application of fluoride (including prophylaxis)-child	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1203	Topical application of fluoride (prophylaxis not included)-child	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1205	Topical application of fluoride (including prophylaxis)-adult	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1351	Sealant - per tooth	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1510	Space maintainer – fixed-unilateral	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D1515	Space maintainer – fixed-bilateral	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1520	Space maintainer – removable-unilateral	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1525	Space maintainer – removable-bilateral	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D1550	Recementation of space maintainer	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D2110	Amalgam-one surface, primary	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2120	Amalgam-two surfaces, primary	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2130	Amalgam-three surfaces, primary	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2131	Amalgam-four or more surfaces, primary	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2140	Amalgam-one surface, permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2150	Amalgam-two surfaces, permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2160	Amalgam-three surfaces, permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2161	Amalgam-four or more surfaces, permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D2330	Resin-based composite - one surface, anterior	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2331	Resin-based composite - two surfaces, anterior	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2332	Resin-based composite - three surfaces, anterior	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2380	Resin-based composite – one surface, posterior - primary	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2381	Resin-based composite – two surfaces, posterior - primary	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2382	Resin-based composite – three or more surfaces, posterior - primary	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2391	Resin-based composite - one surface, posterior-permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2392	Resin-based composite - two surfaces, posterior- permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2393	Resin-based composite - three surfaces, posterior-permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2394	Resin-based composite - four or more surfaces, posterior, permanent	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2910	Recement inlays	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2920	Recement crowns	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2930	Prefabricated stainless steel crown- primary tooth	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2931	Prefabricated stainless steel crown- permanent tooth	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D2932	Prefabricated resin crown	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2933	Prefabricated stainless steel crown with resin window	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2940	Sedative filling	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2951	Pin retention-per tooth, in addition to restoration	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2970	Temporary crown (fractured tooth)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D2980	Crown repair, by report	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D3110	Pulp cap - direct (excluding final restoration)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D3120	Pulp cap-indirect (excluding final restoration)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D3310	Root canal therapy, anterior (excluding final restoration)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3320	Root canal therapy – biscuspid (excluding final restoration)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D3330	Root canal therapy – molar (excluding final restoration)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3346	Retreatment of previous root canal therapy- anterior	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3347	Retreatment of previous root canal therapy-bicuspid	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3348	Retreatment of previous root canal therapy- molar	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3353	Apexification/recalcification-final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3410	Apicoectomy/periradicular surgery-anterior	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D3421	Apicoectomy/periradicular surgery- bicuspid (first root)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3425	Apicoectomy/periradicular surgery- molar (first root)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3426	Apicoectomy/periradicular surgery (each additional root)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D3430	Retrograde filling-per root	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces, per quadrant	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D4261	Osseous surgery (including flap entry and closure) – one to three teeth, per quadrant	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C Requires Attachment

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C Requires Attachment
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D5110	Complete denture – maxillary	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5120	Complete denture – mandibular	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5130	Immediate denture – maxillary	Yes for All Programs, Yes for Package C	Yes For 21 yrs old and older	Covered for All Programs, Covered for Package C
D5140	Immediate denture – mandibular	Yes for All Programs, Yes for Package C	Yes For 21 yrs old and older	Covered for All Programs, Covered for Package C
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5212	Mandibular partial denture-resin base(including any conventional clasps, rests and teeth)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5510	Repair broken complete denture base	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5520	Replace missing or broken teeth - complete denture (each tooth)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5610	Repair acrylic saddle or base	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D5620	Repair cast framework	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5630	Repair or replace broken clasp	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5640	Replace broken teeth-per tooth	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5650	Add tooth to existing partial denture	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5660	Add clasp to existing partial denture	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5730	Reline complete maxillary denture (chairside)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D5731	Reline complete mandibular denture (chairside)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D5740	Reline maxillary partial denture (chairside)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D5741	Reline mandibular partial denture (chairside)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D5750	Reline complete maxillary denture (laboratory)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5751	Reline complete mandibular denture (laboratory)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5760	Reline maxillary partial denture (laboratory)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5761	Reline mandibular partial denture (laboratory)	Yes for All Programs, Yes for Package C	Yes	Covered for All Programs, Covered for Package C
D5951	Feeding aid	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D5952	Speech aid prosthesis, pediatric	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D6930	Recement fixed partial denture	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D6980	Fixed partial denture repair, by report	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D7110	Extraction – single tooth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7120	Extraction – each additional tooth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7130	Root removal – exposed roots	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7220	Removal of impacted tooth-soft tissue	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7230	Removal of impacted tooth - partially bony	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7240	Removal of impacted tooth-completely bony	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7250	Surgical removal of residual tooth roots (cutting procedure)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7260	Orolantral fistula closure	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7261	Primary closure of a sinus perforation	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7285	Biopsy of oral tissue - hard (bone, tooth)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7286	Biopsy of oral tissue - soft (all others)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7310	Alveoloplasty in conjunction with extractions - per quadrant	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7410	Excision of benign lesion up to 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7411	Excision of benign lesion greater than 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7412	Excision of benign lesion, complicated	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7413	Excision of malignant lesion up to 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7414	Excision of malignant lesion greater than 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7415	Excision of malignant lesion, complicated	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7440	Excision of malignant tumor, lesion diameter up to 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7441	Excision of malignant tumor, lesion diameter greater than 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C

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Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7471	Removal of lateral exostosis (maxilla or mandible)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7472	Removal of torus palatinus	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7473	Removal of torus mandibularis	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7485	Surgical reduction of osseous tuberosity	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7510	Incision and drainage of abscess-intraoral soft tissue	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7520	Incision and drainage of abscess-extraoral soft tissue	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7610	Maxilla-open reduction (teeth immobilized, if present)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7620	Maxilla-closed reduction (teeth immobilized, if present)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7630	Mandible-open reduction (teeth immobilized, if present)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C

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Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D7640	Mandible-closed reduction (teeth immobilized, if present)	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7650	Malar and/or zygomatic arch-open reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7660	Malar and/or zygomatic arch-closed reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7670	Alveolus – closed reduction, may include stabilization of teeth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7671	Alveolus – open reduction, may include stabilization of teeth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7680	Facial bones-complicated reduction with fixation and multiple surgical approaches	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7710	Maxilla-open reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7720	Maxilla-closed reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7730	Mandible-open reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7740	Mandible-closed reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7750	Malar and/or zygomatic arch-open reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7760	Malar and/or zygomatic arch-closed reduction	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7770	Alveolus – open reduction stabilization of teeth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7771	Alveolus, closed reduction stabilization of teeth	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7780	Facial bones-complicated reduction with fixation and multiple surgical approaches	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D7810	Open reduction of dislocation	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7820	Closed reduction of dislocation	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7910	Suture of recent small wound up to 5 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7911	Complicated suture - up to 5 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7912	Complicated suture – greater than 5 cm	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7940	Osteoplasty - for orthognathic deformities	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7972	Surgical reduction of fibrous tuberosity	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7980	Sialolithotomy	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7982	Sialodochoplasty	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7983	Closure of salivary fistula	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D7999	Unspecified oral surgery procedure, by report	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D8010	Limited orthodontic treatment of the primary dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8020	Limited orthodontic treatment of the transitional dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D8030	Limited orthodontic treatment of the adolescent dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8040	Limited orthodontic treatment of the adult dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8050	Interceptive orthodontic treatment of the primary dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8060	Interceptive orthodontic treatment of the transitional dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8070	Comprehensive orthodontic treatment of the transitional dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8090	Comprehensive orthodontic treatment of the adult dentition	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8210	Removable appliance therapy	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D8220	Fixed appliance therapy	Yes for All Programs, Yes for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
D9220	Deep sedation/general anesthesia-first 30 minutes	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D9221	Deep sedation/general anesthesia-each additional 15 minutes	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D9230	Analgesia	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	No for All Programs, No for Package C	No	Covered for All Programs, Covered for Package C
D9248	Non-intravenous conscious sedation	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D9610	Therapeutic drug injection, by report	No for All Programs, No for Package C	Yes	Covered for All Programs, Covered for Package C
D9920	Behavior management, by report	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5027	Complete dentures – maxillary; ages 0-20	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5028	Mandibular partial dentures, ages 0-20	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
Z5029	Maxillary partial dentures, ages 0-20	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5030	Complete dentures – mandibular, ages 0-20	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5033	Removable unilateral partial denture one piece cast metal (including clasp and teeth), ages 0-20	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5034	Maxillary partial denture cast metal framework with resin denture bases (including any conventional claps, rests, and teeth), ages 0-20	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5035	Mandibular partial denture cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5081	Repair broken complete denture base	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5082	Replace broken or missing teeth-complete denture (each tooth)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5083	Repair acrylic saddle or base	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

(Continued)

Table 1.1 – Covered IHCP Dental Codes

Procedure Code	Description	PA Requirements	Dental Cap	Program Coverage
Z5084	Repair cast framework		No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5085	Reline maxillary complete denture (laboratory)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5086	Reline mandibular complete denture (laboratory)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5087	Reline maxillary partial denture (laboratory)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5088	Reline mandibular partial denture (laboratory)	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5089	Repair or replace broken clasp	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5090	Replace broken teeth-per tooth	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C
Z5091	Add tooth to existing partial denture	No for All Programs, No for Package C	No Limited to younger than 21 yrs old	Covered for All Programs, Covered for Package C

Table 1.2 – Dental Codes That are Not Covered and Not Billable for IHCP Members

Procedure Code	Description
D0180	Comprehensive periodontal evaluation – new or established patient
D2390	Resin-based composite crown, anterior
D2710	Crown – resin (indirect)
D3221	Pulpal debridement, primary and permanent
D4265	Biologic materials to aid in soft and osseous tissue regeneration
D4273	Subepithelial connective tissue graft procedures
D4275	Soft tissue allograft
D4276	Combined connective tissue and double pedicle graft
D4910	Periodontal maintenance
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)
D6053	Implant/abutment supported removable denture for completely edentulous arch
D6054	Implant/abutment supported removable denture for partially edentulous arch
D6253	Provisional pontic
D6600	Inlay-porcelain/ceramic, two surfaces
D6601	Inlay - porcelain/ceramic, three or more surfaces
D6602	Inlay - cast high noble metal, two surfaces
D6603	Inlay - cast high noble metal, three or more surfaces
D6604	Inlay - cast predominantly base metal, two surfaces
D6605	Inlay - cast predominantly base metal, three or more surfaces
D6606	Inlay - cast noble metal, two surfaces
D6607	Inlay - cast noble metal, three or more surfaces
D6608	Onlay - porcelain/ceramic, two surfaces
D6609	Onlay - porcelain/ceramic, three or more surfaces
D6610	Onlay - cast high noble metal, two surfaces
D6611	Onlay - cast high noble metal, three or more surfaces
D6612	Onlay - cast predominantly base metal, two surfaces
D6613	Onlay - cast predominantly base metal, three or more surfaces
D6614	Onlay - cast noble metal, two surfaces
D6615	Onlay - cast noble metal, three or more surfaces
D6793	Provisional retainer crown
D6985	Pediatric partial denture, fixed
D7111	Coronal remnants - deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

(Continued)

Table 1.2 – Dental Codes That are Not Covered and Not Billable for IHCP Members

Procedure Code	Description
D7280	Surgical access of an unerupted tooth
D7287	Cytology sample collection
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D9450	Case presentation, detailed and extensive treatment planning