

PrimeWest Health Dental Covered Services

This document is updated as changes occur.

For services provided at State-operated and Federally Qualified Health Center (FQHC) dental clinics, follow the Minnesota Health Care Programs (MHCP) benefit set.

For more information, refer to [MHCP Dental Services](#).

Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D0120	<ul style="list-style-type: none"> Twice per year Cannot be billed on same DOS as D0140 or D0150 	
	D0140	<ul style="list-style-type: none"> Once per day per facility Cannot be billed on same DOS as D0120 or D0150 Chart documentation must include notation of the specific oral health problem or complaint 	
	D0145	Once per lifetime	
	D0150	<ul style="list-style-type: none"> Once per 2 years Cannot be billed on same DOS as D0120, D0140, or D4355 	
	D0160	Cannot be billed on same DOS as D4355	
	D0170		
N	D0171		
	D0180	Cannot be billed on same DOS as D4355	
N	D0190		
N	D0191		
	D0210	Covered once every two years in an office setting or covered as often as needed in the operating room or ambulatory surgical center	
	D0220	4 per DOS (does not include intraoral-complete series)	
	D0230	4 per DOS (does not include intraoral-complete series)	
	D0240		
	D0250		
N	D0251		
	D0270	No more than one service D0270 – D0277 is covered per calendar year	
	D0272	No more than one service D0270 – D0277 is covered per calendar year	
	D0273	No more than one service D0270 – D0277 is covered per calendar year	
	D0274	No more than one service D0270 – D0277 is covered per calendar year	
	D0277	No more than one service D0270 – D0277 is covered per calendar year	
N	D0310		
N	D0320		
N	D0321		

N = Non-Covered Service ASC = Ambulatory Surgical Center DOS = Date of service
 A = Authorization required BSS = Basic Screening Survey FPD = Fixed partial denture
 CDT = Current Dental Terminology POS = Place of service CPT = Current Procedural Terminology

Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D0322		
	D0330	Once per 5 years beginning January 1, 2010, with exceptions (see Minnesota Department of Human Services [DHS] list); or once every 2 years with qualifying condition	
	D0340	<ul style="list-style-type: none"> Limited to once per 5 years Outpatient 	
	D0350		
	D0364		
	D0365		
	D0366		
	D0367		
	D0368		
N	D0369		
N	D0370		
N	D0371		
	D0372	Once per two years	
	D0373	One series per calendar year	
	D0374	Four per date of service (does not include intraoral-complete series)	
N	D0380		
N	D0381		
N	D0382		
N	D0383		
N	D0384		
N	D0385		
N	D0386		
N	D0387		
N	D0388		
N	D0389		
N	D0391		
N	D0393		
N	D0394		
N	D0395		
N	D0396		
N	D0411		
N	D0412		
N	D0414		
	D0415		

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PrimeWest Health Dental Covered Services

Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D0416		
N	D0417		
N	D0418		
N	D0419		
N	D0422		
N	D0423		
	D0425		
	D0431		
	D0460		
	D0470		
N	D0472		
N	D0473		
N	D0474		
N	D0475		
N	D0476		
N	D0477		
N	D0478		
N	D0479		
N	D0480		
N	D0481		
N	D0482		
N	D0483		
N	D0484		
N	D0485		
N	D0486		
N	D0502		
N	D0600		
N	D0601		
N	D0602		
N	D0603		
	D0604		
	D0605		
	D0606		
N	D0701		
N	D0702		
N	D0703		
N	D0705		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
N	D0706		
N	D0707		
N	D0708		
N	D0709		
	D0801		
	D0802		
	D0803		
	D0804		
A	D0999	<ul style="list-style-type: none"> • BSS code; used by collaborative practice dental hygienists • Put “BSS” in Notes section • Service Authorization is not needed for BSS • PrimeWest Health pays \$13.09 (non-tax) or \$13.35 (with 2 percent tax) 	
	D1110	<ul style="list-style-type: none"> • Twice per calendar year without an authorization • Cannot be billed on same DOS as D4341, D4342, or D4355. Authorization is not required for additional prophylaxis performed in accordance with an appropriate individualized treatment plan. • Up to a maximum of two additional prophylaxis within the calendar year (four total) • This service is subject to utilization review 	
	D1120	<ul style="list-style-type: none"> • Twice per calendar year without an authorization. Authorization is not required for additional prophylaxis performed in accordance with an appropriate individualized treatment plan. • Up to a maximum of two additional prophylaxis within one calendar year allowed if medically necessary 	
	D1206	<ul style="list-style-type: none"> • Allowed once every 6 months • Cannot be billed on same DOS as D9910 	
	D1208	<ul style="list-style-type: none"> • Allowed once every 6 months • Cannot be billed on same DOS as D9910 	
	D1301	Once per member per year	
	D1310	Once per member per year	
	D1320	Limited to once per year	
	D1321	Once per member per year	
	D1330	<ul style="list-style-type: none"> • Pre-authorization required if additional instruction are needed • Cannot be performed on same date as D0145. Once per member per year. 	

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D1351	Permanent molars only (tooth numbers 1 – 3, 14 – 16, 17 – 19, 30 – 32); once per tooth per five years	
N	D1353		
	D1355		
	D1354	<ul style="list-style-type: none"> Once per 6 months per tooth Tooth number required 	
	D1510		
	D1516		
	D1517		
	D1520		
	D1526		
	D1527		
	D1551		
	D1552		
	D1553		
	D1556		
	D1557		
	D1558		
	D1575		
N	D1701		
N	D1702		
	D1703		
N	D1704		
N	D1781		
N	D1782		
N	D1783		
	D2140	Once per 90 days per tooth number	
	D2150	Once per 90 days per tooth number	
	D2160	Once per 90 days per tooth number	
	D2161	Once per 90 days per tooth number	
	D2330	Once per 90 days per tooth number	
	D2331	Once per 90 days per tooth number	
	D2332	Once per 90 days per tooth number	
N	D2334	Once per 90 days per tooth number	
	D2335	Once per 90 days per tooth number	
	D2390	Once per 90 days per tooth number	

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D2391	<ul style="list-style-type: none"> Once per 90 days per tooth number Reimbursed at amalgam rate - no balance billing for difference 	
	D2392	<ul style="list-style-type: none"> Once per 90 days per tooth number Reimbursed at amalgam rate - no balance billing for difference 	
	D2393	<ul style="list-style-type: none"> Once per 90 days per tooth number Reimbursed at amalgam rate - no balance billing for difference 	
	D2394	<ul style="list-style-type: none"> Once per 90 days per tooth number Reimbursed at amalgam rate - no balance billing for difference 	
N	D2410		
N	D2420		
N	D2430		
N	D2510		
N	D2520		
N	D2530		
N	D2542		
N	D2543		
N	D2544		
N	D2610		
N	D2620		
N	D2630		
N	D2642		
N	D2643		
N	D2644		
N	D2650		
N	D2651		
N	D2652		
N	D2662		
N	D2663		
N	D2664		
	D2710		
	D2712		
A	D2720		
A	D2721		
A	D2722		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
A	D2740	Review coverage criteria for crown codes D2740 – D2794	For members with Medicare, review Dental Supplemental Benefits for PrimeWest Senior Health Complete and Prime Health Complete Members for coverage details.
A	D2750	Review coverage criteria for crown codes D2740 – D2794	For members with Medicare, review Dental Supplemental Benefits for PrimeWest Senior Health Complete and Prime Health Complete Members for coverage details.
A	D2751	Review coverage criteria for crown codes D2740 – D2794	
A	D2752	Review coverage criteria for crown codes D2740 – D2794	
A	D2753	Review coverage criteria for crown codes D2740 – D2794	
A	D2780	Review coverage criteria for crown codes D2740 – D2794	
A	D2781	Review coverage criteria for crown codes D2740 – D2794	
A	D2782	Review coverage criteria for crown codes D2740 – D2794	
A	D2783	Review coverage criteria for crown codes D2740 – D2794	
A	D2790	Review coverage criteria for crown codes D2740 – D2794	
A	D2791	Review coverage criteria for crown codes D2740 – D2794	

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
A	D2792	Review coverage criteria for crown codes D2740 – D2794	
A	D2794	Review coverage criteria for crown codes D2740 – D2794	
	D2799		
	D2910		
	D2915		
	D2920		
	D2921		
N	D2928		
N	D2929		
	D2930		
	D2931		
	D2932		
	D2933		
	D2934		
	D2940	<ul style="list-style-type: none"> Limited to once in 90 days for same surface, same tooth Allowed only for relief of pain. Cannot be billed on same DOS as D9110. 	
N	D2949		
	D2950		
	D2951		
A	D2952		
A	D2953		
	D2954		
	D2955		
N	D2956		
	D2957		
A	D2960		
A	D2961		
A	D2962		
A	D2971		
A	D2975		
	D2976	Once per 90 days per tooth number	
	D2980		
N	D2981		
N	D2982		
N	D2983		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D2989	Limited to once per tooth number	
N	D2990		
	D2991		
A	D2999		
N	D3110		
N	D3120		
N	D3130		
N	D3210		
	D3220		
	D3221		
	D3222		
	D3230		
	D3240		
	D3310	Once per tooth per lifetime	
	D3320	Once per tooth per lifetime	
	D3330	Once per tooth per lifetime	
	D3331	Once per tooth per lifetime	
	D3332	Once per tooth per lifetime	
	D3333	Once per tooth per lifetime	
	D3346		
	D3347		
	D3348		
	D3351		
	D3352		
	D3353		
	D3355	Once per tooth number per member per lifetime	
	D3356	Once per date of service per tooth number	
	D3357	Once per tooth number per member per lifetime	
	D3410		
	D3421		
	D3425		
	D3426		
	D3430		
N	D3431		
N	D3432		
	D3450		
A	D3460		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D3470		
	D3471		
	D3472		
	D3473		
N	D3501		
N	D3502		
N	D3503		
	D3910		
	D3911	Once per tooth, per lifetime	
	D3920		
N	D3921		
	D3950		
	D3999		
N	D4210		
N	D4211		
N	D4212		
N	D4230		
N	D4231		
A	D4240		
A	D4241		
A	D4245		
A	D4249		
A	D4260		
A	D4261		
A	D4263		
A	D4264		
N	D4265		
A	D4266		
A	D4267		
A	D4268		
A	D4270		
A	D4273		
A	D4274		
A	D4275		
A	D4276		
N	D4277		
N	D4278		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
N	D4283		
N	D4285		
N	D4286		
	D4322	Once per calendar year	
	D4323	Once per calendar year	
A	D4341	<ul style="list-style-type: none"> Limited to once every 2 years. Authorization required except when performed in outpatient hospital or freestanding ASC. Must indicate the health care service location information/POS code on the claim Cannot be billed on same DOS as D1110, D4355, or D4910 	
A	D4342	<ul style="list-style-type: none"> Limited to once every 2 years. Authorization required except when performed in outpatient hospital or freestanding ASC. Must indicate the health care service location information/POS code on the claim Cannot be billed on same DOS as D1110, D4355, or D4910 	
N	D4346		
	D4355	<ul style="list-style-type: none"> Once per 2 years Cannot be billed on same DOS as D1110, D0150, D0160, D0180, D4341, or D4342 	
A	D4381		
	D4910	<ul style="list-style-type: none"> Up to 4 per calendar year, for a period of 2 years, following scaling and planing Authorization is required if D4341 or D4342 has not been approved and paid by PrimeWest Health 	
	D4920		
	D4921		
A	D4999		
	D5110	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years No authorization required 	
	D5120		
	D5130		
	D5140		
A	D5211	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5212	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
A	D5213	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5214	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5221	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5222	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5223	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5224	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5225	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
A	D5226	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required 	
N	D5227		
N	D5228		
N	D5282		
N	D5283		
N	D5284		
N	D5286		
	D5410	Only allowed 180 days after denture is placed	
	D5411	Only allowed 180 days after denture is placed	
	D5421	Only allowed 180 days after denture is placed	
	D5422	Only allowed 180 days after denture is placed	
	D5511	Only allowed 180 days after denture is placed	
	D5512	Only allowed 180 days after denture is placed	
	D5520	Limited to five teeth per 180 days	
	D5611	Only allowed 180 days after denture is placed	
	D5612	Only allowed 180 days after denture is placed	
	D5621	Only allowed 180 days after denture is placed	
	D5622	Only allowed 180 days after denture is placed	
	D5630	Only allowed 180 days after denture is placed	
	D5640	Limited to five teeth per 180 days	
	D5650	Limited to five teeth per 180 days	
	D5660	Only allowed 180 days after denture is placed	

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D5670	Only allowed 180 days after denture is placed	
	D5671	Only allowed 180 days after denture is placed	
	D5710	Only allowed 180 days after denture is placed	
	D5711	Only allowed 180 days after denture is placed	
	D5720	Only allowed 180 days after denture is placed	
	D5721	Only allowed 180 days after denture is placed	
N	D5725		
	D5730	Only allowed 180 days after denture is placed	
	D5731	Only allowed 180 days after denture is placed	
	D5740	Only allowed 180 days after denture is placed	
	D5741	Only allowed 180 days after denture is placed	
	D5750	Only allowed 180 days after denture is placed	
	D5751	Only allowed 180 days after denture is placed	
	D5760	Only allowed 180 days after denture is placed	
	D5761	Only allowed 180 days after denture is placed	
N	D5765		
	D5810	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required only if replaced within 3 years 	
	D5811	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorization required only if replaced within 3 years 	
A	D5820	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorizations required 	
A	D5821	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorizations required 	
	D5850		
	D5851		
A	D5862		
A	D5863	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorizations required 	
A	D5864	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorizations required 	
A	D5865	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorizations required 	
A	D5866	<ul style="list-style-type: none"> One removable appliance per dental arch, per 3 years Authorizations required 	
A	D5867		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D5875		
	D5876		
A	D5899	If provided by a Federally Qualified Health Center/Rural Health Clinic (FQHC/RHC), no authorization is required	
A	D5911	If provided by a Federally Qualified Health Center/Rural Health Clinic (FQHC/RHC), no authorization is required	
A	D5912		
N	D5913		
N	D5914		
N	D5915		
N	D5916		
N	D5919		
N	D5922		
N	D5923		
N	D5924		
N	D5925		
N	D5926		
N	D5927		
N	D5928		
N	D5929		
N	D5931		
N	D5932		
N	D5933		
N	D5934		
N	D5935		
N	D5936		
A	D5937		
A	D5951		
A	D5952		
A	D5953		
A	D5954		
	D5955		
A	D5958		
A	D5959		
A	D5960		
A	D5982		
A	D5983		

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A	D5984		
A	D5985		
A	D5986		
A	D5987		
N	D5988		
	D5991		
	D5992		
N	D5993		
N	D5995		
N	D5996		
	D5999		
A	D6010		
A	D6011		
A	D6012		
A	D6013		
A	D6040		
N	D6049		
A	D6050		
N	D6051		
A	D6055		
A	D6056		
A	D6057		
A	D6058		
A	D6059		
A	D6060		
A	D6061		
A	D6062		
A	D6063		
A	D6064		
A	D6065		
A	D6066		
A	D6067		
A	D6068		
A	D6069		
A	D6070		
A	D6071		
A	D6072		

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A	D6073		
A	D6074		
A	D6075		
A	D6076		
A	D6077		
A	D6080	Twice per calendar year	
	D6081	Twice per calendar year	
A	D6082		
A	D6083		
A	D6084		
N	D6085		
A	D6086		
A	D6087		
A	D6088		
	D6089		
A	D6090		
N	D6091		
	D6092	Recement implant/abutment supported crown	
	D6093	Recement implant/abutment supported FPD	
A	D6094		
N	D6096		
A	D6097		
A	D6098		
A	D6099		
N	D6100		
N	D6101		
N	D6102		
N	D6103		
N	D6104		
N	D6105		
N	D6106		
N	D6107		
A	D6110		
A	D6111		
A	D6112		
A	D6113		
N	D6114		

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N	D6115		
N	D6116		
N	D6117		
N	D6118		
N	D6119		
A	D6120		
A	D6121		
A	D6122		
A	D6123		
	D6180	Twice per calendar year	
A	D6190		
N	D6191		
N	D6192		
N	D6193		
A	D6194		
A	D6195		
N	D6197		
N	D6198		
	D6199	Once per date of service	
A	D6205		
A	D6210		
A	D6211		
A	D6212		
A	D6214		
A	D6240		
A	D6241		
A	D6242		
A	D6243		
A	D6245		
A	D6250		
A	D6251		
A	D6252		
A	D6253		
N	D6280		
A	D6545		
A	D6548		
N	D6549		

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PrimeWest Health Dental Covered Services

Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
N	D6600		
N	D6601		
N	D6602		
N	D6603		
N	D6604		
N	D6605		
N	D6606		
N	D6607		
N	D6608		
N	D6609		
N	D6610		
N	D6611		
N	D6612		
N	D6613		
N	D6614		
N	D6615		
A	D6624		
A	D6634		
A	D6710		
A	D6720		
A	D6721		
A	D6722		
A	D6740		
A	D6750		
A	D6751		
A	D6752		
A	D6753		
A	D6780		
A	D6781		
A	D6782		
A	D6783		
A	D6784		
A	D6790		
A	D6791		
A	D6792		
A	D6793		
A	D6794		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
A	D6920		
	D6930		
A	D6940		
A	D6950		
	D6980		
A	D6985		
	D6999		
	D7111		
	D7140		
	D7210		
A	D7220	<ul style="list-style-type: none"> • Third molar extractions (and other impacted teeth) must be symptomatic or show evidence of pathology • Authorizations required 	
A	D7230		
A	D7240		
A	D7241		
	D7250		
A	D7251		
A	D7252		
N	D7259		
	D7260		
N	D7261		
	D7270		
A	D7272		
	D7280		
	D7282		
	D7283		
	D7284		
	D7285		
	D7286		
N	D7287		
	D7288		
A	D7290		
A	D7291		
	D7292		
	D7293		
	D7294		
N	D7295		
N	D7296		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
N	D7297		
N	D7298		
N	D7299		
N	D7300		
N	D7310	<ul style="list-style-type: none"> Alveoloplasty: not covered if submitted on a dental claim form Must be submitted on a medical claim form using CPT code 41874 	
N	D7311	<ul style="list-style-type: none"> Alveoloplasty: not covered if submitted on a dental claim form Must be submitted on a medical claim form using CPT code 41874 	
N	D7320		
N	D7321		
N	D7325		
N	D7340		
N	D7350		
	D7410		
	D7411		
	D7412		
	D7413		
	D7414		
	D7415		
	D7440		
	D7441		
	D7450		
	D7451		
	D7460		
	D7461		
	D7465		
	D7471		
	D7472		
	D7473		
	D7485		
A	D7490		
	D7510		
	D7511		

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PrimeWest Health Dental Covered Services

Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D7520		
	D7521		
N	D7525		
N	D7530		
N	D7540		
N	D7550		
N	D7560		
N	D7610		
N	D7620		
N	D7630		
N	D7640		
N	D7650		
N	D7660		
N	D7670		
N	D7671		
N	D7680		
N	D7710		
N	D7720		
N	D7730		
N	D7740		
N	D7750		
N	D7760		
N	D7770		
N	D7771		
N	D7780		
N	D7810		
N	D7820		
N	D7830		
N	D7840		
N	D7850		
N	D7852		
N	D7854		
N	D7856		
N	D7858		
N	D7860		
N	D7865		
N	D7870		

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PrimeWest Health Dental Covered Services

Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
N	D7871		
N	D7872		
N	D7873		
N	D7874		
N	D7875		
N	D7876		
N	D7877		
A	D7880	TMD appliance. See the <i>Limited Benefits for Non-Pregnant Adults</i> section of the PrimeWest Health Provider Manual.	
N	D7881		
A	D7899		
N	D7910		
N	D7911		
N	D7912		
N	D7920		
N	D7921		
N	D7922		
N	D7939		
N	D7940		
N	D7941		
N	D7943		
N	D7944		
N	D7945		
N	D7946		
N	D7947		
N	D7948		
N	D7949		
N	D7950		
N	D7951		
N	D7952		
A	D7953		
N	D7955		
N	D7956		
N	D7957		
N	D7960		
N	D7961		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
N	D7962		
	D7963		
N	D7970		
N	D7971		
N	D7972		
N	D7979		
N	D7980		
N	D7981		
N	D7982		
N	D7983		
N	D7990		
N	D7991		
N	D7993		
N	D7994		
N	D7995		
N	D7996		
	D7997		
N	D7998		
N	D7999		
A	D8010		
A	D8020		
A	D8030		
A	D8040		
A	D8070		
A	D8080		
A	D8090		
A	D8091		
A	D8210	Need X-rays	
A	D8220	Need statement of medical necessity	
	D8660		
A	D8670		
A	D8671		
A	D8680		
A	D8681		
N	D8695		
	D8696		
	D8697		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D8698		
	D8699		
	D8701		
	D8702		
	D8703		
	D8704		
A	D8999		
	D9110	<ul style="list-style-type: none"> Limited to once per day Cannot be billed on same DOS as D2940 	
	D9120		
N	D9130		
N	D9210		
N	D9211		
N	D9212		
N	D9215		
	D9222	<ul style="list-style-type: none"> The primary services or procedures must be covered services under PrimeWest Health for ancillary services to be covered Subject to utilization review 	
	D9223	<ul style="list-style-type: none"> The primary services or procedures must be covered services under PrimeWest Health for ancillary services to be covered Subject to utilization review 	
	D9224		
	D9225		
	D9230		
	D9239	Use of sedation/analgesia is subject to utilization review	
	D9243	Use of sedation/analgesia is subject to utilization review	
	D9244		
	D9245		
	D9246		
	D9247		
	D9310		
	D9311	Once per date of service	
	D9410	<ul style="list-style-type: none"> Cannot be billed alone, must be with another covered service Cannot be billed on D0999. MHCP considers services performed in a school, Head Start, day program, or group home program as house calls. 	

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PrimeWest Health Dental Covered Services

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	D9420	One unit per DOS, when used in conjunction with a covered dental service	
	D9430		
	D9440		
N	D9450		
	D9610		
	D9612		
N	D9613		
	D9630		
	D9910	Cannot be billed on same DOS as D1206, D1208, or D1354	
N	D9911		
N	D9912		
N	D9913		
N	D9914		
	D9920		
	D9930		
N	D9932		
N	D9933		
N	D9934		
N	D9935		
N	D9938		
N	D9939		
A	D9941		
	D9942		
N	D9943		
	D9944		
	D9945		
	D9946		
N	D9947		
N	D9948		
N	D9949		
N	D9950		
	D9951	Once per day	
A	D9952		
N	D9953		
N	D9954		
N	D9955		

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Authorization Requirement	CDT Code	Benefit Limitations for All Programs	Additional Limitations (age groups)
	D9956		
	D9957		
N	D9959		
N	D9961		
N	D9970		
A	D9971		
A	D9972	<ul style="list-style-type: none"> • Internal bleaching • Document medical need, date of root canal (if done), and any other procedure that has been done to the tooth 	
A	D9973		
A	D9974		
N	D9975		
N	D9985		
N	D9986		
N	D9987		
	D9990		
N	D9991		
N	D9992		
N	D9993		
N	D9994		
N	D9995		
N	D9996		
N	D9997		
A	D9999		

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