

Dental Code Coverage and Usage

DIAGNOSTIC

Code	Description	When to Perform	Coverage
D0120	Periodic Oral Evaluation	Once every 6 months	100%, 2 times per year on ANY type of exam
D0140	Limited Exam, Emergency, Acute Infection	Periodontal abscess, emergency check	100%, 2 times per year on ANY type of exam
D0145	Evaluation of Children Under 3	Happy visit including a quick look	100%, 2 times per year on ANY type of exam
D0150	New Patient Exam	New patient assessment WITHOUT periodontics	100%, 2 times per year on ANY type of exam
D0170	Re-treat of Soft Tissue Lesion, Follow-Up	2 week check up on suspicious soft tissue lesions	100%, 2 times per year on ANY type of exam
D0171	Limited Re-Eval Post-Op	4-6 week re-eval of D0141/2 codes. The better code would be D0110 if scaling/placing of antimicrobial agents is done	100%, 2 times per year on ANY type of exam
D0180	New Patient with Periodontic Exam	New patient assessment WITH periodontics	100%, 2 times per year on ANY type of exam
D0210	PBX	As needed based on periodontal status & risk factors	In every 3-5 years, at 100%. Only a Pass or PBX covered.
D0220	1st PA	As needed based on periodontal status & risk factors	4-6 PA's per year
D0230	Each Add'l PA	As needed based on periodontal status & risk factors	4-6 PA's per year
D0272	2 BWC	As needed based on periodontal status & risk factors	6 months to the day 1-2 per calendar year at 100%
D0274	4 BWC	As needed based on periodontal status & risk factors	6 months to the day 1-2 per calendar year at 100%
D0277	Vertical BWC	As needed based on periodontal status & risk factors	6 months to the day 1-2 per calendar year at 100%
D0330	Programic XRay	As needed based on periodontal status & risk factors	In every 3-5 years, at 100%. Only a Pass or PBX covered.

PREVENTIVE

Code	Description	When to Perform	Coverage
D1110	Adult Prophyl	When all permanent teeth are present	6 months and 1 day OR 2 per calendar year
D1120	Child Prophyl	Primary/Mixed Dentition	6 months and 1 day OR 2 per calendar year
D1206	Fluoride Varnish	As needed based on risk factors	Limited on adults, up to age 12-13 on children
D1208	Fluoride Gel/Rinse/Tray	As needed based on risk factors	Limited on adults, up to age 12-13 on children
D1320	Tobacco Counseling	If you have a protocol for those interested in quitting tobacco use	Limited, 1x per year
D1310	Nutritional Counseling	If you have a protocol for those needing dietary assessment for cancer	Limited, 1x per year
1330	Oral Hygiene Education	When OHE is provided, it must be in notes	Limited, 1x per year
D1351	Sealant	As needed on any tooth with grooves	Every 3 years, unless only under age 14 at 80-100%

PERIODONTICS

Code	Description	When to Perform	Coverage
D4341	Periodontal Debridement 4+ teeth / quad	Patient presents with periodontitis on 4+ teeth in a quad	80% with deductible, 1x every 2 years, full per chart with bleeding and PBX or Pass
D4342	Periodontal Debridement 1-3 teeth / quad	Patient presents with periodontitis on 1-3 teeth in a quad	80% with deductible, 1x every 2 years, full per chart with bleeding and PBX or Pass
D4355	Full Mouth Debridement	When you can't see to perform dental exam or hygiene assessment	No previous record of having a cleaning, 1x with deductible at 80%
D4381	Antimicrobial Agent (Arestin)	Refactory site, at time of RP/SC or at Pass Maint visit	Limited coverage, \$30 or 80%, need per chart with deductible
D4382	Periodontal	Every appointment after D4341/D4342. When no charters with	80% with deductible every 6 months. When full exam done 1

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Thirumalaisamy P.
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