

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D0120	periodic oral evaluation - established patient	Once every 6 months	No	N/A
D0140	limited oral evaluation - problem focused	2 problem focused/consultation exams per benefit period	No	N/A
D0145	periodic oral evaluation for patient under 3 years of age	Once every 6 months	No	N/A
D0150	comprehensive oral evaluation - new or established patient	Once every 3 years	No	N/A
D0170	re-evaluation - limited, problem focused (established patient; not post- operative visit)	2 problem focused / consultation exams per benefit period	No	N/A
D0180	comprehensive periodontal evaluation - new or established patient	Once in a 3 year period	No	N/A
D0210	intraoral - complete series of radiographic images	Once in 5 year period	No	N/A
D0220	intraoral - periapical first radiographic image	See full mouth series policies	No	N/A

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D0230	intraoral - periapical each additional radiographic image	See full mouth series policies	No	N/A
D0240	intraoral - occlusal radiographic image	See full mouth series policies	No	N/A
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	See full mouth series policies	No	N/A
D0251	extra-oral posterior dental radiograph image	See full mouth series policies	No	N/A
D0270	bitewing - single radiographic image	Once every 12 months	No	N/A
D0272	bitewings - two radiographic images	Once every 12 months	No	N/A
D0273	bitewings - three radiographic images	Once every 12 months	No	N/A
D0274	bitewings - four radiographic images	Once every 12 months	No	N/A
D0321	other temporomandibular joint radiographic images, by report	Once every 12 months	No	Narrative
D0330	panoramic radiographic image	Once in 5 year period	No	N/A

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D0340	2D cephalometric radiographic image-acquisition, measurement and analysis	Once in 1 year period, for covered orthodontics only	No	Narrative
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	By report; only allowed if this potentially changes treatment plan	Yes	Narrative

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D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0381	cone beam CT image capture with field of view of one full dental arch-mandible	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0382	cone beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	By report; only allowed if this potentially changes treatment plan	Yes	Narrative

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D0384	cone beam CT image capture for TMJ series including two or more exposures	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0393	treatment simulation using 3D image volume	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0394	digital subtraction of two or more images or image volumes of the same modality	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0395	fusion of two or more 3D image volumes of one or more modalities	By report; only allowed if this potentially changes treatment plan	Yes	Narrative
D0460	pulp vitality tests	Included within definitive procedures	No	N/A

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D0470	diagnostic casts	Limited to orthodontics	Yes	N/A
D1110	prophylaxis - adult	One per 6 months	No	N/A
D1120	prophylaxis - child	One per 6 months	No	N/A
D1206	topical application of fluoride varnish	Once per 90 days	No	N/A
D1208	topical application of fluoride - excluding varnish	Once per 90 days	No	N/A
D1351	sealant - per tooth	Once in a 3 year period for posterior deciduous and permanent posterior teeth for members 18 years and younger	No	N/A
D1352	preventive resin restoration in a moderate to high caries risk patient - permanent tooth	Once in a 3 year period for at risk molars only. See processing policies for limitations.	Yes	N/A
D1353	sealant repair-per tooth	Once in a 3 year period for posterior deciduous and permanent posterior teeth for members 18 years and younger	No	N/A

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D1354	interim caries arresting medicament application - per tooth	Twice per tooth per year, see processing policies for limitations	No	N/A
D1510	space maintainer - fixed - unilateral	One per quad per lifetime	No	N/A
D1516	space maintainer - fixed - bilateral, maxillary	One per arch per lifetime	No	N/A
D1517	space maintainer - fixed - bilateral, mandibular	One per arch per lifetime	No	N/A
D1520	space maintainer - removable - unilateral	One per quad per lifetime	No	N/A
D1526	space maintainer - removable - bilateral, maxillary	One per arch per lifetime	No	N/A
D1527	space maintainer - removable - bilateral, mandibular	One per arch per lifetime	No	N/A
D1551	re-cement or re-bond bilateral space maintainer - maxillary	One per arch per lifetime	No	N/A

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D1552	re-cement or re-bond bilateral space maintainer - mandibular	One per arch per lifetime	No	N/A
D1553	re-cement or re-bond bilateral space maintainer - per quadrant	One per quadrant per lifetime	No	N/A
D1556	removal of fixed unilateral space maintainer - per quadrant	One per quadrant per lifetime	No	N/A
D1557	removal of fixed bilateral space maintainer - maxillary	One per arch per lifetime	No	N/A
D1558	removal of fixed bilateral space maintainer - mandibular	One per arch per lifetime	No	N/A
D1999	unspecified preventive procedure, by report	By report	Yes	Radiograph, Narrative
D2140	amalgam - one surface, primary or permanent	Once per tooth per 24 months	No	N/A
D2150	amalgam - two surfaces, primary or permanent	Once per tooth per 24 months	No	N/A
D2160	amalgam- three surfaces, primary permanent	Once per tooth per 24 months	No	N/A

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D2161	amalgam - four or more surfaces, primary or permanent	Once per tooth per 24 months	No	N/A
D2330	resin-based composite - one surface, anterior	Once per tooth per 24 months	No	N/A
D2331	resin-based composite - two surfaces, anterior	Once per tooth per 24 months	No	N/A
D2332	resin-based composite - three surfaces, anterior	Once per tooth per 24 months	No	N/A
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	Once per tooth per 24 months	No	Radiograph Intraoperative photo if available
D2390	resin-based composite crown, anterior	Once per tooth per 24 months	No	Radiograph, Narrative, Intraoperative photo if available
D2391	resin-based composite - one surface, posterior	Once per tooth per 24 months	No	N/A
D2392	resin-based composite - two surfaces, posterior	Once per tooth per 24 months	No	N/A
D2393	resin-based composite - three surfaces, posterior	Once per tooth per 24 months	No	N/A

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D2394	resin-based composite - four or more surfaces, posterior	Once per tooth per 24 months	No	N/A
D2710	crown - resin-based composite (indirect)	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2712	crown- 3/4 resin - based composite (indirect)	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2720	crown - resin with high noble metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2721	crown - resin with predominantly base metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2740	crown - porcelain/ceramic	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.

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D2750	crown - porcelain fused to high noble metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2751	crown - porcelain fused to predominantly base metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2752	crown - porcelain fused to noble metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2781	crown - 3/4 cast predominantly base metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, IOP photo if available
D2790	crown - full cast high noble metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.

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D2791	crown - full cast predominantly base metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2792	crown - full cast noble metal	One per tooth per 5 years	Yes	Periapical radiograph, Narrative, Intraoperative photo if available.
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One per tooth per 24 months	No	Radiograph, Narrative
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	One per tooth per 24 months	No	Radiograph, Narrative
D2920	re-cement or re-bond crown	One per tooth per 24 months	No	Radiograph, Narrative
D2921	reattachment of tooth fragment, incisal edge or cusp	One per tooth per 24 month	No	Radiograph, Narrative
D2928	prefabricated porcelain/ceramic crown - permanent tooth	One per tooth per 24 month	No	N/A

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D2929	prefabricated porcelain/ceramic crown - primary tooth	One per tooth per 5 years	No	N/A.
D2930	prefabricated stainless steel crown - primary tooth	One per tooth per 24 months	No	N/A
D2931	prefabricated stainless steel crown - permanent tooth	One per tooth per 24 months	No	N/A
D2932	prefabricated resin crown	One per tooth per 24 months. See processing policies for limitations.	No	N/A
D2933	prefabricated stainless steel crown with resin window	One per tooth per 24 months	No	N/A
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	One per tooth per 24 months	No	N/A

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D2940	protective restoration	One per tooth per 24 months see processing policies	No	Radiograph, Narrative
D2950	core buildup, including any pins when required	One per tooth per 5 year period	No	Radiograph, Narrative
D2951	pin retention - per tooth, in addition to restoration	One per lifetime	No	Narrative
D2952	post and core in addition to crown, indirectly fabricated	One per tooth per 5 year period	No	Radiograph, Narrative
D2954	prefabricated post and core in addition to crown	One per tooth per 5 year period	No	Radiograph, Narrative
D2971	additional procedures to construct new crown under existing partial denture framework	By report only	Yes	Radiograph, Narrative, Intraoperative photo if available.
D2980	crown repair necessitated by restorative material failure	By report only	No	Radiograph, Narrative, Intraoperative photo if available.
D2990	resin infiltration of incipient smooth surface lesions	Once per tooth per lifetime	No	Radiograph, Narrative, Intraoperative photo if available.

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D2999	unspecified restorative procedure, by report	By report	Yes	Radiograph, Narrative
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Once per tooth per lifetime	No	N/A
D3221	pulpal debridement, primary and permanent teeth	Once per tooth per lifetime, this is not to be considered stage one of endodontics	No	N/A
D3222	partial pulpotomy for apexogenesis-permanent tooth with incomplete root development	Once per tooth per lifetime	No	N/A
D3310	endodontic therapy, anterior tooth (excluding final restoration)	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3320	endodontic therapy, premolar tooth (excluding final restoration)	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative

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D3330	endodontic therapy, molar tooth (excluding final restoration)	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Once per tooth per lifetime	No	Radiograph, Narrative
D3346	retreatment of previous root canal therapy - anterior	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3347	retreatment of previous root canal therapy - premolar	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3348	retreatment of previous root canal therapy - molar	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3351	apexification/ recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Once per tooth per lifetime	No	Radiograph, Narrative

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D3352	Apexification/ recalcification - interim medication replacement	Once per tooth per lifetime	No	Radiograph, Narrative
D3353	apexification/ recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Once per tooth per lifetime	No	Radiograph, Narrative
D3355	pulpal regeneration - initial visit	Once per tooth per lifetime	No	Radiograph, Narrative
D3356	pulpal regeneration - interim medication replacement	Once per tooth per lifetime	No	Radiograph, Narrative
D3357	pulpal regeneration - completion of treatment	Once per tooth per lifetime	No	Radiograph, Narrative
D3410	apicoectomy - anterior	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3421	apicoectomy - premolar (first root)	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative

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D3425	apicoectomy - molar (first root)	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3426	apicoectomy (each additional root)	Once per tooth per lifetime	No	Pre and Post Obturation Radiograph, Narrative
D3430	retrograde filling - per root	Once per tooth per lifetime	No	Radiograph, Narrative
D3450	root amputation - per root	Once per tooth per lifetime	No	Radiograph, Narrative
D3471	Surgical repair of root resorption - anterior	Once per tooth per lifetime	No	Radiograph, Narrative
D3472	Surgical repair of root resorption - premolar	Once per tooth per lifetime	No	Radiograph, Narrative
D3473	Surgical repair of root resorption - molar	Once per tooth per lifetime	No	Radiograph, Narrative
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Once per tooth per lifetime	No	Radiograph, Narrative
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Once per lifetime per tooth	No	Radiograph, Narrative

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D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Once per tooth per lifetime	No	Radiograph, Narrative
D3999	unspecified endodontic procedure, by report	By report	Yes	Radiograph, Narrative
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available.
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available.
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available.
4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded space per quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available.

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D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph
D4245	apically positioned flap	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph
D4249	clinical crown lengthening - hard tissue	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph

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D4260	osseous surgery (including elevation of full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Radiograph
D4261	osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Radiograph
D4263	bone replacement graft - retained natural tooth - first site in quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph

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D4265	biologic materials to aid in soft and osseous tissue regeneration	Once per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph
D4266	guided tissue regeneration - resorbable barrier, per site	One per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph
D4267	guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	One per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph

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D4270	pedicle soft tissue graft procedure	One per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	Two per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available
D4275	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - first tooth, implant or edentulous tooth position in graft	Two per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available

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D4276	combined connective tissue and double pedicle graft, per tooth	One per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph
D4277	free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft	Two per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available
D4278	free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Two per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in the same graft site)	Two per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Two per quadrant per 24 months	Yes	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available
D4321	provisional splinting - extracoronal	Once per lifetime	No	Narrative, including diagnosis, Periodontal charting, Intraoperative photo if available, Radiograph

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D4341	periodontal scaling and root planing - four or more teeth per quadrant	Once per quadrant per 24 months	Yes	Narrative, Periodontal charting, Bitewing X-rays
D4342	periodontal scaling and root planing - one to three teeth per quadrant	Once per quadrant per 24 months	Yes	Narrative, Periodontal charting, Bitewing X-rays
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Once in 6 month period	No	N/A
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	Once every 24 months when no history of D1110, D4341, D4342, D4346, or D4910 in previous 24 months	No	Periodic or Comprehensive exam may not be completed on the same day.
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Once per tooth per lifetime for non-responding periodontal disease 12 months after non-surgical treatment	Yes	Narrative, Periodontal charting, Bitewing X-rays

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D4910	periodontal maintenance	Once per 3 months following qualifying definitive periodontal procedure.	No	Clinical record of SRP in history or current perio chart and x-rays
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	By report	No	Narrative
D4999	unspecified periodontal procedure, by report	By report	Yes	Radiograph, Narrative
D5110	complete denture - maxillary	Once per 5 year period; 1 replacement considered by report	No	Radiograph, Narrative
D5120	complete denture - mandibular	Once per 5 year period; 1 replacement considered by report	No	Radiograph, Narrative
D5130	immediate denture - maxillary	Once per 5 year period; 1 replacement considered by report	No	Radiograph, Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D5140	immediate denture - mandibular	One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report	No	Radiograph, Narrative
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart

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D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	One fixed or removable denture allowed per 5 years, per arch; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5410	adjust complete denture - maxillary	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative

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D5411	adjust complete denture - mandibular	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5421	adjust partial denture - maxillary	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5422	adjust partial denture - mandibular	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5511	repair broken complete denture base, mandibular	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5512	repair broken complete denture base, maxillary	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative

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D5520	replace missing or broken teeth - complete denture (each tooth)	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5611	repair resin partial denture base, mandibular	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5612	repair resin partial denture base, maxillary	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5621	repair cast partial framework, mandibular	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5622	repair cast partial framework, maxillary	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D5630	repair or replace broken retentive clasping materials per tooth	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5640	replace broken teeth - per tooth	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5650	add tooth to existing partial denture	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5660	add clasp to existing partial denture - per tooth	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5710	rebase complete maxillary denture	2 repairs/adjustments per arch per year; after 6 months of denture delivery	Yes	Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D5711	rebase complete mandibular denture	2 repairs/adjustments per arch per year; after 6 months of denture delivery	Yes	Narrative
D5720	rebase maxillary partial denture	2 repairs/adjustments per arch per year; after 6 months of denture delivery	Yes	Narrative
D5721	rebase mandibular partial denture	2 repairs/adjustments per arch per year; after 6 months of denture delivery	Yes	Narrative
D5730	reline complete maxillary denture (chairside)	One reline per arch per 12 months starting 6 months after denture delivery	No	Narrative
D5731	reline complete mandibular denture (chairside)	One reline per arch per 12 months starting 6 months after denture delivery.	No	Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D5740	reline maxillary partial denture (chairside)	One reline per arch per 12 months starting 6 months after denture delivery	No	Narrative
D5741	reline mandibular partial denture (chairside)	One reline per arch per 12 months starting 6 months after denture delivery.	No	Narrative
D5750	reline complete maxillary denture (laboratory)	One reline per arch per 12 months starting 6 months after denture delivery.	No	Narrative
D5751	reline complete mandibular denture (laboratory)	One reline per arch per 12 months starting 6 months after denture delivery.	No	Narrative
D5760	reline maxillary partial denture (laboratory)	One reline per arch per 12 months starting 6 months after denture delivery.	No	Narrative
D5761	reline mandibular partial denture (laboratory)	One reline per arch per 12 months starting 6 months after denture delivery.	No	Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D5850	tissue conditioning, maxillary	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5851	tissue conditioning, mandibular	2 repairs/adjustments per arch per year; after 6 months of denture delivery	No	Narrative
D5862	precision attachment, by report	By report	Yes	Narrative, Radiographs
D5863	overdenture - complete maxillary	One fixed or removable denture allowed per 5 arch, per 5 years; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5864	overdenture - partial maxillary	One fixed or removable denture allowed per arch, per 5 years; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D5865	overdenture - complete mandibular	One fixed or removable denture allowed per arch, per 5 years; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5866	overdenture - partial mandibular	One fixed or removable denture allowed per arch, per 5 years; 1 replacement considered by report	Yes	Radiograph, Narrative, Current tooth Chart
D5899	unspecified removable prosthodontic procedure, by report	By report	Yes	Radiograph, Narrative
D5931	obturator prosthesis, surgical	By report	Yes	Radiograph, Narrative
D5932	obturator prosthesis, definitive	By report	Yes	Radiograph, Narrative
D5933	obturator prosthesis, modification	By report	Yes	Radiograph, Narrative
D5954	palatal augmentation prosthesis	By report	Yes	Radiograph, Narrative
D5958	palatal lift prosthesis, interim	By report	Yes	Radiograph, Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D5992	adjust maxillofacial prosthetic appliance, by report	By report	Yes	Radiograph, Narrative
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra or intra-oral) other than required adjustments, by report	By report	No	Radiograph, Narrative
D5999	unspecified maxillofacial prosthesis, by report	By report	Yes	Radiograph, Narrative
D6010	surgical placement of implant body: endosteal implant	Limited Implant Benefit, by report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6012	surgical placement of implant body for transitional prosthesis: endosteal implant	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6013	surgical placement of mini implant	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6040	surgical placement: eposteal implant	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6050	surgical placement: transosteal implant	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6055	connecting bar - implant supported or abutment supported	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6056	prefabricated abutment- includes modification and placement	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6057	custom fabricated abutment- includes placement	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6058	abutment supported porcelain/ceramic crown	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6059	abutment supported porcelain fused to metal crown (high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6061	abutment supported porcelain fused to metal crown (noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6062	abutment supported cast metal crown (high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6063	abutment supported cast metal crown (predominantly base metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6064	abutment supported cast metal crown (noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6065	implant supported porcelain / ceramic crown	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6068	abutment supported retainer for porcelain / ceramic FPD	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6072	abutment supported retainer for cast metal FPD (high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6074	abutment supported retainer for cast metal FPD (noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6075	implant supported retainer for ceramic FPD	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6082	implant supported crown - porcelain fused to predominantly base alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6083	implant supported crown - porcelain fused to noble alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6084	implant supported crown – porcelain fused to titanium or titanium alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6086	implant supported crown – predominantly base alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6087	implant supported crown – noble alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6088	implant supported crown – titanium and titanium alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6090	repair implant supported prosthesis, by report	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6091	replacement of semi-precision or precision attachment (male or female component) of implant / abutment supported prosthesis, per attachment	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6092	re-cement or re-bond implant / abutment supported crown	By report; see policies on implant coverage	No	Radiograph, Narrative, Tooth Chart

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6093	re-cement or re-bond implant / abutment supported fixed partial denture	By report; see policies on implant coverage	No	Radiograph, Narrative, Tooth Chart
D6094	abutment supported crown (titanium)	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6095	repair implant abutment, by report	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6097	abutment supported crown - porcelain fused to titanium	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6098	implant supported retainer - porcelain fused to predominantly base alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6100	implant removal, by report	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6110	implant / abutment supported removable denture for edentulous arch - maxillary	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6111	implant / abutment supported removable denture for edentulous arch - mandibular	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6112	implant / abutment supported removable denture for partially edentulous arch - maxillary	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6113	implant / abutment supported removable denture for partially edentulous arch - mandibular	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6114	implant / abutment supported fixed denture for edentulous arch - maxillary	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6115	implant / abutment supported fixed denture for edentulous arch - mandibular	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6116	implant / abutment supported fixed denture for partially edentulous arch - maxillary	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6117	implant / abutment supported fixed denture for partially edentulous arch - mandibular	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6121	implant supported retainer for metal FPD - predominantly base alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6122	implant supported retainer for metal FPD - noble alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6190	radiographic/surgical implant index, by report	By report; see policies on implant coverage	Yes	Radiograph, Narrative, Tooth Chart
D6194	abutment supported retainer crown for FPD (titanium)	By report	Yes	Radiograph, Narrative, Tooth Chart
D6195	abutment supported retainer for cast metal FPD	By report	Yes	Radiograph, Narrative, Tooth Chart
D6199	unspecified implant procedure, by report	By report	Yes	Radiograph, Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6205	pontic - indirect resin based composite	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6210	pontic - cast high noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6211	pontic - case predominantly base metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6212	pontic - cast noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6240	pontic - porcelain fused to high noble metal	Limited Bridge Benefit - see policies in manual.	Yes	FMX/Pano, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6241	pontic - porcelain fused to predominantly base metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6242	pontic - porcelain fused to noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6243	pontic - porcelain fused to titanium and titanium alloys	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6245	pontic - porcelain / ceramic	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6250	pontic - resin with high noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	Radiograph, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6251	pontic - resin with predominantly base metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	Radiograph, Narrative, Tooth Chart
D6252	pontic - resin with noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	Radiograph, Narrative, Tooth Chart
D6545	retainer - cast metal for resin bonded fixed prosthesis	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6549	resin retainer - for resin bonded fixed prosthesis	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6710	retainer crown - indirect resin based composite	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6720	retainer crown - resin with high noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6721	retainer crown - resin with predominantly base metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6722	retainer crown - resin with noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6740	retainer crown - porcelain/ceramic	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6750	retainer crown - porcelain fused to high noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6751	retainer crown - porcelain fused to predominantly base metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6752	retainer crown - porcelain fused to noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6753	retainer crown - porcelain fused to titanium and titanium alloys	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6780	retainer crown - 3/4 cast high noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6784	retainer crown $\frac{3}{4}$ - titanium and titanium alloys	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6790	retainer crown - full cast high noble metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6791	retainer crown -full cast predominately base metal	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed every 5 years, per arch	Yes	FMX/Pano, Narrative, Tooth Chart
D6792	retainer crown - full cast noble metal	Limited Bridge Benefit - see policies in manual.	Yes	FMX/Pano, Narrative, Tooth Chart
D6920	connector bar	By report	Yes	Narrative
D6930	re-cement or re-bond fixed partial denture	One per tooth per 2 years	No	Narrative
D6940	stress breaker	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D6950	precision attachment	Limited Bridge Benefit - see policies in manual. One fixed or removable denture allowed per arch, per 5 years	Yes	FMX/Pano, Narrative, Tooth Chart
D6980	fixed partial denture repair necessitated by restorative material failure	One per tooth, per 2 years	Yes	Narrative
D6999	unspecified fixed prosthodontic procedure, by report	By report	Yes	Radiograph, Narrative
D7111	extraction, coronal remnants - primary tooth	Once per tooth, per lifetime	No	N/A
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Once per tooth, per lifetime	No	N/A
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Once per tooth, per lifetime	No	Radiograph, Clinical Notes

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7220	removal of impacted tooth - soft tissue	Once per tooth, per lifetime	No	Radiograph, Clinical Notes
D7230	removal of impacted tooth - partially bony	Once per tooth, per lifetime	No	Radiograph, Clinical Notes
D7240	removal of impacted tooth - completely bony	Once per tooth, per lifetime	No	Radiograph, Clinical Notes
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	Once per tooth per lifetime	No	Radiograph, Clinical Notes
D7250	Removal of residual tooth roots (cutting procedure)	Once per tooth per lifetime	No	Radiograph, Clinical Notes
D7251	coronectomy - intentional partial tooth removal	By report	No	Radiograph, Clinical Notes
D7260	oroantral fistula closure	By report	No	Radiograph, Clinical Notes
D7261	primary closure of a sinus perforation	By report	No	Radiograph, Clinical Notes

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	By report	No	Radiograph, Narrative
D7280	exposure of an unerupted tooth	N/A	Yes	N/A
D7282	mobilization of erupted or malpositioned tooth to aid eruption	N/A	No	N/A
D7283	placement of device to facilitate eruption of impacted tooth	N/A	Yes	N/A
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	By report	No	Radiograph, Narrative, Pathology Report
D7286	incisional biopsy of oral tissue - soft	By report	No	Radiograph, Narrative, Pathology Report
D7287	exfoliative cytological sample collection	By report	No	Radiograph, Clinical Notes

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7295	harvest of bone for use in autogenous grafting procedure	By report	No	Radiograph, Clinical Notes
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Once per quadrant per lifetime, see processing policies	No	Radiograph, Narrative
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Once per quadrant per lifetime, see processing policies	No	Radiograph, Narrative
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Once per quadrant per lifetime, see processing policies	Yes	Radiograph, Narrative
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Once per quadrant per lifetime, see processing policies	Yes	Radiograph, Narrative

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	By report	No	Panoramic X-ray, Clinical Notes
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	By report	No	Radiograph, Clinical Notes
D7410	excision of benign lesion up to 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes
D7411	excision of benign lesion greater than 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes
D7412	excision of benign lesion, complicated	By report	No	Pathology report, Radiograph, Clinical Notes
D7413	excision of malignant lesion up to 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7414	excision of malignant lesion greater than 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes
D7415	excision of malignant lesion, complicated	By report	No	Pathology report, Radiograph, Clinical Notes
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	By report	Yes	Pathology report, Radiograph, Clinical Notes
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	By report	Yes	Pathology report, Radiograph, Clinical Notes
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	By report	No	Pathology report, Radiograph, Clinical Notes
D7465	destruction of lesion(s) by physical or chemical method, by report	By report	No	Pathology report, Radiograph, Clinical Notes
D7471	removal of lateral exostosis (maxilla or mandible)	Once per quadrant per lifetime	Yes	Panoramic x-ray, Narrative
D7472	removal of torus palatinus	Once per arch per lifetime	Yes	Radiograph, Narrative
D7473	removal of torus mandibularis	Once per quadrant per lifetime	Yes	Radiograph, Narrative
D7485	reduction of osseous tuberosity	Once per quadrant per lifetime	Yes	Radiograph, Narrative
D7490	radical resection of maxilla or mandible	By report	No	Radiograph, Clinical Notes
D7510	incision and drainage of abscess - intraoral soft tissue	By report	No	Radiograph, Clinical Notes

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	By report	No	Radiograph, Clinical Notes
D7520	incision and drainage of abscess - extraoral soft tissue	By report	No	Radiograph, Clinical Notes
D7521	incision and drainage of abscess - extraoral soft tissue- complicated (includes drainage of multiple fascial spaces)	By report	No	Radiograph, Clinical Notes
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	By report	No	Pathology report, Radiograph, Clinical Notes
D7540	removal of reaction producing foreign bodies, musculoskeletal system	By report	No	Pathology report, Radiograph, Clinical Notes

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	By report	No	Pathology report, Radiograph, Clinical Notes
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	By report	No	Pathology report, Radiograph, Clinical Notes
D7610	maxilla - open reduction (teeth immobilized, if present)	By report	No	Radiograph, Clinical Notes
D7620	maxilla - closed reduction (teeth immobilized, if present)	By report	No	Radiograph, Clinical Notes
D7630	mandible - open reduction (teeth immobilized, if present)	By report	No	Radiograph, Clinical Notes
D7640	mandible - closed reduction (teeth immobilized, if present)	By report	No	Radiograph, Clinical Notes
D7650	malar and/or zygomatic arch - open reduction	By report	No	Radiograph, Clinical Notes

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7660	malar and/or zygomatic arch- closed reduction	By report	No	Radiograph, Clinical Notes
D7670	alveolus - closed reduction, may include stabilization of teeth	By report	No	Radiograph, Clinical Notes
D7671	alveolus - open reduction, may include stabilization of teeth	By report	No	Radiograph, Clinical Notes
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	By report	No	Radiograph, Clinical Notes
D7710	maxilla - open reduction	By report	No	Radiograph, Clinical Notes
D7720	maxilla - closed reduction	By report	No	Radiograph, Clinical Notes
D7730	mandible - open reduction	By report	No	Radiograph, Clinical Notes
D7740	mandible - closed reduction	By report	No	Radiograph, Clinical Notes

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7750	malar and /or zygomatic arch - open reduction	By report	No	Radiograph, Clinical Notes
D7760	malar and /or zygomatic arch - closed reduction	By report	No	Radiograph, Clinical Notes
D7770	alveolus, open reduction stabilization of teeth	By report	No	Radiograph, Clinical Notes
D7771	alveolus, closed reduction stabilization of teeth	By report	No	Radiograph, Clinical Notes
D7780	facial bones - complicated reduction with fixation and multiple approaches	By report	No	Radiograph, Clinical Notes
D7810	open reduction of dislocation	By report	No	Radiograph, Clinical Notes
D7820	closed reduction of dislocation	By report	No	Radiograph, Clinical Notes
D7830	manipulation under anesthesia	By report	No	Radiograph, Clinical Notes
D7840	condylectomy	By report	No	Radiograph, Clinical Notes
D7850	surgical discectomy, with/without implant	By report	No	Radiograph, Clinical Notes
D7860	arthrotomy	By report	No	Radiograph, Clinical Notes

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7870	arthrocentesis	By report	No	Radiograph, Clinical Notes
D7880	occlusal orthotic device, by report	Once per 5 years	Yes	Radiograph, Narrative
D7881	occlusal orthotic device adjustment	By report, once per 5 years	No	Radiograph, Clinical Notes
D7910	suture of recent small wounds up to 5 cm	By report	No	Radiograph, Clinical Notes
D7911	complicated suture - up to 5 cm	By report	No	Radiograph, Clinical Notes
D7912	complicated suture - greater than 5 cm	By report	No	Radiograph, Clinical Notes
D7920	skin graft (identify defect covered , location and type of graft)	By report	No	Radiograph, Clinical Notes
D7940	osteoplasty - for orthognathic deformities	By report	No	Radiograph, Clinical Notes
D7941	osteotomy - mandibular rami	By report	No	Radiograph, Clinical Notes
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	By report	No	Radiograph, Clinical Notes
D7944	osteotomy - segmented or subapical	By report	No	Radiograph, Clinical Notes
D7945	osteotomy - body of mandible	By report	No	Radiograph, Clinical Notes

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7946	LeFort I (maxilla - total)	By report	No	Radiograph, Clinical Notes
D7947	LeFort I (maxilla - segmented)	By report	No	Radiograph, Clinical Notes
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	By report	No	Radiograph, Clinical Notes
D7949	LeFort II or LeFort III - with bone graft	By report	No	Radiograph, Clinical Notes
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogeneous, by report	By report	No	Radiograph, Clinical Notes
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	By report	No	Radiograph, Clinical Notes
D7952	sinus augmentation via a vertical approach	By report	No	Radiograph, Clinical Notes
D7953	bone replacement graft for ridge preservation - per site	By report	No	Radiograph, Clinical Notes

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7955	repair of maxillofacial soft and/or hard tissue defect	By report	No	Radiograph, Clinical Notes
D7961	Buccal/Labial frenectomy	Once per arch, per lifetime	No	Narrative
D7962	Lingual frenectomy	Once per arch, per lifetime	No	Narrative
D7963	frenuloplasty	Once per arch, per lifetime	Yes	Radiograph, Narrative
D7970	excision of hyperplastic tissue - per arch	Once per arch, per lifetime	Yes	Radiograph, Narrative
D7971	excision of pericoronal gingiva	Once per quad, per lifetime	Yes	Radiograph, Narrative
D7972	surgical reduction of fibrous tuberosity	Once per quad, per lifetime	Yes	Radiograph, Narrative
D7980	surgical sialolithotomy	By report	No	Radiograph, Clinical Notes
D7981	excision of salivary gland, by report	By report	No	Radiograph, Clinical Notes
D7982	sialodochoplasty	By report	No	Radiograph, Clinical Notes
D7983	closure of salivary fistula	By report	No	Radiograph, Clinical Notes
D7990	emergency tracheotomy	By report	No	Radiograph, Clinical Notes

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D7991	coronoidectomy	By report	No	Radiograph, Clinical Notes
D7995	synthetic graft - mandible or facial bones, by report	By report	No	Radiograph, Clinical Notes
D7998	intraoral placement of a fixation device not in conjunction with a fracture	By report	No	Radiograph, Clinical Notes
D8020	Limited orthodontic treatment of the transitional dentition	See policies on orthodontic services	Yes	Pano, Models
D8070	comprehensive orthodontic treatment of the transitional dentition	See policies on orthodontic services	Yes	Pano, Models
D8080	comprehensive orthodontic treatment of the adolescent dentition	See policies on orthodontic services	Yes	Pano, Models
D8210	removable appliance therapy	See policies on orthodontic services	Yes	Pano, Models
D8220	fixed appliance therapy	See policies on orthodontic services	Yes	Pano, Models

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	See policies on orthodontic services	Yes	Pano, Models
D8690	orthodontic treatment (alternative billing to a contract fee)	See policies on orthodontic services	Yes	Pano, Models
D8703	replacement of lost or broken retainer - maxillary	One per arch per lifetime	No	Narrative
D8704	replacement of lost or broken retainer - mandibular	One per arch per lifetime	No	Narrative
D8999	unspecified orthodontic procedure, by report	By report	Yes	Narrative
D9110	palliative (emergency) treatment of dental pain - minor procedure	By report	No	Narrative, radiograph if available
D9120	fixed partial denture sectioning	By report	No	Radiograph, Narrative
D9222	deep sedation / general anesthesia - first 15 minutes	Maximum of 1 hour for covered oral surgery only	No	Narrative

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D9223	deep sedation / general anesthesia - each subsequent 15 minute increment	Maximum of 1 hour for covered oral surgery only	No	Narrative
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	Inhalation of nitrous oxide is payable when the age of the member necessitates the use of minimal sedation for dental procedures.	No	N/A
D9239	intravenous moderate (conscious) sedation / analgesia - first 15 minutes	Maximum of 1 hour for covered oral surgery only	No	N/A
D9243	intravenous moderate (conscious) sedation / analgesia - each subsequent 15 minute increment	Maximum of 1 hour for covered oral surgery only	No	Narrative
D9248	non-intravenous conscious sedation	Medically necessary	No	N/A

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CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Limited to one per 12 months; per DDS/office	No	Narrative
D9410	house/extended care facility call	N/A	No	Narrative including treatment location
D9420	hospital or ambulatory surgical center call	N/A	No	Narrative including treatment location
D9440	office visit - after regularly scheduled hours	N/A	No	Narrative including time of day, day of week, and clinical condition
D9610	therapeutic parenteral drug, single administration	By report	No	Narrative
D9910	application of desensitizing medicament	By report	No	Narrative
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	By report	No	Narrative
D9942	repair and/or relines of occlusal guard	Once per 3 years	No	Narrative

DWP Kids Covered Codes Matrix Effective July 1, 2021

CDT Code	Nomenclature	Frequency	Prior Authorization Required	Claim Submission Requirements
D9943	occlusal guard adjustment	Once per 3 years	Yes	Narrative
D9944	occlusal guard - hard appliance, full arch	One per 5 years	Yes	Narrative, Photo if available
D9946	occlusal guard - hard appliance, partial arch	One per 5 years	Yes	Narrative, Photo if available
D9995	Teledentistry- Synchronous	N/A	No	Narrative
D9996	Teledentistry- Asynchronous	N/A	No	Narrative
D9997	Dental Case Mngmt	By report	No	Narrative
D9999	unspecified adjunctive procedure, by report	By report	Yes	Radiograph, Narrative

This chart is a summary of benefit information, for more complete details, please refer to the DWP and DWP Kids Dentist Office Manual.