

2024 List of Covered Dental Procedures

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
	Diagnostic (Exams or Preventive Oral Exams)		
D0120	Periodic oral evaluation	Two (D0120, D0160, D0170) every 12 months, per patient	Preventive
D0140	Limited oral evaluation	3 per 12 months not allowed with routine services	Preventive
D0150	Comprehensive oral exam	One of (D0150, D0180) every 36 months, per provider or location. One of D0120, D0150, D0180 per 6 months per provider or location.	Preventive
D0160	Extensive oral exam problem focused	Two (D0120, D0160, D0170) every 12 months, per patient	Preventive
D0170	Re-evaluation-limited problem focused	Two (D0120, D0160, D0170) every 12 months, per patient	Preventive
D0180	Comprehensive periodontal evaluation	One of (D0150, D0180) every 36 months, per provider or location. One of D0120, D0150, D0180 per 6 months per provider or location.	Preventive
	Radiographs (Dental-X-rays)		
D0210	Intraoral-complete series	One of (D0210, D0330, D0277) every 36 months, per patient	Preventive
D0220	Intraoral periapical-1st radiographic image	One of D0220, per date of service.	Preventive
D0230	Intraoral periapical-each additional radiographic image		Preventive
D0240	Intraoral occlusal radiographic image	Two per 24 months	Preventive
D0270	Bitewing-single radiographic image	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	Preventive
D0272	Bitewing-two radiographic images	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	Preventive
D0273	Bitewing-three radiographic images	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	Preventive
D0274	Bitewing-four radiographic images	One of (D0270, D0272, D0273, D0274) every 12 months, per patient	Preventive

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D0277	Vertical bitewings-7 to 8 radiographic images	One of (D0210, D0330, D0277) every 36 months, per patient	Preventive
D0330	Panoramic radiographic image	One of (D0210, D0330, D0277) every 36 months, per patient	Preventive
Preventive (Cleanings)			
D1110	Phrophylaxis-adult	Two of (D1110, D4346, D4910) every 12 months	Preventive
Fluoride			
D1206	Topical application of fluoride varnish	2 of (D1206, D1208, D9910) per 12 months	Preventive
D1208	Topical application of fluoride	2 of (D1206, D1208, D9910) per 12 months	Preventive
Basic Restorative (Fillings)			
D2140	Amalgam - one surface, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2150	Amalgam - two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2160	Amalgam - three surfaces, primary or permanent teeth	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative

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D2161	Amalgam - four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
	Resin Restorative (Fillings)		
D2330	Resin based composite-1 surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2331	Resin based composite-2 surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2332	Resin based composite-3 surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative

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D2335	Resin based composite-4+ surfaces or anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2390	Resin based composite crown, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2391	Resin based composite - 1 surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2392	Resin based composite - 2 surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
D2393	Resin based composite - 3 surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of	Restorative

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		D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2394	Resin based composite-4+ surf, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	Restorative
	Inlay/Onlay Restorations		
D2510	Inlay-metallic-one surface	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2520	Inlay-metallic-two surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2530	Inlay-metallic-three or more surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792,	Restorative

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		D2794), once per tooth per 60 months, per patient	
D2542	Onlay metallic-two surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2543	Onlay metallic-three surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2544	Onlay metallic-four or more surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2610	Inlay-porcelain/ceramic-one surface	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792,	Restorative

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		D2794), once per tooth per 60 months, per patient	
D2620	Inlay-porcelain/ceramic- two surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544,D2610, D2620, D2630, D2642, D2643, D2644, D2650,D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2630	Inlay-porcelain/ceramic-three or more surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544,D2610, D2620, D2630, D2642, D2643, D2644, D2650,D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2642	Onlay-porcelain/ceramic- two surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544,D2610, D2620, D2630, D2642, D2643, D2644, D2650,D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2643	Onlay-porcelain/ceramic-three surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544,D2610, D2620, D2630, D2642, D2643, D2644, D2650,D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792,	Restorative

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		D2794), once per tooth per 60 months, per patient	
D2644	Onlay-porcelain/ceramic-four or more surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2650	Inlay - resin based composite one surface	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2651	Inlay - resin based composite two surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2652	Inlay - resin based composite three or more surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792,	Restorative

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		D2794), once per tooth per 60 months, per patient	
D2662	Onlay - resin based composite two surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2663	Onlay - resin based composite three surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2664	Onlay - resin based composite four or more surfaces	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
	Crowns-Single Restoration only (Crowns means Prosthodontics)		

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D2710	Crown-resin-(indirect)	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2712	Crown-3/4 resin based composite (indirect)	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2720	Crown-resin with high noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2721	Crown-resin with predominantly base metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative

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D2722	Crown-resin with noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2740	Crown-porcelain/ceramic	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2750	Crown-porcelain fused to high noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2751	Crown-porcelain fused to predominantly base metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative

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D2752	Crown-porcelain fused to noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2753	Crown-porcelain fused to titanium and titanium alloys	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2780	Crown -3/4 cast high noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2781	Crown-3/4 cast predominately base metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D2782	Crown-3/4 cast noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2783	Crown-3/4 porcelain/ceramic	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2790	Crown-full cast high noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2791	Crown-full cast predominantly base metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D2792	Crown-full cast noble metal	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2794	Crown-titanium	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	Restorative
D2799	Provisional crown	Disallow - included in the crown benefit	Restorative
	Major Restoratives (Crowns means Prosthodontics)		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	Once per tooth per 24 months only after 6 months of initial placement	Restorative
D2915	Recement or re-bond indirectly fabricated	Once per tooth per 24 months only after 6 months of initial placement	Restorative
D2920	Recement or re-bond crown	Once per tooth per 24 months only after 6 months of initial placement	Restorative
D2940	Protective restoration-direct placement of a restorative material to protect the tooth and/or tissue form. This procedures may also be used to relieve pain, promote healing or prevent further deterioration.	Once per tooth per lifetime	Restorative
D2950	Core build-up, including any pins when required.	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration.	Restorative

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D2951	Pin retention-per tooth, in addition to restoration	One of D2951 once per tooth per 60 months, per patient when billed with resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	Restorative
D2952	Post and core in addition to crown, indirectly fabricated	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration.	Restorative
D2953	Each additional post, same tooth, indirectly fabricated	One per 60 months per tooth when billed with D2952.	Restorative
D2954	prefabricated post and core in addition to crown	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient. Deny when billed with resin or amalgam restoration.	Restorative
D2980	Crown repair necessitated by restorative material failure	Once per tooth per 24 months only after 6 months of initial placement	Restorative
D2990	Resin infiltration of incipient smooth surface lesion	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990), one restoration per tooth, per surface, once in 24 months per patient	Restorative
D2999	Unspecified restorative procedure, by report		Restorative
	Pulpotomy		
D3220	Therapeutic Pulpotomy	One of (D3220 or D3221) once per tooth, per lifetime, per patient. Not allowed in conjunction with root canal therapy by same provider/location within 90 days	Endodontics
D3221	Gross pulpal debridement primary and permanent teeth	One of (D3220 or D3221) once per tooth, per lifetime, per patient. Not allowed in conjunction with root canal therapy by same provider/location within 90 days	Endodontics
	Root Canal Therapy		
D3310	Endodontic therapy,(root canal), anterior	Once per permanent tooth per lifetime	Endodontics

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D3320	Endodontic therapy (root canal), bicuspid	Once per permanent tooth per lifetime	Endodontics
D3330	Endodontic therapy (root canal), molar	Once per permanent tooth per lifetime	Endodontics
D3331	Treatment of root canal obstruction; non-surgical access	Once per permanent tooth per lifetime	Endodontics
D3346	Retreatment of previous root canal therapy-anterior	Once per permanent tooth per lifetime	Endodontics
D3347	Retreatment of previous root canal therapy-bicuspid	Once per permanent tooth per lifetime	Endodontics
D3348	Retreatment of previous root canal therapy-molar	Once per permanent tooth per lifetime	Endodontics
D3999	Unspecified endontonic procedure		Endodontics
	Apicoectomy/Periradicular Services		
D3410	Apicoectomy-anterior	Once per permanent tooth per lifetime	Endodontics
D3421	Apicoectomy/periradicular-bicuspid (first root)	Once per permanent tooth per lifetime	Endodontics
D3425	Apicoectomy/periradicular surgery-molar (first root)	Once per permanent tooth per lifetime	Endodontics
D3426	Apicoectomy/periradicular surgery (each additional root)	Once per permanent tooth per lifetime	Endodontics
D3430	Retrograde filling	Once per tooth per lifetime	Endodontics
	Periodontic		
	Surgical Services (including usual postoperative services)		
D4210	Gingivectomy-gingivoplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	One of (D4210, D4211) once per quadrant per 36 months, per patient	Periodontics
D4211	Gingivectomy of gingivoplasty-one to three contiguous disease teeth or tooth bounded spaces per quadrant	One of (D4210, D4211) once per quadrant per 36 months, per patient	Periodontics
D4240	Gingival flap procedure, including root planing-four or more contiguous disease teeth or tooth bounded spaces per quadrant	One of (D4240, D4241) once per quadrant per 36 months, per patient	Periodontics

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D4241	Gingival flap procedure, including root planing-one to three contiguous disease teeth or tooth bounded spaces, per quadrant	One of (D4240, D4241) once per quadrant per 36 months, per patient	Periodontics
D4249	Clinical crown lengthening-hard tissue	Once per permanent tooth per lifetime	Periodontics
D4260	Osseous surgery - four or more contiguous disease teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 36 months, per patient	Periodontics
D4261	Osseous surgery (including flap entry and closure)- one to three contiguous teeth or bounded teeth spaces per quadrant	One of (D4260 or D4261), once per quadrant per 36 months, per patient	Periodontics
Adjunctive Periodontal Services			
D4341	Periodontal scaling and root planing-four or more disease teeth per quadrant	One of (D4341 or D4342), once per quadrant per 36 months, per patient	Periodontics
D4342	Periodontal scaling and root planing, 1-3 disease teeth per quadrant	One of (D4341 or D4342), once per quadrant per 36 months, per patient	Periodontics
D4346	Scaling in presence of generalized moderate or severe gingival inflammation, full mouth	Two of (D1110, D4346, D4910) every 12 months	Periodontics
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	One per 36 months, per patient	Periodontics
Other Periodontal Services			
D4910	Periodontal maintenance procedures (following active therapy)	Four of D4910 every 12 months.	Periodontics
D4999	Unspecified periodontal procedure		Periodontics
Complete Dentures			
D5110	Complete denture - maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5120	Complete denture - mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5130	Immediate denture - maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110,	Prosthodontics, Other Oral/Maxillofacial

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
		D6112), once per 60 months, per patient	Surgery, Other Services
D5140	Immediate denture - mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Partial Dentures		
D5211	Maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5212	Mandibular partial denture - resin base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5213	Maxillary part denture-cast metal framework with resin bases	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5214	Mandibular part denture-cast metal framework with resin bases	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5221	Immediate maxillary partial denture-resin base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5222	Immediate mandibular partial denture-resin base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5223	Immediate maxillary partial denture-cast metal framework with resin denture bases	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5224	Immediate mandibular partial denture-cast metal framework with resin denture bases	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D5225	Maxillary partial denture-flexible base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5226	Mandibular partial denture-flexible base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5227	Immediate maxillary partial denture-flexible base	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112), once per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5228	Immediate mandibular partial denture-flexible base	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113), once per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
	Adjustments of Removable Prostheses		
D5410	Adjust complete denture-maxillary	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5411	Adjust complete denture - mandibular	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5421	Adjust partial denture - maxillary	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5422	Adjust partial denture - mandibular	Two adjustments per arch per 12 months (after 6 months have elapsed since initial placement)	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
	Repairs to Complete Dentures		
D5511	Repair broken complete denture base, mandibular	Once per arch per 12 months (after 6 months have elapsed since initial placement)	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5512	Repair broken complete denture base, maxillary	Once per arch per 12 months (after 6 months have elapsed since initial placement)	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D5520	Replace missing or broken teeth -complete denture (each tooth)	Once per tooth per 12 months (after 6 months have elapsed since initial placement)	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D5611	Repair resin denture base, mandibular	Once per arch per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5612	Repair resin denture base, maxillary	Once per arch per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5621	Repair cast framework, mandibular	Once per arch per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5622	Repair cast framework, maxillary	Once per arch per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5630	Repair or replace broken clasp-per tooth	Once per tooth per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5640	Replace broken teeth - per tooth	Once per tooth per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5650	Add tooth to existing partial denture	Once per tooth per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5660	Add clasp to existing partial denture-per tooth	Once per tooth per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5711	Rebase complete mandibular denture	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5720	Rebase maxillary partial denture	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5721	Rebase mandibular partial denture	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D5725	Rebase of hybrid prosthesis	One of D5725 per arch per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Denture Reline Procedures		
D5730	Reline complete maxillary denture (chairside)	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5731	Reline complete mandibular denture (chairside)	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5740	Reline maxillary partial denture (chairside)	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5741	Reline mandibular partial denture (chairside)	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5750	Reline complete maxillary denture (laboratory)	One of (D5710, D5730, D5750) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5751	Reline complete mandibular denture (laboratory)	One of (D5711, D5731, D5751) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5760	Reline maxillary partial denture (laboratory)	One of (D5720, D5740, D5760) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5761	Reline mandibular partial denture (laboratory)	One of (D5721, D5741, D5761) per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5765	Soft liner for complete or partial dentures (indirect)	One of D5765 per arch per 36 months (after 6 months have elapsed since initial placement)	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Other Removable Prosthetic Services		
D5850	Tissue conditioning maxillary	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D5851	Tissue conditioning mandibular	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5863	Overdenture-complete maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5864	Overdenture-partial maxillary	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5865	Overdenture-complete mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5866	Overdenture-partial mandibular	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866), once per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5876	Add metal substructure to acrylic full denture	Only allowed on the same date of service as D5110, D5120, D5130, D5140	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5899	Unspecified removable prosthodontic procedures		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D5999	Unspecified maxillofacial prosthesis, by report		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Fixed Partial Denture Pontics		
D6205	Pontic-indirect resin based composite	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6210	Pontic - cast high noble metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6211	Pontic - cast predominately base metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6212	Pontic - cast noble metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6214	Pontic-titanium	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6240	Pontic-porcelain fused-high noble	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6241	Pontic-porcelain fused metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6242	Pontic-porcelain fused-noble metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6243	Pontic-porcelain fused to titanium and titanium alloys	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6245	Pontic-porcelain ceramic substrate	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6250	Pontic - resin with high noble metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6251	Pontic-resin with base metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6252	Pontic-resin with noble metal	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6545	Retainer - cast metal for resin bonded fixed prosthesis	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6548	Retainer-porcelain/ceramic for resin bonded fixed prosthesis	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6549	Resin retainer-for resin bonded fixed prosthesis	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6602	Retainer inlay-noble metal, two surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6603	Retainer inlay-noble metal, three or more surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6604	Retainer inlay-base metal, 2 surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6605	Retainer inlay-base metal, 3 or more surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6606	Retainer inlay-cast noble metal, two surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6607	Retainer inlay-cast noble metal, 3 or more surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6608	Retainer onlay-porcelain/ceramic two surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6609	Retainer onlay-porcelain/ceramic three or more surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6610	Retainer onlay-cast high noble metal two surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6611	Retainer onlay-cast high noble metal three surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6612	Retainer onlay-cast predominately base metal 2 surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6613	Retainer onlay-cast predominately base metal 3 surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6614	Retainer onlay-cast noble metal two surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6615	Retainer onlay=cast noble metal 3 or more surfaces	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6624	Retainer-inlay titanium	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6634	Retainer-onlay titanium	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6710	Retainer crown - indirect resin based composite	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
Fixed Partial Denture Retainers Crowns			

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6720	Retainer crown - resin with high noble metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6721	Retainer crown - resin with predominatly base metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6722	Retainer crown - resin with noble metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6740	Retainer crown - porcelain/ceramic	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6750	Retainer crown-porcelain fused high noble	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6751	Retainer crown-porcelain fused to metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6752	Retainer crown-porcelain fused noble metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6753	Retainer crown-porcelain fused to titanium and titanium alloys	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6780	Retainer crown-3/4 cast high noble	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6781	Retainer crown-3/4 cast high predominately based metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6782	Retainer crown 3/4 cast noble metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D6784	Retainer crown-3/4-titanium and titanium alloys	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6790	Retainer crown-full cast high noble	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6791	Retainer crown - full cast base metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6792	Retainer crown - full cast noble metal	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6793	Provisional retainer crown	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D6794	Retainer crown-titanium	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794), per tooth per 60 months, per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Other Fixed Partial Denture Services		
D6930	Re-cement fixed partial denture	Once per 24 months only after 6 months of initial placement	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6980	Fixed partial denture repair,	Once per 24 months only after 6 months of initial placement	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D6999	Unspecified fixed prosthodontics procedures		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Oral and Maxillofacial Surgery (Oral Surgery or Extractions)		
D7140	Extraction - erupted tooth or exposed root	Once per tooth per lifetime	Extractions
D7210	Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	Once per tooth per lifetime	Extractions
D7220	Removal impacted tooth-soft tissue	Once per tooth per lifetime	Extractions
D7230	Removal of impacted tooth - partially bony	Once per tooth per lifetime	Extractions
D7240	Removal of impact tooth-completely bony	Once per tooth per lifetime	Extractions
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Once per tooth per lifetime	Extractions
D7250	Surgical remove of residual roots	Once per tooth per lifetime	Extractions
D7251	Coronectomy	Once per tooth per lifetime	Extractions
	Other Surgical Procedures		
D7260	Oral-antral fistula closure	2 per Arch per lifetime	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D7261	Primary closure of a sinus perforation	2 per Arch per lifetime	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7285	Incisional biopsy of oral tissue-hard		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7286	Incisional biopsy of oral tissue-soft		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Alveoloplasty-Surgical Preparation of Ridge for Dentures		
D7310	Alveoloplasty with extractions-four or more teeth or tooth spaces per quadrant	One of (D7310 or D7311) per quadrant per lifetime per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces per quadrant	One of (D7310 or D7311)per quadrant per lifetime per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces per quadrant	One of (D7320 or D7321) per quadrant per lifetime per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces per quadrant	One of (D7320 or D7321) per quadrant per lifetime per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Vestibuloplasty		
D7340	Vestibuloplasty - ridge extension (secondary epithelization)	One per arch per lifetime	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7350	Vestibuloplasty-ridge extensions (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	One per arch per lifetime	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Surgical Excision of Reactive Inflammatory Lesions		
D7410	Excision of benign lesion of up 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D7411	Excision of benign lesion greater than 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7471	Removal of lateral exostosis (maxilla or mandible)	2 per arch per lifetime per patient/member, regardless of the provider	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7472	Removal of Torus Palatinus	Once per lifetime per patient/member, regardless of provider	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7485	Reduction of osseous tuberosity	2 per lifetime per patient/member, regardless of provider	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7473	Removal of torus mandibularis	2 per lifetime per patient/member, regardless of provider	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Surgical Incision		
D7510	Incision and drainage of abscess - intraoral soft tissue	not allowed in conjunction with extraction on same date of service	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D7520	Incision and drainage of abscess - extraoral soft tissue		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7521	Incision and drainage of abscess extraoral soft tissue complicated		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Other Repair Procedures		
D7961	Buccal / labial frenectomy (frenulectomy)	One (D7961, D7963) once per arch per lifetime per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7962	Lingual frenectomy (frenulectomy)	One (D7962) once per arch per lifetime per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7963	Frenuloplasty	One (D7961, D7963) once per arch per lifetime per patient	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7970	Excision of hyperplastic tissue - per arch	Once per arch per lifetime	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7971	Excision of pericoronal gingiva	Once per tooth per lifetime	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D7999	Unspecified oral surgery procedure, by report		Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Adjunctive General Services ("Emergency Services")		
D9110	Palliative (emergency) treatment of dental pain-minor procedure	Not allowed with anything other than D0140 and x-rays	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
	Anesthesia		
D9222	Deep Sedation/general anesthesia-first 15 minutes	One per member per date of service. Not allowed with (D9239, D9243) on the same day.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9223	Deep Sedation/general anesthesia-each subsequent 15 minute increment	3 per member per date of service. Not allowed with (D9239, D9243) on the same day.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D9230	Inhalation of nitrous oxide/ analgesia, anxiolysis	One per member per date of service. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9239	Intravenous moderation (conscious)	One per member per date of service. Not allowed with (D9222, D9223) on the same day.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9243	Intravenous moderation (conscious)-each subsequent 15 minute increment	3 per member per date of service. Not allowed with (D9222, D9223) on the same day.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9248	Non-intravenous (conscious) sedation	One per member per date of service. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
Professional Consultation			
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	One per provider or location per year. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
Professional Visits			
D9410	House/ Extended care facility call	One per date of service. 6 per year.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9420	Hospital or ambulatory surgical canter call	One per date of service. 6 per year.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
Miscellaneous Services			
D9910	Application of desensitizing medicament	2 of (D1206, D1208, D9910) per 12 months.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9930	Treatment of complications (post-surgical)	Once per year per patient. Not to be used for routine post- operative care or dry socket treatment	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9950	Occlusal analysis- mounted case	One of (D9950, D9952) per 60 months.	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services
D9951	Occlusal adjustment - limited	Once per 12 months	Prosthodontics,Other Oral/Maxillofacial Surgery, Other Services

Codes	Description of Service	DQ Standard Administrative Guidelines Will be reflected to reflect Clear Spring's frequency limits	PBP Category
D9952	Occlusal adjustment - complete	One of (D9950, D9952) per 60 months.	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D9995	Teledentistry – synchronous; real-time encounter	One of (D9995 or D9996) per patient per provider or location per date of service. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	One of (D9995 or D9996) per patient per provider or location per date of service. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
D9999	Unspecified adjunctive procedure, by report		Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services