



Dental Claim Submission Requirements

Following is a list of HMAA's claim submission requirements. Benefits and frequency are determined by the member's specific dental plan. Please refer to the member's Dental Certificate or Medical Description of Coverage (DOC) for details.

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT					
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED					
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER					
D0150	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT					
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT					
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED					
D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT					
D0210	INTRAORAL-COMPLETE SERIES					
D0220	INTRAORAL-PERIAPICAL-FIRST FILM					
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM					
D0240	INTRAORAL - OCCLUSAL FILM					
D0250	EXTRAORAL - FIRST FILM					
D0260	EXTRAORAL - EACH ADDITIONAL FILM					
D0270	BITEWING - SINGLE FILM					
D0272	BITEWINGS - TWO FILMS					
D0273	BITEWINGS - THREE FILMS					
D0274	BITEWINGS - FOUR FILMS					
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS					
D0290	POST-ANT/LAT SKULL&FACIAL BONE SURVEY FILM					
D0330	PANORAMIC FILM					
D0340	CEPHALOMETRIC FILM					ORTHO
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES					ORTHO
D0460	PULP VITALITY TESTS					
D0470	DIAGNOSTIC CASTS					ORTHO
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT					
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT					
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT					
D0480	ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT					

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE					
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC					Pathology Report
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT		X			
D1110	PROPHYLAXIS - ADULT					
D1120	PROPHYLAXIS - CHILD					
D1203	TOPICAL APPLICATION OF FLUORIDE - CHILD					
D1206	TOP FLUORIDE VARNISH; TX APPL MOD-HI CARIES RISK		X			
D1351	SEALANT - PER TOOTH					
D1510	SPACE MAINTAINER - FIXED-UNILATERAL					
D1516	SPACE MAINTAINER - FIXED-BILATERAL - MAXILLARY					
D1517	SPACE MAINTAINER - FIXED-BILATERAL - MANDIBULAR					
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY					
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR					
D1550	RECEMENTATION OF SPACE MAINTAINER					
D1555	REMOVAL OF FIXED SPACE MAINTAINER					
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT					
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT					
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT					
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT					
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR					
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR					
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR					
D2335	RESIN COMPOS - 4/MORE SURFACES/INVLV INCISAL ANG					
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	X				
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR					
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR					
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR					
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR					
D2410	GOLD FOIL - ONE SURFACE					
D2420	GOLD FOIL - TWO SURFACES					
D2430	GOLD FOIL - THREE SURFACES					
D2510	INLAY - METALLIC - ONE SURFACE					
D2520	INLAY - METALLIC - TWO SURFACES					

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CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D2530	INLAY - METALLIC - THREE OR MORE SURFACES					
D2542	ONLAY - METALLIC - TWO SURFACES	X				
D2543	ONLAY METALLIC THREE SURFACES	X				
D2544	ONLAY METALLIC FOUR OR MORE SURFACES	X				
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE					
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES					
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES					
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	X				
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	X				
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	X				
D2650	INLAY - RESIN COMPOS COMPOSITE/RESIN - 1 SURFACE					
D2651	INLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES					
D2652	INLAY - RSN COMPOS COMPOS/RSN - 3/MORE SURFACES					
D2662	ONLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES	X				
D2663	ONLAY - RESIN COMPOS COMPOS/RESIN - 3 SURFACES	X				
D2664	ONLAY - RSN COMPOS COMPOS/RSN - 4/MORE SURFACES	X				
D2710	CROWN RESINBASED COMPOSITE INDIRECT	X				
D2712	CROWN 3/4 RESINBASED COMPOSITE INDIRECT	X				
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	X				
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	X				
D2722	CROWN - RESIN WITH NOBLE METAL	X				
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	X				
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	X				
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	X				
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	X				
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	X				
D2781	CROWN - 3/4 CAST PREDOMINATELY BASE METAL	X				
D2782	CROWN - 3/4 CAST NOBLE METAL	X				
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	X				
D2790	CROWN - FULL CAST HIGH NOBLE METAL	X				
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	X				
D2792	CROWN - FULL CAST NOBLE METAL	X				
D2794	CROWN TITANIUM	X				

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D2799	PROVISIONAL CROWN	X	X			
D2910	RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION					
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE					
D2920	RECEMENT CROWN					
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH					
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH					
D2932	PREFABRICATED RESIN CROWN					
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW					
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM					
D2940	SEDATIVE FILLING					
D2950	CORE BUILDUP INCLUDING ANY PINS	X				
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION					
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	X				
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	X				
D2955	POST REMOVAL		X			
D2960	LABIAL VENEER - CHAIRSIDE					
D2961	LABIAL VENEER - LABORATORY	X				
D2962	LABIAL VENEER - LABORATORY	X				
D2970	TEMPORARY CROWN	X	X			
D2971	ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWRK					
D2980	CROWN REPAIR BY REPORT		X			
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT		X			
D3110	PULP CAP - DIRECT					
D3120	PULP CAP - INDIRECT					
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC					
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH					
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS PRMNT TOOTH W/ INCOMPLETE RT DVMT					
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	X				
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	X				
D3310	ANTERIOR					
D3320	BICUSPID					
D3330	MOLAR					

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D3331	TREATMENT RCT OBSTRUCTION; NON-SURGICAL ACCESS					
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH		X			
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	Pre-op	X			
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	Pre-op & Post-op	X			
D3347	RETREATMENT PREVIOUS RC THERAPY - BICUSPID	Pre-op & Post-op	X			
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	Pre-op & Post-op	X			
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	Pre-op				
D3352	APEXIFICAT/RECALCIFICAT - INTERIM MEDREPL	Post-op				
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	Pre-op				
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	Post-op				
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID	Post-op				
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR	Post-op				
D3426	APICOECTOMY/PERIRADICULAR SURGERY	Post-op				
D3430	RETROGRADE FILLING - PER ROOT	Post-op				
D3450	ROOT AMPUTATION - PER ROOT	Pre-op				
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	Pre-op				
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT		X			
D4210	GINGIVECT/PLSTY 4/>CNTIG/BOUND TEETH SPACES-QUAD			X		
D4211	GINGIVECT/PLSTY 1-3 CNTIG/BOUND TEETH SPACE-QUAD			X		Add'l Teeth #
D4212	GINGIVECT/PLSTY TO ALLOW ACCESS FOR RESTORATIVE					
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD			X		
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT			X		
D4240	GINGL FLP PROC 4/> CONTIG/BOUND TEETH SPACE-QUAD			X		
D4241	GINGL FLP PROC 1-3 CONTIG/BOUND TEETH SPACE-QUAD			X		Add'l Teeth #
D4245	APICALLY POSITIONED FLAP					
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	X	X			Add'l Teeth #
D4260	OSSEOUS SURG 4/> CONTIG/BOUND TEETH SPACES-QUAD			X		
D4261	OSSEOUS SURG 1-3 CONTIG/BOUND TEETH SPACES-QUAD			X		Add'l Teeth #
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT			X		
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT			X		
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN			X		
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE			X		
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE			X		

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITESURGERY)		X			
D4273	SUBEPITHEL CONECTIVE TISSUE GRAFT PROC PER TOOTH		X			
D4275	SOFT TISSUE ALLOGRAFT		X			
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD			X		
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD			X		Add'l Teeth #
D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX					
D4910	PERIODONTAL MAINTENANCE					
D4920	UNSCHEDULED DRESSING CHANGE					
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT		X			
D5110	COMPLETE DENTURE - MAXILLARY					
D5120	COMPLETE DENTURE - MANDIBULAR					
D5130	IMMEDIATE DENTURE - MAXILLARY					
D5140	IMMEDIATE DENTURE - MANDIBULAR					
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE				X	
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE				X	
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE				X	
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE				X	
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)				X	
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)				X	
D5282	REMOV UNILAT PART DENTUR - 1 PIECE CAST METAL - MAXILLARY				x	
D5283	REMOV UNILAT PART DENTUR - 1 PIECE CAST METAL - MANDIBULAR				x	
D5410	ADJUST COMPLETE DENTURE - MAXILLARY				x	
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR					
D5421	ADJUST PARTIAL DENTURE - MAXILLARY					
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR					
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR					
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY					
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE					
D5611	REPAIR RESIN PARTIAL DENT BASE, MANDIBULAR					
D5612	REPAIR RESIN PARTIAL DENT BASE, MAXILLARY					
D5621	REPAIR CAST PATIAL FRAMEWORK, MANDIBULAR					
D5622	REPAIR CAST PATIAL FRAMEWORK, MAXILLARY					

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D5630	REPAIR OR REPLACE BROKEN CLASP					
D5640	REPLACE BROKEN TEETH - PER TOOTH					
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE					
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE					
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX				X	
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND				X	
D5710	REBASE COMPLETE MAXILLARY DENTURE					
D5711	REBASE COMPLETE MANDIBULAR DENTURE					
D5720	REBASE MAXILLARY PARTIAL DENTURE					
D5721	REBASE MANDIBULAR PARTIAL DENTURE					
D5730	RELIN COMPLETE MAXILLARY DENTURE CHAIRSIDE					
D5731	RELIN COMPLETE MANDIBULAR DENTURE CHAIRSIDE					
D5740	RELIN MAXILLARY PARTIAL DENTURE CHAIRSIDE					
D5741	RELIN MANDIBULAR PARTIAL DENTURE CHAIRSIDE					
D5750	RELIN COMPLETE MAXILLARY DENTURE LABORATORY					
D5751	RELIN COMPLETE MANDIBULAR DENTURE LABORATORY					
D5760	RELIN MAXILLARY PARTIAL DENTURE LABORATORY					
D5761	RELIN MANDIBULAR PARTIAL DENTURE LABORATORY					
D5820	INTERIM PARTIAL DENTURE MAXILLARY		X			
D5821	INTERIM PARTIAL DENTURE MANDIBULAR		X			
D5850	TISSUE CONDITIONING MAXILLARY					
D5851	TISSUE CONDITIONING MANDIBULAR					
D5860	OVERDENTURE - COMPLETE BY REPORT					
D5861	OVERDENTURE - PARTIAL BY REPORT					
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT		X			
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT		X			
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	X				
D6053	IMPL/ABUT SUPP REMV DENTUR CMPL EDNTULS ARCH	Post-op				
D6054	IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH	Post-op				
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	Post-op				
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	Post-op				
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	Post-op				
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	Post-op				

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	Post-op				
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	Post-op				
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	Post-op				
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	Post-op				
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	Post-op				
D6067	IMPLANT SUPPORTED METAL CROWN	Post-op				
D6068	ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD	Post-op				
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	Post-op				
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	Post-op				
D6071	ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD	Post-op				
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	Post-op				
D6073	ABUT RETAINR CAST METL FPD PREDOM BASE METL	Post-op				
D6074	ABUTMENT RETAINR CAST METAL FPD NOBLE METAL	Post-op				
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	Post-op				
D6076	IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD	Post-op				
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD	Post-op				
D6078	IMPLNT/ABUT SUPP FIXED DENTURE CMPL ENDENT ARCH	Post-op				
D6079	IMPL/ABUT SUPPORTED FIX DENTUR PART EDNTULS ARCH	Post-op				
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN					
D6093	RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE					
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	Post-op				
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular				X	
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary				X	
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	pre-op				
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD	Post-op				
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT		X			
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	X				
D6210	PONTIC - CAST HIGH NOBLE METAL	X				
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	X				
D6212	PONTIC - CAST NOBLE METAL	X				
D6214	PONTIC TITANIUM	X				
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	X				
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	X				

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	X				
D6245	PONTIC - PORCELAIN/CERAMIC	X				
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	X				
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	X				
D6252	PONTIC - RESIN WITH NOBLE METAL	X				
D6253	PROVISIONAL PONTIC	X	X			
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	X				
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	X				
D6600	INLAY-PORCELAIN/CERAMIC TWO SURFACES	X				
D6601	INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	X				
D6602	INLAY - CAST HIGH NOBLE METAL TWO SURFACES	X				
D6603	INLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	X				
D6604	INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	X				
D6605	INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	X				
D6606	INLAY - CAST NOBLE METAL TWO SURFACES	X				
D6607	INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	X				
D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	X				
D6609	ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	X				
D6610	ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	X				
D6611	ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	X				
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	X				
D6613	ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	X				
D6614	ONLAY - CAST NOBLE METAL TWO SURFACES	X				
D6615	ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	X				
D6624	INLAY TITANIUM	X				
D6634	ONLAY TITANIUM	X				
D6710	CROWN INDIRECT RESIN BASED COMPOSITE	X				
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	X				
D6721	CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE	X				
D6722	CROWN - RESIN WITH NOBLE METAL	X				
D6740	CROWN - PORCELAIN/CERAMIC	X				
D6750	CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE	X				
D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	X				

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	X				
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	X				
D6781	CROWN - 3/4 CAST PREDOMINATELY BASED METAL	X				
D6782	CROWN 3/4 CAST NOBLE METAL-DENTURE	X				
D6783	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE	X				
D6790	CROWN FULL CAST HIGH NOBLE METAL-DENTURE	X				
D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE	X				
D6792	CROWN FULL CAST NOBLE METAL-DENTURE	X				
D6793	PROVISIONAL RETAINER CROWN	X	X			
D6794	CROWN TITANIUM	X				
D6930	RECEMENT FIXED PARTIAL DENTURE					
D6940	STRESS BREAKER	X				
D6970	POST & CORE ADD FIXED PART DENTURE RETAINER FAB	X				
D6972	PREFAB POST&CORE ADD FIX PART DENTUR RETAIN	X				
D6973	CORE BUILD UP FOR RETAINER INCLUDING ANY PINS	X				
D6980	FIXED PARTIAL DENTURE REPAIR BY REPORT		X			
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT		X			
D7111	EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH					
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT					
D7210	REMOVAL OF ERUPTED TOOTH & BONE AND/OR SECTION OF TOOTH					
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE					
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY					
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY					
D7241	REMOV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS					Op Report
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS					
D7260	OROLANTRAL FISTULA CLOSURE					Op Report
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION					Op Report
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	X	X			
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	X				
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	X				
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH					ORTHO
D7285	BIOPSY OF ORAL TISSUE HARD					Path Report
D7286	BIOPSY OF ORAL TISSUE SOFT					Path Report

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D7290	SURGICAL REPOSITIONING OF TEETH					ORTHO Op report
D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR					ORTHO Op report
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD					
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD					Add'l Teeth #
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE					
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD					Add'l Teeth #
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM					Med EOB & Path Report
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM					Med EOB & Path Report
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM					Med EOB, Path & Op Reports
D7414	EXCISION OF MALIGNANT LESION > 1.25 CM					Med EOB, Path & Op Reports
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM					Med EOB, Path & Op Reports
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM					Med EOB, Path & Op Reports
D7450	REMOVAL BEN ODONTOGENIC CYST/TUMOR UP TO 1.25 CM					Med EOB, Path & Op Reports
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR > 1.25 CM					Med EOB, Path & Op Reports
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMOR UP TO 1.25 CM					Med EOB, Path & Op Reports
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM					Med EOB, Path & Op Reports
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD BY REPORT		X			
D7471	REMOVAL OF LATERAL EXOSTOSIS					Op Report
D7472	REMOVAL OF TORUS PALATINUS					Op Report
D7473	REMOVAL OF TORUS MANDIBULARIS					Op Report
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY					Op Report
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE					Med EOB, Path & Op Reports
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS					
D7511	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS-COMPLICATED					Op Report
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS					Op Report
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED					Med EOB, Path & Op Reports
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE					Med EOB, Path & Op Reports

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D7540	REMOV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS					Path Report & Op Report
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE					Path Report & Op Report
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB					Op Report
D7610	MAXILLA-OPEN REDUCTION					Med EOB & Op Report
D7620	MAXILLA-CLOSED REDUCTION					Med EOB & Op Report
D7630	MANDIBLE-OPEN REDUCTION					Med EOB & Op Report
D7640	MANDIBLE-CLOSED REDUCTION					Med EOB & Op Report
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION					Med EOB & Op Report
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION					Med EOB & Op Report
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH					Med EOB & Op Report
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH					Med EOB & Op Report
D7710	MAXILLA-OPEN REDUCTION					Med EOB & Op Report
D7720	MAXILLA-CLOSED REDUCTION					Med EOB & Op Report
D7730	MANDIBLE-OPEN REDUCTION					Med EOB & Op Report
D7740	MANDIBLE-CLOSED REDUCTION					Med EOB & Op Report
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION					Med EOB & Op Report
D7760	MALAR AND/OR ZYGOMATIC ARCH CLOSED REDUCTION					Med EOB & Op Report
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH					Med EOB & Op Report
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH					Med EOB & Op Report
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM					Med EOB & Op Report
D7960	FRENULECTOMY SEPARATE PROCEDURE		X			
D7963	FRENULOPLASTY		X			
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH		X			
D7971	EXCISION OF PERICORONAL GINGIVA		X			
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY					Med EOB & Op Report
D7980	SIALOLITHOTOMY					Med EOB & Op Report
D7983	CLOSURE OF SALIVARY FISTULA					Med EOB & Op Report
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT					Op Report
D8070	COMP ORTHODONTIC TX TRANSITIONAL DENTITION		X			ORTHO
D8210	REMOVABLE APPLIANCE THERAPY					ORTHO
D8220	FIXED APPLIANCE THERAPY					ORTHO
D8680	ORTHODONTIC RETENTION		X			ORTHO
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER					ORTHO

		Submission Requirements				
CODE	DESCRIPTION	X-RAY	NARRATIVE	PERIO	TOOTH CHART	OTHER
D8693	REBONDING/RECEMENTING; &/OR REPAIR FIXED RETAINR					ORTHO
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT		X			ORTHO
D9110	PALLIATIVE TREATMENT DENTAL PAIN - MINOR PROC		X			
D9120	FIXED PARTIAL DENTURE SECTIONING		X			
D9220	DEEP SEDATION/GENERAL ANESTHESIA-1ST 30 MINUTES					
D9222	DEEP SEDATION/GENERAL ANESTHESIA-1ST 15 MINUTES					
D9241	IV CONSCIOUS SEDATION/ANALG - 1ST 30 MINUTES					
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY		X			
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED		X			
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS		X			
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT		X			
D9974	INTERNAL BLEACHING - PER TOOTH	X				
D9999	UNSPEC ADJUNCTIVE PROC BR (07/2002) 00		X			