Fee-for-Service Coverage, Limitations and Prior Authorization Requirements for Dental Services for the Waiver for Individuals with Intellectual and Developmental Disabilities

- Effective January 1, 2023 -

In the following table:

00 = Prior authorization is not required.

*PA is required if service limitations are exceeded.

01 = Prior authorization is required.

Current Procedural Terminology (CPT) codes, descriptions, and data are copyrighted by the American Medical Association (AMA). All rights reserved.
CPT is a registered trademark ® of the AMA.
Current Dental Terminology © 2025 American Dental Association. All rights reserved.
FARS/DFARS apply.

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
DIAGNOSTIC AND PREVENTIVE (D0120-D1354)			
D0120	Periodic oral examination - Patient of Record	00	1 service unit per 6 rolling months
D0150	Comprehensive oral examination - New Patient	00	1 service unit per 12 rolling months
D0190	Screening of a patient	00	2 service units per 6 months
D0191	Assessment of a patient	00	2 service units per 6 months
D0210	Intraoral - Complete series of radiographic images	00	D0210 may not be billed on the same date of service as D0220 and/or D0230. Use code D0210 when providing 14 or more intraoral exams on the same date of service. 1 service unit (complete series) per 36 rolling months.
D0220	Intraoral - Periapical first radiographic image	00	1 service unit per 12 rolling months. D0220 may not be billed on the same date of service as D0210.
D0230	Intraoral - Periapical each additional radiographic image	00	12 units per rolling year. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and/or D0230 may be billed per rolling year.
D0240	Intraoral - Occlusal radiographic image	00	2 units per 12 rolling months
D0272	Bitewings - 2 Radiographic images	00	1 unit per 6 months

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
D0330	Panoramic radiographic image	00	1 service unit per 36 months
D0350	Oral/facial images	00	1 service unit per 12 rolling months, 1 unit covers an unlimited number of photos
D0470	Diagnostic casts	00	1 service unit per 12 rolling months
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	00	Coverage is limited to 1 of any of these procedures per 12 month(s). Coverage is limited to 1 examination per biopsy/excision.
D0474	Accession of tissue, gross and microscopic examination; including assessment of surgical margins for presence of disease, preparation and transmission of written report	00	Coverage is limited to 1 of any of these procedures per 12 month(s). Coverage is limited to 1 examination per biopsy/excision.
D1110	Prophylaxis - Adult	00	1 unit per 6 months
D1206	Topical application of fluoride varnish	00	1 unit per 6 months
D1208	Topical application of fluoride	00	1 unit per 6 months
D1351	Sealant - per tooth	00	1 per 60 months, limited to FULLY erupted permanent pre-molars and 1st and 2nd molars
D1353	Sealant repair - per tooth	00	1 unit per 36 months
D1354	Interim caries arresting medicament application per tooth	00	1 service unit per 6 months per tooth
RESTORATIVE (D2140-D2980)			
D2140	Amalgam-one surface only posterior - permanent teeth	00	1 unit per 36 months per tooth
D2150	Amalgam-two surfaces posterior - permanent teeth only	00	1 unit per 36 months per tooth
D2160	Amalgam- three surfaces posterior - permanent teeth only	00	1 unit per 36 months per tooth
D2161	Amalgam-four surfaces posterior - permanent teeth only	00	1 unit per 36 months per tooth
D2330	Resin-based composite, one surface, anterior	00	1 unit per 36 months per tooth
D2331	Resin-based composite, two surfaces, anterior	00	1 unit per 36 months per tooth

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
D2332	Resin-based composite, three surfaces, anterior	00	1 unit per 36 months per tooth
D2335	Resin-based composite, four or more surfaces or involving incisal angle, anterior	00	1 unit per 36 months per tooth
D2390	Resin-based composite crown, anterior	00	1 unit per 36 months per tooth
D2391	Resin-based composite, one surface, posterior	00	1 unit per 36 months per tooth
D2392	Resin-based composite, two surfaces, posterior	00	1 unit per 36 months per tooth
D2393	Resin-based composite, three surfaces, posterior	00	1 unit per 36 months per tooth
D2394	Resin-based composite - four surfaces, posterior, permanent teeth only	00	1 unit per 36 months per tooth
D2740	Crown - porcelain/ceramic	01	Once in a lifetime per tooth
D2751	Crown - porcelain fused to predominantly base metal	01	Once in a lifetime per tooth
D2791	Crown - full cast predominantly base metal	01	Once in a lifetime per tooth
D2920	Re-cement or re-bond crown	00	1 unit per 12 months per tooth
D2931	Prefabricated stainless steel crown, permanent tooth	00	Once in lifetime per tooth
D2932	Prefabricated resin crown (permanent teeth)	00	1 unit per 36 months per tooth
D2950	Core buildup, including any pins, in addition to crown	00	1 unit per 36 months per tooth
D2951	Pin retention, per tooth, in addition to restoration	00	2 units per 36 months per tooth
D2954	Prefabricated post and core in addition to crown	00	Once in a lifetime per tooth
ENDODONTICS (D3110-D3950)			
D3110	Pulp cap - direct (excluding final restoration)	00	1 unit per 36 months per tooth
D3220	Therapeutic pulpotomy (excluding final restoration) - permanent teeth only	00	1 unit per 36 months per tooth
D3222	Partial pulpotomy for apexogenesis	00	Once in a lifetime per tooth
D3310	Endodontic Therapy, anterior (excluding final restoration)	00	Once in a lifetime per tooth

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
D3320	Endodontic Therapy, bicuspid (excluding final restoration)	00	Once in a lifetime per tooth
D3330	Endodontic Therapy, molar (excluding final restoration)	00	Once in a lifetime per tooth
D3346	Retreatment of previous root canal therapy, anterior	00	Once in a lifetime per tooth
D3352	Apexification/recalcification, Interim Medication Replacement	00	Once in a lifetime per tooth
D3410	Apicoectomy, anterior	00	Once in a lifetime per tooth
D3430	Retrograde filling, per root	00	Once in a lifetime per tooth - multiple roots may be claimed; you must attach documentation to claim if multiple roots are involved on the same tooth
PERIODONTICS (D4210-D4910)			
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant	00	4 units per 60 months
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	00	4 units per 12 months
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	00	4 units per 12 months
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	00	4 units per 12 months
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	00	1 unit per 12 rolling months
D4910	Periodontal maintenance	00	1 unit per 3 months
D4999	Unspecified periodontal procedure, by report	00	None

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
PROSTHODONTICS (D5110-D5899)			
D5110	Complete denture, maxillary	00	1 unit per 60 months
D5120	Complete denture, mandibular	00	1 unit per 60 months
D5130	Immediate denture, maxillary	00	1 unit per 60 months
D5140	Immediate denture, mandibular	00	1 unit per 60 months
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	00	1 unit per 60 months
D5212	Mandibular partial denture, resin base (including any conventional clasps, rests and teeth)	00	1 unit per 60 months
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	00	1 unit per 60 months
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	00	1 unit per 60 months
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	00	1 unit per 60 months
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	00	1 unit per 60 months
D5511	Repair broken complete denture base, mandibular	00	1 unit per 60 months
D5512	Repair broken complete denture base, maxillary	00	1 unit per 60 months
D5520	Replace missing or broken tooth, complete denture/per tooth	00	1 unit per 60 months
D5611	Repair resin denture base, partial denture, mandibular	00	1 unit per 60 months
D5612	Repair resin partial denture base, maxillary	00	1 unit per 60 months

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
D5630	Repair or replace broken retentive/clasping materials, partial denture, per tooth	00	Contraindicated any provider, within 91 days
D5640	Replace missing or broken teeth, partial denture, per tooth	00	Contraindicated any provider, within 91 days
D5650	Add tooth to existing partial denture	00	Contraindicated any provider, within 91 days
D5660	Add clasp to existing partial denture – per tooth	00	Contraindicated any provider, within 91 days
D5750	Reline complete maxillary denture (indirect)	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5751	Reline complete mandibular denture (indirect)	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5760	Reline maxillary partial denture (indirect)	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5761	Reline mandibular partial denture (indirect)	00	1 unit per 6 months with a maximum of 6 units per 60 months
D5899	Unspecified removable prosthodontic procedure, by report	00	2 units per 60 months
ORAL AND MAXILLOFACIAL SURGERY (D7111-D7998)			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	00	Once in a lifetime, same tooth
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	00	Once in a lifetime, same tooth
D7220	Removal of impacted tooth – soft tissue	00	Once in a lifetime, same tooth
D7230	Removal of impacted tooth – partially bony	00	Once in a lifetime, same tooth
D7240	Removal of impacted tooth-completely bony	00	Once in a lifetime, same tooth
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	00	Once in lifetime, same tooth. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7250	Removal of residual tooth roots (cutting procedure)	00	Once in a lifetime

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
D7261	Primary closure of a sinus perforation	00	Contraindicated any provider, within 91 days. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	00	Contraindicated any provider, within 91 days
D7280	Exposure of an unerupted tooth	00	Once in a lifetime, same tooth
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	00	None
D7286	Incisional biopsy of oral tissue - soft	00	None
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	00	None
D7310	Alveoloplasty w/extraction - 4 or more teeth or tooth spaces, per quadrant	00	1 unit, per quadrant, in a lifetime. D7310 may not be billed on the same date of service as D7311 for the same quadrant.
D7311	Alveoloplasty w/extraction - 1-3 teeth or tooth spaces, per quadrant	00	1 unit, per quadrant, in a lifetime. D7311 may not be billed on the same date of service as D7310 for the same quadrant.
D7320	Alveoloplasty w/o Extraction - 4 or more teeth or tooth spaces, per quadrant	00	1 unit, per quadrant, in a lifetime. D7320 may not be billed on the same date of service as D7321 for the same quadrant.
D7321	Alveoloplasty not w/extractions - 1-3 teeth or tooth spaces, per quadrant	00	1 unit, per quadrant, in a lifetime. D7321 may not be billed on the same date of service as D7320 for the same quadrant.
D7510	Incision and drainage of abscess – intraoral soft tissue	00	Incidental already part of another procedure
D7910	Suture of recent small wounds up to 5 cm	00	None
D7961	Buccal / Labial Frenectomy (Frenulectomy)	00	Three in a lifetime
D7962	Lingual Frenectomy (Frenulectomy)	00	Three in a lifetime

Code	Short Description and Coverage	Service for Persons with IDD Age 21 Years and Older*	Service Limits
ADJUNCTIVE GENERAL SERVICES (D9110-D9994)			
D9110	Palliative (emergency) treatment of dental pain	00	1 service unit per patient, per day, same provider, and 2 units per 6 months
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	00	6 units per 12 rolling months
D9239	Intravenous moderate conscious sedation/analgesia – first 15 minutes	00	1 unit per day
D9243	Intravenous moderate conscious sedation/analgesia – each additional 15 minute increment	00	4 units per day
D9248	Non-intravenous conscious sedation	00	6 units per 12 rolling months
D9410	Dental house call	00	2 service units per 6 months. D9410 must document appropriate CDT code for primary dental services rendered.
D9420	Hospital call	00	None
D9440	Office visit – after regularly scheduled hours	00	None
D9944	Occlusal guard – hard appliance, full arch	00	1 unit per 36 months
D9945	Occlusal guard – soft appliance, full arch	00	1 unit per 36 months
D9946	Occlusal guard – hard appliance, partial arch	00	1 unit per 36 months
D9951	Occlusal adjustment – limited	00	Once in a lifetime
D9991	Dental case management- addressing appointment compliance barriers	00	1 unit per 6 months
D9992	Dental case management - care coordination	00	1 unit per 6 months
D9993	Dental case management - motivational interviewing	00	1 unit per 6 months
D9994	Dental case management - patient education to improve oral health literacy	00	1 unit per 6 months
D9997	Dental case management – patients with special health care needs	00	1 unit per 3 months
D9999	Unspecified adjunctive procedure, by report	00	1 unit per 6 months