



Alabama Medicaid Fee Schedule Dental

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Units are subject to change upon Agency review

Inclusion or exclusion of a procedure code, supply, product or service does not imply Medicaid coverage, reimbursement, or lack thereof. The fee schedules located on the Alabama Medicaid website are prepared as tools to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. This list is published as a guide to information regarding coverage and reimbursement amounts.

Verify current coverage and reimbursement amounts through the Automated Voice Response System (AVRS) by calling 1-800-727-7848. AVRS is addressed in Appendix L in the Provider Manual.

There may be other restrictions to a procedure code not available from AVRS. Please consult the Provider Manual or call the Provider Assistance Center at 1-800-688-7989.

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If a procedure is not marked Y for PA, it will still require Prior Authorization if the service is performed at POS 19, 21, 22, 24, or 31

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unit Type	Time	Time Type
D0120	PERIODIC ORAL EVALUATION		20		1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D0120	PERIODIC ORAL EVALUATION		20		1	INITIAL AND PERIODIC ORAL EXAM LIMIT	Both	1	Units	6	Calendar Months
D0140	LIMIT ORAL EVAL PROBLM FOCUS		30.45		1	LIMITATION AUDIT FOR D0140	Both	3	Units	1	Calendar Years
D0145	ORAL EVALUATION, PT < 3YRS		26.4		1	DENTAL ORAL EVALUATION < 3 YRS (D0145) LIMIT	Both	1	Units	999	Calendar Years
D0150	COMPREHENSVE ORAL EVALUATION		32.8		1	INITIAL AND PERIODIC ORAL EXAM LIMIT	Both	1	Units	6	Calendar Months
D0150	COMPREHENSVE ORAL EVALUATION		32.8		1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D0150	COMPREHENSVE ORAL EVALUATION		32.8		1	INITIAL DENTAL EXAM CONTRA	Both	1	Units	999	Months
D0210	INTRAOR COMPREHENSIVE SERIES		63		1	FULL SERIES/PANORAMIC X-RAY LIMIT	Both	1	Units	3	Calendar Years
D0210	INTRAOR COMPREHENSIVE SERIES		63		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER 6 CAL MO	Both	1	Units	6	Calendar Months
D0220	INTRAORAL PERIAPICAL FIRST		11.55		1	DENTAL PERIAPICAL X-RAYS - LIMIT 5 PER CAL YEAR	Both	5	Units	1	Calendar Years
D0220	INTRAORAL PERIAPICAL FIRST		11.55		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D0230	INTRAORAL PERIAPICAL EA ADD		10.5		1	DENTAL PERIAPICAL X-RAYS - LIMIT 5 PER CAL YEAR	Both	5	Units	1	Calendar Years
D0230	INTRAORAL PERIAPICAL EA ADD		10.5		1	DENTAL PERIAPICAL X-RAY LIMIT	Both	4	Units	1	Days
D0240	INTRAORAL OCCLUSAL FILM		18.9		1	DENTAL INTRAORAL OCCLUSAL FILM - LIMIT 2 PER CAL Y	Both	2	Units	1	Calendar Years
D0250	EXTRAORAL 2D PROJECT IMAGE		22.05		999						
D0272	DENTAL BITEWINGS TWO IMAGES		18.9		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER CAL YEAR	Both	1	Units	1	Calendar Years
D0272	DENTAL BITEWINGS TWO IMAGES		18.9		1	DENTAL PERIAPICAL X-RAY LIMIT	Both	4	Units	1	Days
D0274	BITEWINGS FOUR IMAGES		25.2		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER CAL YEAR	Both	1	Units	1	Calendar Years
D0274	BITEWINGS FOUR IMAGES		25.2		1	DENTAL PERIAPICAL X-RAY LIMIT	Both	4	Units	1	Days
D0330	PANORAMIC IMAGE		52.8		1	FULL SERIES/PANORAMIC X-RAY LIMIT	Both	1	Units	3	Calendar Years
D0470	DIAGNOSTIC CASTS		54 Y		1						
D0999	UNSPECIFIED DIAGNOSTIC PROCE		10		1						
D1110	DENTAL PROPHYLAXIS ADULT		40		1	DENTAL PROPHYLAXIS LIMITATION	Both	1	Units	6	Calendar Months
D1120	DENTAL PROPHYLAXIS CHILD		29.4		1	DENTAL PROPHYLAXIS LIMITATION	Both	1	Units	6	Calendar Months
D1206	TOPICAL FLUORIDE VARNISH		26.1		1	DENTAL FLOURIDE VARN < 3YRS - LIMIT 3 PER CAL YEAR	Both	3	Units	1	Calendar Years
D1206	TOPICAL FLUORIDE VARNISH		26.1		1	DENTAL FLOURIDE VARNISH < 3YRS - LIMIT 6 TOTAL	Both	6	Units	36	Months
D1206	TOPICAL FLUORIDE VARNISH		26.1		1	DENTAL FLOURIDE VAR FREQ < 3 YRS- LMT 1 PER 90 DAY	Both	1	Units	90	Days
D1206	TOPICAL FLUORIDE VARNISH		26.1		1	DENTAL FLOURIDE VARNISH > 3 YRS - LMT 1 PER YEAR	Both	1	Units	1	Calendar Years
D1208	TOPICAL APP FLUORID EX VRNSH		15		1	DENTAL FLUORIDE LIMITATION	Both	1	Units	6	Calendar Months
D1351	DENTAL SEALANT PER TOOTH		26		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D1354	INT CARIES MED APP PER TOOTH		40		1	DENTAL INT CARIES LIMIT 5 PER 6 CAL MONTHS	Both	5	Units	6	Calendar Months
D1354	INT CARIES MED APP PER TOOTH		40		1	DENTAL LIMIT FOUR PER TOOTH PER LIFETIME	Same	4	Units	999	Months
D1510	SPACE MAINTAINER FXD UNILAT		164.85		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D1510	SPACE MAINTAINER FXD UNILAT		164.85		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1516	FIXED BILAT SPACE MAINT, MAX		271		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1516	FIXED BILAT SPACE MAINT, MAX		271		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D1516	FIXED BILAT SPACE MAINT, MAX		271		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D1517	FIXED BILAT SPACE MAINT, MAN		271		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D1517	FIXED BILAT SPACE MAINT, MAN		271		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D1517	FIXED BILAT SPACE MAINT, MAN		271		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1520	REMOVE UNILAT SPACE MAINTAIN		157.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D1520	REMOVE UNILAT SPACE MAINTAIN		157.6		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1526	REMOVE BILAT SPACE MAIN, MAX		243.2		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1526	REMOVE BILAT SPACE MAIN, MAX		243.2		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days

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Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unit Type	Time	Time Type
D1526	REMOVE BILAT SPACE MAIN, MAX		243.2		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D1527	REMOVE BILAT SPACE MAIN, MAN		243.2		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1527	REMOVE BILAT SPACE MAIN, MAN		243.2		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D1527	REMOVE BILAT SPACE MAIN, MAN		243.2		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D1551	RECEMENT SPACE MAINT - MAX		35		1						
D1552	RECEMENT SPACE MAINT - MAN		35		1						
D1553	RECEMENT UNILAT SPACE MAINT		35		1						
D1999	UNSPECIFIED PREVENTIVE PROC		725		999	DENTAL PROCEDURE D1999 LIMITED TO 1 PER DAY	Same	1	Units	1	Days
D2140	AMALGAM ONE SURFACE PERMANEN		53.6		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2140	AMALGAM ONE SURFACE PERMANEN		53.6		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2150	AMALGAM TWO SURFACES PERMANE		66.4		999	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2150	AMALGAM TWO SURFACES PERMANE		66.4		999	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2160	AMALGAM THREE SURFACES PERMA		76.65		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2160	AMALGAM THREE SURFACES PERMA		76.65		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2161	AMALGAM 4 OR > SURFACES PERM		92		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2161	AMALGAM 4 OR > SURFACES PERM		92		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2330	RESIN ONE SURFACE-ANTERIOR		64.9		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2330	RESIN ONE SURFACE-ANTERIOR		64.9		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2331	RESIN TWO SURFACES-ANTERIOR		79.2		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2331	RESIN TWO SURFACES-ANTERIOR		79.2		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2332	RESIN THREE SURFACES-ANTERIO		93.6		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2332	RESIN THREE SURFACES-ANTERIO		93.6		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2335	RESIN 4/> SURF OR W INCIS AN		110.4		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2335	RESIN 4/> SURF OR W INCIS AN		110.4		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2391	POST 1 SRFC RESINBASED CMPST		76		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2391	POST 1 SRFC RESINBASED CMPST		76		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2392	POST 2 SRFC RESINBASED CMPST		91.2		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2392	POST 2 SRFC RESINBASED CMPST		91.2		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2393	POST 3 SRFC RESINBASED CMPST		113.6		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2393	POST 3 SRFC RESINBASED CMPST		113.6		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2394	POST >=4SRFC RESINBASE CMPST		138.4		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2394	POST >=4SRFC RESINBASE CMPST		138.4		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2740	CROWN PORCELAIN/CERAMIC		537.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2740	CROWN PORCELAIN/CERAMIC		537.6		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2740	CROWN PORCELAIN/CERAMIC		537.6		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2750	CROWN PORCELAIN W/ H NOBLE M		511.2		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2750	CROWN PORCELAIN W/ H NOBLE M		511.2		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2750	CROWN PORCELAIN W/ H NOBLE M		511.2		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2751	CROWN PORCELAIN FUSED BASE M		469.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2751	CROWN PORCELAIN FUSED BASE M		469.6		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2751	CROWN PORCELAIN FUSED BASE M		469.6		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2752	CROWN PORCELAIN W/ NOBLE MET		480.8		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2752	CROWN PORCELAIN W/ NOBLE MET		480.8		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2752	CROWN PORCELAIN W/ NOBLE MET		480.8		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2791	CROWN FULL CAST BASE METAL		465.3		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2792	CROWN FULL CAST NOBLE METAL		469.6		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2792	CROWN FULL CAST NOBLE METAL		469.6		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2792	CROWN FULL CAST NOBLE METAL		469.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2920	RE-CEMENT OR RE-BOND CROWN		43		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2930	PREFAB STNLSS STEEL CRWN PRI		121.5		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2930	PREFAB STNLSS STEEL CRWN PRI		121.5		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2930	PREFAB STNLSS STEEL CRWN PRI		121.5		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2930	PREFAB STNLSS STEEL CRWN PRI		121.5		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2931	PREFAB STNLSS STEEL CROWN PE		127.2		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2931	PREFAB STNLSS STEEL CROWN PE		127.2		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months

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D2931	PREFAB STNLSS STEEL CROWN PE		127.2		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2931	PREFAB STNLSS STEEL CROWN PE		127.2		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2932	PREFABRICATED RESIN CROWN		136		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOO	Both	1	Units	6	Months
D2932	PREFABRICATED RESIN CROWN		136		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFAC	Both	1	Units	12	Months
D2932	PREFABRICATED RESIN CROWN		136		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2932	PREFABRICATED RESIN CROWN		136		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2940	PLACE DIRECT RESTORATION		47		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS		108.9		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS		108.9		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2950	CORE BUILD-UP INCL ANY PINS		108.9		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2951	TOOTH PIN RETENTION		33		1						
D2952	POST AND CORE CAST + CROWN		170.4		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2952	POST AND CORE CAST + CROWN		170.4		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2952	POST AND CORE CAST + CROWN		170.4		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2953	EACH ADDTNL CAST POST		145		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2953	EACH ADDTNL CAST POST		145		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN		138.6		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN		138.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN		138.6		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2957	EACH ADDTNL PREFAB POST		99		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2957	EACH ADDTNL PREFAB POST		99		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3110	PULP CAP DIRECT		33.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3120	PULP CAP INDIRECT		27.2		999	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3220	THERAPEUTIC PULPOTOMY		82		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3220	THERAPEUTIC PULPOTOMY		82		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3230	PULPAL THERAPY ANTERIOR PRIM		131		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3240	PULPAL THERAPY POSTERIOR PRI		157		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3310	END THXPY, ANTERIOR TOOTH		477.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3310	END THXPY, ANTERIOR TOOTH		477.6		1	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3310	END THXPY, ANTERIOR TOOTH		477.6		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3320	END THXPY, PREMOLAR TOOTH		554.4		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3320	END THXPY, PREMOLAR TOOTH		554.4		1	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3320	END THXPY, PREMOLAR TOOTH		554.4		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3330	END THXPY, MOLAR TOOTH		660		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3330	END THXPY, MOLAR TOOTH		660		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3332	INCOMPLETE ENDODONTIC TX		177	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3351	APEXIFICATION/RECALC INITIAL		184.8		1						
D3410	APICOECTOMY - ANTERIOR		327.2	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D3430	RETROGRADE FILLING		145	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D4341	PERIODONTAL SCALING & ROOT		129.15	Y	1						
D4355	FULL MOUTH DEBRIDEMENT		73.6	Y	1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D4910	PERIODONTAL MAINT PROCEDURES		66.4	Y	1						
D5110	DENTURES COMPLETE MAXILLARY		624	Y	1						
D5120	DENTURES COMPLETE MANDIBLE		624	Y	1						
D5213	DENTURES MAXILL PART METAL		555	Y	1						
D5214	DENTURES MANDIBL PART METAL		548	Y	1						
D5282	REMOVE UNIL PART DENTURE,MAX		360	Y	1						
D5283	REMOVE UNIL PART DENTURE,MAN		360	Y	1						
D6212	BRIDGE NOBLE METAL CAST		338	Y	1						
D6240	BRIDGE PORCELAIN HIGH NOBLE		493.6	Y	1						
D6241	BRIDGE PORCELAIN BASE METAL		340	Y	1						
D6242	BRIDGE PORCELAIN NOBEL METAL		365.4	Y	1						
D6245	BRIDGE PORCELAIN/CERAMIC		537.6	Y	1						
D6740	CROWN PORCELAIN/CERAMIC		537.6	Y	2						
D6750	CROWN PORCELAIN HIGH NOBLE		509.6	Y	1						

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D6751	CROWN PORCELAIN BASE METAL		341	Y	1						
D6752	CROWN PORCELAIN NOBLE METAL		362.25	Y	1						
D6792	CROWN FULL NOBLE METAL CAST		328	Y	1						
D7140	EXTRACTION ERUPTED TOOTH/EXR		64		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7140	EXTRACTION ERUPTED TOOTH/EXR		64		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D7140	EXTRACTION ERUPTED TOOTH/EXR		64		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D7210	REM IMP TOOTH W MUCOPER FLP		109.6		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7220	IMPACT TOOTH REMOV SOFT TISS		148.05		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7230	IMPACT TOOTH REMOV PART BONY		189		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7240	IMPACT TOOTH REMOV COMP BONY		222.6	Y	2	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7241	IMPACT TOOTH REM BONY W/COMP		269.6	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7250	TOOTH ROOT REMOVAL		115.2		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7270	TOOTH REIMPLANTATION		220.5		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7280	EXPOSURE OF UNERUPTED TOOTH		199.2		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFE	Same	1	Units	999	Months
D7285	BIOPSY OF ORAL TISSUE HARD		398.4		1						
D7286	BIOPSY OF ORAL TISSUE SOFT		170.4		1						
D7410	RAD EXC LESION UP TO 1.25 CM		90		1						
D7450	REM ODONTOGEN CYST TO 1.25CM		75		1						
D7451	REM ODONTOGEN CYST > 1.25 CM		100		1						
D7460	REM NONODONTO CYST TO 1.25CM		75		1						
D7461	REM NONODONTO CYST > 1.25 CM		125		1						
D7471	REM EXOSTOSIS ANY SITE		422.4		1						
D7510	I&D ABSC INTRAORAL SOFT TISS		85		1						
D7520	I&D ABSCCESS EXTRAORAL		56		1						
D7610	MAXILLA OPEN REDUCT SIMPLE		117		1						
D7620	CLSD REDUCT SIMPL MAXILLA FX		209		1						
D7630	OPEN RED SIMPL MANDIBLE FX		550		1						
D7640	CLSD RED SIMPL MANDIBLE FX		550		1						
D7820	CLOSED TMP MANIPULATION		25		1						
D7911	DENTAL SUTURE WOUND TO 5 CM		465.6		1						
D7961	BUCCAL/LABIAL FRENECTOMY		148		1						
D7962	LINGUAL FRENECTOMY		148		1						
D7970	EXCISION HYPERPLASTIC TISSUE		133	Y	1						
D7971	EXCISION PERICORONAL GINGIVA		84.8		1						
D8080	COMPRE DENTAL TX ADOLESCENT		1000	Y	1						
D8680	ORTHODONTIC RETENTION		420	Y	1						
D9110	PALLIATIVE TX DENTAL PAIN		42		1						
D9222	DEEP ANEST, 1ST 15 MIN		160		1						
D9223	GENERAL ANESTH EA ADDL 15 MI		120		2						
D9230	ANALGESIA		27.2		1						
D9239	IV MOD SEDATION, 1ST 15 MIN		93.6		1						
D9243	IV SEDATION EA ADDL 15M		93.6		1						
D9310	DENTAL CONSULTATION		80.8	Y	1						
D9430	OFFICE VISIT DURING HOURS		0.01		1	FQHC DENTAL ENCOUNTER CONTRA (D9430)	Both	1	Units	1	Days
D9610	DENT THERAPEUTIC DRUG INJECT		9	Y	1						
D9612	THERA PAR DRUGS 2 OR > ADMIN		9	Y	1						
D9999	ADJUNCTIVE PROCEDURE		0		999						