

Dental Billing Guide

Aetna Better Health of Pennsylvania has no restrictions on the level of cleaning (including deep cleaning) regardless of age or anything else.

In this guide you will find coding tips for the following HEDIS and Pennsylvania Performance Measures (PAPM) surrounding oral health and prevention of oral health disease/tooth decay in an outpatient setting:

Annual Dental Visit (ADV) - The percentage of members 2–20 years of age who had at least one dental visit during the measurement year 1/1/2020-12/31/2020.

Adult Annual Dental Visit > 21 YEARS (AADV)

-This measure assesses two Medicaid populations that had at least one dental visit during the measurement year:

- The percentage of enrollees 21 years of age and above who were continuously enrolled during the calendar year.
- The percentage of women with a live birth as defined by the HEDIS® Prenatal and Postpartum Care (PPC) measure.

Dental Sealants for 6-9 year old Children at Elevated Risk for Dental Caries (SEAL) - The

percentage of enrolled children ages 6–9 at elevated risk of dental caries (i.e., “moderate” or “high”) who received a sealant on a permanent first molar tooth within the measurement year 1/1/2020-12/31/2020.

*Sealants satisfies all quality measures that the state requires including HEDIS.

Pennsylvania Oral Health Initiative (OHI)

Preventive Dental Measure - The percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, and who received at least one preventive dental service during the reporting period 1/1/2020-12/31/2020.

*Cleaning, Fluoride Varnish, tobacco cessation (if D1320 code is used), sealants are all preventive services that satisfy this PAPM.

Annual Dental Visits for Members with Developmental Disabilities (ADD) - The

percentage of Medicaid enrollees with a developmental disability age two through 20 years of age, that had at least one dental visit during the measurement year 1/1/20-12/31/2020.

Aetna Better Health of Pennsylvania 2020 Medicaid Dental Pay for Quality Program -

Provider Pay for Quality Programs are tied to capturing care administratively on claims. Measures in this guide that fall in to the program include the Annual Dental Visit (ADV).

In order to be eligible for the ADV Pay for Quality Incentive the following coding guidelines must be followed:

Care must be captured on claims and meet the following coding requirements: Two codes per visit submission are required to qualify:

Include one of the following codes:

- D0120 periodic oral evaluation – established patient
- D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 comprehensive oral evaluation – new or established patient

AND

Include one of the following procedure types:

- D1000 – D1999

Please reach out to Aetna Better Health of Pennsylvania’s Quality Management Department for additional information on Pay for Quality at - AetnaBetterHealthPAQM@aetna.com

*Payment for the P4Q program is dependent on the funding that the Pennsylvania Department of Human Services provides. Aetna Better Health reserves the right to end the P4Q program if funding becomes unavailable.

Please note - these are codes that can be submitted services provided that satisfy the HEDIS or Oral Health Pennsylvania Performance Measures (PAPM). Please refer to columns C through G for the specific performance measure(s) the codes will close quality gaps for. Aetna Better Health and Aetna Better Health Kids encourage providers to code fully for all services they provide to their patients.

Column A - Code

Column B - Service Description

Column C - Satisfies ADV HEDIS Measure (if services are performed by a dental practitioner)

Column D - Satisfies AADV PAPM Measure (if services are performed by a dental practitioner)

Column E - Satisfies SEAL PAPM Measure

Column F - Satisfies PA Oral Health Initiative (OHI) PAPM Preventive Dental Measure

Column G - Satisfies ADD PAPM Measure (if services are performed by a dental practitioner)

Column H - Satisfies ADV Pay for Quality (must accompany a code in column I on same claim/DOS to satisfy program)

Column I - Pay for Quality ADV Code Needed in addition to D1000-D1999 Code from column H for payment

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D0120	Periodic Oral Evaluation - Established Patient	X	X			X		X
D0140	Limited Oral Evaluation - Problem Focused	X	X			X		
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver (this is used in place of a comprehensive exam)	X				X		X
D0150	Comprehensive Oral Evaluation - New Or Established Patient	X	X			X		X
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	X	X			X		
D0170	Re-Evaluation - Limited, Problem Focused	X	X			X		
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	X	X			X		
D0210	Intraoral - Complete Series of Radiographic Images	X	X			X		
D0220	Intraoral - Periapical First Radiographic Image	X	X			X		
D0230	Intraoral - Periapical Each Additional Image	X	X			X		
D0240	Intraoral - Occlusal Radiographic Image	X	X			X		
D0250	Extraoral - 2D Projection Radiographic image	X	X			X		
D0270	Bitewing - Single Radiographic Image	X	X			X		
D0272	Bitewings - Two Radiographic Images	X	X			X		
D0273	Bitewings - Three Radiographic Images	X	X			X		
D0274	Bitewings - Four Radiographic Images	X	X			X		
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAMM	OHI PAMM	ADD PAMM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D0290	Posterior - Anterior Or Lateral Skull And Facial Bone Survey Radiographic Image	X	X			X		
D0330	Panoramic Radiographic Image	X	X			X		
D0340	2D Cephalometric Radiographic Image	X	X			X		
D0350	2D Oral/Facial Photographic Images	X	X			X		
D0351	3D Oral/Facial Photographic Images	X	X			X		
D0391	Interpretation Of Diagnostic Image	X	X			X		
D0412	Test For Diabetes	X	X			X		
D0422	Collection And Preparation Of Genetic Sample	X	X			X		
D0423	Genetic Test For Susceptibility To Diseases	X	X			X		
D0460	Pulp Vitality Tests	X	X			X		
D0470	Diagnostic Casts	X	X			X		
D0998	Anesthesia Encounter Payment - Do Not Use	X	X			X		
D0999	FQHC Encounter Payment/ Unspecified Diag. Proc.	X	X			X		
D1110	Prophylaxis - Adult	X	X		X	X	X	
D1120	Prophylaxis - Child	X			X	X	X	
D1206	Topical Application Of Fluoride Varnish	X	X		X	X	X	
D1208	Topical Application of Fluoride	X	X		X	X	X	
D1310	Nutritional Counseling For Control Of Dental Disease	X	X		X	X	X	
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	X	X		X	X	X	
D1351	Sealant - Per Tooth	X	X	X	X	X	X	
D1352	Preventive Resin Restoration	X	X		X	X	X	
D1353	Sealant Repair - Per Tooth	X	X		X	X	X	
D1354	Interim Caries Arresting Medicament Application - Per Tooth	X	X		X	X	X	
D1510	Space Maintainer - Fixed, Unilateral	X	X		X	X	X	
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	X	X		X	X	X	
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	X	X		X	X	X	
D1520	Space Maintainer - Removable, Unilateral	X	X		X	X	X	
D1526	Space Maintainer - Removable - Bilateral, Maxillary	X	X		X	X	X	
D1527	Space Maintainer - Removable - Bilateral, Mandibular	X	X		X	X	X	
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	X	X		X	X	X	

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	X	X		X	X	X	
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	X	X		X	X	X	
D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant	X	X		X	X	X	
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	X	X		X	X	X	
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	X	X		X	X	X	
D2140	Amalgam - One Surface, Primary Or Permanent	X	X			X		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	X	X			X		
D2160	Amalgam - Three Surfaces, Primary Or Permanent	X	X			X		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	X	X			X		
D2330	Resin-Based Composite - One Surface, Anterior	X	X			X		
D2331	Resin-Based Composite - Two Surfaces, Anterior	X	X			X		
D2332	Resin-Based Composite - Three Surfaces, Anterior	X	X			X		
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	X	X			X		
D2390	Resin-Based Composite Crown, Anterior	X	X			X		
D2391	Resin-Based Composite - One Surface, Posterior	X	X			X		
D2392	Resin-Based Composite - Two Surfaces, Posterior	X	X			X		
D2393	Resin-Based Composite - Three Surfaces, Posterior	X	X			X		
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	X	X			X		
D2430	Gold Foil - 3 Surfaces	X	X			X		
D2510	Inlay - Metallic - One Surface	X	X			X		
D2520	Inlay - Metallic - Two Surfaces	X	X			X		
D2530	Inlay - Metallic - Three Surfaces	X	X			X		
D2542	Onlay - Metallic - Two Surfaces	X	X			X		
D2543	Onlay - Metallic - Three Surfaces	X	X			X		
D2544	Onlay - Metallic - Four Or More Surfaces	X	X			X		

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A	B	C	D	E	F	G	H	I
D2610	Inlay - Porcelain/Ceramic - One Surface	X	X			X		
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	X	X			X		
D2630	Inlay - Porcelain/Ceramic - Three Surfaces	X	X			X		
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	X	X			X		
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	X	X			X		
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	X	X			X		
D2650	Inlay - Resin-Based Composite - One Surface	X	X			X		
D2651	Inlay - Resin-Based Composite - Two Surfaces	X	X			X		
D2652	Inlay - Resin-Based Composite - Three Surfaces	X	X			X		
D2662	Onlay - Resin-Based Composite - Two Surfaces	X	X			X		
D2663	Onlay - Resin-Based Composite - Three Surfaces	X	X			X		
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	X	X			X		
D2710	Crown - Resin-Based Composite (Indirect)	X	X			X		
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	X	X			X		
D2720	Crown - Resin With High Noble Metal	X	X			X		
D2721	Crown - Resin With Predominantly Base Metal	X	X			X		
D2722	Crown - Resin With Noble Metal	X	X			X		
D2740	Crown - Porcelain/Ceramic	X	X			X		
D2750	Crown - Porcelain Fused To High Noble Metal	X	X			X		
D2751	Crown - Porcelain Fused To Predominantly Base Metal	X	X			X		
D2752	Crown - Porcelain Fused To Noble Metal	X	X			X		
D2780	Crown - 3/4 Cast High Noble Metal	X	X			X		
D2781	Crown - 3/4 Cast Predominantly Base Metal	X	X			X		
D2782	Crown - 3/4 Cast Noble Metal	X	X			X		
D2783	Crown - 3/4 Porcelain/Ceramic	X	X			X		
D2790	Crown - Full Cast High Noble Metal	X	X			X		
D2791	Crown - Full Cast Predominantly Base Metal	X	X			X		
D2792	Crown - Full Cast Noble Metal	X	X			X		
D2794	Crown - Titanium And Titanium Alloys	X	X			X		
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	X	X			X		

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A	B	C	D	E	F	G	H	I
D2915	Re-Cement Or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core	X	X			X		
D2920	Re-Cement Or Re-Bond Crown	X	X			X		
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	X	X			X		
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	X	X			X		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	X	X			X		
D2932	Prefabricated Resin Crown	X	X			X		
D2933	Prefabricated Stainless Steel Crown With Resin Window	X	X			X		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	X	X			X		
D2940	Protective Restoration	X	X			X		
D2950	Core Buildup, Including Any Pins When Required	X	X			X		
D2951	Pin Retention - Per Tooth, In Addition To Restoration	X	X			X		
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	X	X			X		
D2954	Prefabricated Post And Core In Addition To Crown	X	X			X		
D2960	Labial Veneer (Resin Laminate) - Chairside	X	X			X		
D2971	Additional Procedures To Construct New Crown Under Existing Partial	X	X			X		
D2980	Crown Repair	X	X			X		
D2981	Inlay Repair	X	X			X		
D2983	Veneer Repair	X	X			X		
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	X	X			X		
D2999	Unspecified Restorative Procedure, By Report	X	X			X		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	X	X			X		
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	X	X			X		
D3220	Therapeutic Pulpotomy	X	X			X		
D3221	Pulpal Debridement - Primary And Permanent Teeth	X	X			X		
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	X	X			X		

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A	B	C	D	E	F	G	H	I
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	X	X			X		
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	X	X			X		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	X	X			X		
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	X	X			X		
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	X	X			X		
D3332	Incomplete Endodontic Therapy	X	X			X		
D3333	Internal Root Repair Of Perforation Defects	X	X			X		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	X	X			X		
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	X	X			X		
D3348	Retreatment Of Previous Root Canal Therapy - Molar	X	X			X		
D3351	Apexification/Recalcification - Initial Visit	X	X			X		
D3352	Apexification/Recalcification - Interim	X	X			X		
D3353	Apexification/Recalcification - Final Visit	X	X			X		
D3355	Pulpal Regeneration - Initial Visit	X	X			X		
D3356	Pulpal Regeneration - Interim Medication Replacement	X	X			X		
D3357	Pulpal Regeneration - Completion Of Treatment	X	X			X		
D3410	Apicoectomy - Anterior	X	X			X		
D3421	Apicoectomy - Premolar (First Root)	X	X			X		
D3425	Apicoectomy - Molar (First Root)	X	X			X		
D3426	Apicoectomy - Each Additional Root)	X	X			X		
D3427	Periradicular Surgery Without Apicoectomy	X	X			X		
D3430	Retrograde Filling - Per Root	X	X			X		
D3450	Root Amputation - Per Root	X	X			X		
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	X	X			X		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	X	X			X		
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D4212	Gingivectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	X	X			X		
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	X	X			X		
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	X	X			X		
D4245	Apically Positioned Flap	X	X			X		
D4249	Clinical Crown Lengthening - Hard Tissue	X	X			X		
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	X	X			X		
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	X	X			X		
D4263	Bone Replacement Graft - First Site In Quadrant	X	X			X		
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	X	X			X		
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	X	X			X		
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	X	X			X		
D4267	Guided Tissue Regeneration	X	X			X		
D4268	Surgical Revision Procedure, Per Tooth	X	X			X		
D4270	Pedicle Soft Tissue Graft Procedure	X	X			X		
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	X	X			X		
D4274	Distal Or Proximal Wedge Procedure	X	X			X		
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position	X	X			X		
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	X	X			X		
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	X	X			X		
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	X	X			X		
D4283	Autogenous Connective Tissue Graft Procedures, Each Additional	X	X			X		
D4285	Non-Autogenous Connective Tissue Graft, Each Additional	X	X			X		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	X	X			X		
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D4346	Scaling In Moderate Or Severe Gingival Inflammation	X	X			X		
D4355	Full Mouth Debridement	X	X			X		
D4910	Periodontal Maintenance	X	X			X		
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)	X	X			X		
D4921	Gingival Irrigation - Per Quadrant	X	X			X		
D4999	Unspecified Periodontal Procedure, By Report	X	X			X		
D5110	Complete Denture - Maxillary	X	X			X		
D5120	Complete Denture - Mandibular	X	X			X		
D5130	Immediate Denture - Maxillary	X	X			X		
D5140	Immediate Denture - Mandibular	X	X			X		
D5211	Maxillary Partial Denture - Resin Base	X	X			X		
D5212	Mandibular Partial Denture - Resin Base	X	X			X		
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	X	X			X		
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	X	X			X		
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	X	X			X		
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests And Teeth)	X	X			X		
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	X	X			X		
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including any Conventional Clasps, Rests And Teeth)	X	X			X		
D5225	Maxillary Partial Denture - Flexible Base	X	X			X		
D5226	Mandibular Partial Denture - Flexible Base	X	X			X		
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal - Maxillary	X	X			X		
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal - Mandibular	X	X			X		
D5410	Adjust Complete Denture - Maxillary	X	X			X		
D5411	Adjust Complete Denture - Mandibular	X	X			X		
D5421	Adjust Partial Denture - Maxillary	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D5422	Adjust Partial Denture - Mandibular	X	X			X		
D5511	Repair Broken Complete Denture Base - Mandibular	X	X			X		
D5512	Repair Broken Complete Denture Base - Maxillary	X	X			X		
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	X	X			X		
D5611	Repair Resin Partial Denture Base - Mandibular	X	X			X		
D5612	Repair Resin Partial Denture Base - Maxillary	X	X			X		
D5621	Repair Cast Partial Framework - Mandibular	X	X			X		
D5622	Repair Cast Partial Framework - Maxillary	X	X			X		
D5630	Repair Or Replace Broken Retentive/Clasping Materials - Per Tooth	X	X			X		
D5640	Replace Broken Teeth - Per Tooth	X	X			X		
D5650	Add Tooth To Existing Partial Denture	X	X			X		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	X	X			X		
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	X	X			X		
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	X	X			X		
D5710	Rebase Complete Maxillary Denture	X	X			X		
D5711	Rebase Complete Mandibular Denture	X	X			X		
D5720	Rebase Maxillary Partial Denture	X	X			X		
D5721	Rebase Mandibular Partial Denture	X	X			X		
D5730	Reline Complete Maxillary Denture (Chairside)	X	X			X		
D5731	Reline Complete Mandibular Denture (Chairside)	X	X			X		
D5740	Reline Maxillary Partial Denture (Chairside)	X	X			X		
D5741	Reline Mandibular Partial Denture (Chairside)	X	X			X		
D5750	Reline Complete Maxillary Denture (Laboratory)	X	X			X		
D5751	Reline Complete Mandibular Denture (Laboratory)	X	X			X		
D5760	Reline Maxillary Partial Denture (Laboratory)	X	X			X		
D5761	Reline Mandibular Partial Denture (Laboratory)	X	X			X		
D5850	Tissue Conditioning, Maxillary	X	X			X		
D5851	Tissue Conditioning, Mandibular	X	X			X		

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A	B	C	D	E	F	G	H	I
D5863	Overdenture - Complete Maxillary	X	X			X		
D5864	Overdenture - Partial Maxillary	X	X			X		
D5865	Overdenture - Complete Mandibular	X	X			X		
D5866	Overdenture - Partial Mandibular	X	X			X		
D5876	Add Metal Substructure To Acrylic Full Denture (Per Arch)	X	X			X		
D5899	Unspecified Removable Prosthodontic Procedure, By Report	X	X			X		
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report	X	X			X		
D5993	Maintenance And Cleaning Of A Maxillofacial Prosthesis (Extra Or Intraoral)	X	X			X		
D5999	Unspecified Maxillofacial Prosthesis, By Report	X	X			X		
D6010	Surgical Placement Of Implant Body: Endosteal Implant	X	X			X		
D6012	Surgical Placement Of Interim Implant Body: Endosteal Implant	X	X			X		
D6040	Surgical Placement: Eosteal Implant	X	X			X		
D6050	Surgical Placement: Transosteal Implant	X	X			X		
D6055	Connecting Bar - Implant Supported Or Abutment Supported	X	X			X		
D6056	Prefabricated Abutment - Includes Modification And Placement	X	X			X		
D6057	Custom Fabricated Abutment - Includes Placement	X	X			X		
D6058	Abutment Supported Porcelain/Ceramic Crown	X	X			X		
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	X	X			X		
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	X	X			X		
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	X	X			X		
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	X	X			X		
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	X	X			X		
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	X	X			X		
D6065	Implant Supported Porcelain/ Ceramic Crown	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D6066	Implant Supported Crown - Porcelain Fused To Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	X	X			X		
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	X	X			X		
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	X	X			X		
D6069	Abutment Supported Retainer For Porcelain Fused To Metal FPD (High Noble Metal)	X	X			X		
D6070	Abutment Supported Retainer For Porcelain Fused To Metal FPD (Base Metal)	X	X			X		
D6071	Abutment Supported Retainer For Porcelain Fused To Metal FPD (Noble Metal)	X	X			X		
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	X	X			X		
D6073	Abutment Supported Retainer For Cast Metal FPD (Base Metal)	X	X			X		
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	X	X			X		
D6075	Implant Supported Retainer For Ceramic FPD	X	X			X		
D6076	Implant Supported Retainer For Porcelain Fused To Metal FPD	X	X			X		
D6077	Implant Supported Retainer For Cast Metal FPD - High Noble Alloys	X	X			X		
D6080	Implant Maintenance Procedures, Including Removal And Reinsertion Of Prosthesis	X	X			X		
D6090	Repair Implant Supported Prosthesis, By Report	X	X			X		
D6091	Replacement Of Semi-Precision Or Precision Attachment	X	X			X		
D6095	Repair Implant Abutment, By Report	X	X			X		
D6100	Implant Removal, By Report	X	X			X		
D6101	Debridement Of A Peri-Implant Defect And Surface Cleaning	X	X			X		
D6102	Debridement/Osseous Contouring Of Peri-Implant Defect; Includes Surface Cleaning	X	X			X		
D6103	Bone Graft For Repair Of Peri-Implant Defect - Not Including Flap Entry/Closure	X	X			X		
D6104	Bone Graft At Time Of Implant Placement	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D6110	Implant/Abutment Supported Removable Denture For Edentulous Maxillary Arch	X	X			X		
D6111	Implant/Abutment Supported Removable Denture For Edentulous Mandibular Arch	X	X			X		
D6112	Implant/Abutment Supported Removable Denture - Partially Edentulous Maxillary Arch	X	X			X		
D6113	Implant/Abutment Supported Removable Denture - Partially Edentulous Mand. Arch	X	X			X		
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Maxillary Arch	X	X			X		
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Mandibular Arch	X	X			X		
D6116	Implant/Abutment Supported Fixed Denture - Partially Edentulous Maxillary Arch	X	X			X		
D6117	Implant/Abutment Supported Fixed Denture - Partially Edentulous Mandibular Arch	X	X			X		
D6190	Radiographic/Surgical Implant Index, By Report	X	X			X		
D6210	Pontic - Cast High Noble Metal	X	X			X		
D6211	Pontic - Cast Predominantly Base Metal	X	X			X		
D6212	Pontic - Cast Noble Metal	X	X			X		
D6214	Pontic - Titanium And Titanium Alloys	X	X			X		
D6240	Pontic - Porcelain Fused To High Noble Metal	X	X			X		
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	X	X			X		
D6242	Pontic - Porcelain Fused To Noble Metal	X	X			X		
D6245	Pontic - Porcelain/Ceramic	X	X			X		
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	X	X			X		
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	X	X			X		
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	X	X			X		
D6740	Retainer Crown - Porcelain/Ceramic	X	X			X		
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	X	X			X		
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	X	X			X		
D6752	Retainer Crown - Porcelain Fused To Noble Metal	X	X			X		
D6780	Retainer Crown - 3/4 Cast High Noble Metal	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAPM	OHI PAPM	ADD PAPM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	X	X			X		
D6782	Retainer Crown - 3/4 Cast Noble Metal	X	X			X		
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	X	X			X		
D6790	Retainer Crown - Full Cast High Noble Metal	X	X			X		
D6791	Retainer Crown - Full Cast Predominantly Base Metal	X	X			X		
D6792	Retainer Crown - Full Cast Noble Metal	X	X			X		
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	X	X			X		
D6980	Fixed Partial Denture Repair	X	X			X		
D7111	Extraction, Coronal Remnants - Primary Tooth	X	X			X		
D7140	Extraction, Erupted Tooth Or Exposed Root	X	X			X		
D7210	Extraction, Erupted Tooth Requiring Removal of Bone And/OR Sectioning Of Tooth	X	X			X		
D7220	Removal Of Impacted Tooth - Soft Tissue	X	X			X		
D7230	Removal Of Impacted Tooth - Partially Bony	X	X			X		
D7240	Removal Of Impacted Tooth - Completely Bony	X	X			X		
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	X	X			X		
D7250	Removal Of Residual Tooth (Cutting Procedure)	X	X			X		
D7251	Coronectomy - Intentional Partial Tooth Removal	X	X			X		
D7260	Oroantral Fistula Closure	X	X			X		
D7261	Primary Closure Of Sinus Perforation	X	X			X		
D7270	Reimplantation And/OR Stabilization Of Accidentally Evulsed/Displaced Tooth	X	X			X		
D7280	Exposure of an Unerupted Tooth	X	X			X		
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	X	X			X		
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	X	X			X		
D7288	Brush Biopsy - Transepithelial Sample Collection	X	X			X		
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	X	X			X		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAPM	SEAL PAM	OHI PAM	ADD PAM	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	X	X			X		
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	X	X			X		
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	X	X			X		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	X	X			X		
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	X	X			X		
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	X	X			X		
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	X	X			X		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	X	X			X		
D7472	Removal Of Torus Palatinus	X	X			X		
D7473	Removal Of Torus Mandibularis	X	X			X		
D7485	Reduction Of Osseous Tuberosity	X	X			X		
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	X	X			X		
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	X	X			X		
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	X	X			X		
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated	X	X			X		
D7871	Non-Arthroscopic Lysis And Lavage	X	X			X		
D7910	Suture Of Recent Small Wounds Up To 5 Cm	X	X			X		
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	X	X			X		
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure	X	X			X		
D7970	Excision Of Hyperplastic Tissue - Per Arch	X	X			X		
D7971	Excision Of Pericoronal Gingiva	X	X			X		
D7999	Unspecified Oral Surgery Procedure, By Report	X	X			X		
D8010	Limited Orthodontic Treatment Of The Primary Dentition	X	X			X		
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	X	X			X		

Code	Service Description	ADV HEDIS	AADV PAMP	SEAL PAMP	OHI PAMP	ADD PAMP	ADV Pay for Quality	Pay for Quality ADV Code Needed
A	B	C	D	E	F	G	H	I
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	X	X			X		
D8040	Limited Orthodontic Treatment Of The Adult Dentition	X	X			X		
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	X	X			X		
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	X	X			X		
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	X	X			X		
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	X	X			X		
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	X	X			X		
D8210	Removable Appliance Therapy	X	X			X		
D8220	Fixed Appliance Therapy	X	X			X		
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	X	X			X		
D8670	Periodic Orthodontic Treatment Visit	X	X			X		
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	X	X			X		
D8999	Unspecified Orthodontic Procedure, By Report	X	X			X		
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	X	X			X		
D9130	Temporomandibular Joint Dysfunction - Non-invasive Physical Therapies	X	X			X		
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	X	X			X		
D9223	Deep Sedation/General Anesthesia - Each subsequent 15 Minute Increment	X	X			X		
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	X	X			X		
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	X	X			X		
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	X	X			X		
D9248	Non-Intravenous Conscious Sedation	X	X			X		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	X	X			X		
D9610	Therapeutic Parenteral Drug, Single Administration	X	X			X		
D9613	Sustained Release Therapeutic Drug	X	X			X		

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A	B	C	D	E	F	G	H	I
D9920	Behavior Management, By Report	X	X			X		
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	X	X			X		
D9932	Cleaning And Inspection of Removable Complete Denture, Maxillary	X	X			X		
D9933	Cleaning And Inspection of Removable Complete Denture, Mandibular	X	X			X		
D9934	Cleaning And Inspection of Removable Partial Denture, Maxillary	X	X			X		
D9935	Cleaning And Inspection of Removable Partial Denture, Mandibular	X	X			X		
D9943	Occlusal Guard Adjustment	X	X			X		
D9944	Occlusal Guard Hard Appliance, Full Arch	X	X			X		
D9945	Occlusal Guard Soft Appliance, Full Arch	X	X			X		
D9946	Occlusal Guard Hard Appliance, Partial Arch	X	X			X		
D9961	Duplicate/Copy Patient's Records	X	X			X		
D9990	Translation Services	X	X			X		
D9999	Unspecified Adjunctive Procedure, By Report	X	X			X		



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