

A photograph of a dentist in a white coat and mask examining a smiling female patient in a dental chair. The dentist is holding a dental mirror and a handpiece. The patient is looking up at the dentist with a pleasant expression.

**MEDICARE ADVANTAGE DENTAL  
QUICK REFERENCE GUIDE FOR HEALTH PARTNERS**

CARESOURCE ADVANTAGE®  
CARESOURCE ADVANTAGE PLUS®  
CARESOURCE ADVANTAGE ZERO PREMIUM®



## DENTAL SERVICES

Dental services for CareSource Medicare Advantage members are part of our enhanced benefit design. In general, preventive dental services such as cleaning, routine dental exams and dental X-rays, basic restorative services and major restorative services are not covered by original Medicare, but they are covered under our Medicare Advantage plans.

Dental services do not require a prior authorization.

Members are to see a [network provider](#).

Locate network health partners at **FindaDoctor.CareSource.com** by selecting Ohio Medicare Advantage as the Program and Dentistry as the Specialty.

To become a network provider, access the Join our Network webpage at <https://www.caresource.com/providers/join-our-network/>.

### **Routine Dental Care**

All CareSource Medicare Advantage plan members are covered for routine, preventive dental care including:

- Cleaning once every six months
- Dental X-rays
- Oral exam once every six months

Please refer to the Covered Services charts for a list of covered services, billing codes and member copays/coinsurance for:

- Routine Dental Care and Basic Restorative Services
- Major Restorative Services



# PROVIDER PORTALS

CareSource equips our health partners with online tools to facilitate administrative tasks. Our provider portals will help you verify eligibility, identify dental benefits, file claims and more.

**CareSource Provider Portal: <https://providerportal.caresource.com/>**

You'll use the CareSource Provider Portal to file claims and view payment history.

For questions about the CareSource Provider Portal, contact Health Partner Services at **1-844-679-7865**.

**Dental Provider Web Portal: <https://pwp.sciondental.com/PWP/Landing>**

You can access the Dental Provider Web Portal within the CareSource Provider Portal. Just log in and click the "Dental Provider Login" link on the left.

The time-saving functions of the Dental Provider Web Portal allow you to:

- Verify member eligibility.
- View member service history, covered benefits and fee schedules.
- Create a member eligibility calendar and view real-time eligibility for multiple members.

For questions about the Dental Provider Web Portal, contact the web portal team at [ProviderPortal@scion.com](mailto:ProviderPortal@scion.com) or call 1-855-434-9239.



## CLAIMS

You can submit claims on the CareSource Provider Portal: <https://providerportal.caresource.com/>.

You can mail paper claims:

CareSource

Attn: Claims Department

P.O. Box 8730

Dayton, OH 45401-8730

Contact CareSource Health Partner Services at **1-844-679-7865** for questions about submitting claims.

## ELECTRONIC FUNDS TRANSFER

We encourage our dental health partners to enroll in Scion Dental's electronic funds transfer (EFT) to enjoy efficient and reliable claim payments.

Visit <https://pwp.sciondental.com/PWP/Landing> to enroll in EFT.

## COVERED SERVICES

The charts below contain billing codes, copayments and coinsurance amounts based on the patient's CareSource Medicare Advantage plan:

- CareSource Medicare Advantage
- CareSource Medicare Advantage Plus
- CareSource Medicare Advantage Zero Premium



## Routine Dental Care and Basic Restorative Services

The services listed below are covered services that do not require prior authorization with a network provider. If multiple services are performed on the same date of service, the member is only responsible for the highest copay amount.

Code	Description	Copay for CareSource Medicare Advantage	Copay for CareSource Medicare Advantage Plus	Copay for CareSource Medicare Advantage Zero Premium
D0120	Periodic oral evaluation	10.00 copay	10.00 copay	10.00 copay
D0150	Comprehensive oral evaluation	10.00 copay	10.00 copay	10.00 copay
D0180	Comprehensive periodontal evaluation	10.00 copay	10.00 copay	10.00 copay
D1110	Prophylaxis – Adult	10.00 copay	10.00 copay	10.00 copay
D1120	Prophylaxis – Child	10.00 copay	10.00 copay	10.00 copay
D1206	Topical Fluoride - Varnish	10.00 copay	10.00 copay	10.00 copay
D1208	Topical application of fluoride (excluding prophylaxis)	10.00 copay	10.00 copay	10.00 copay
D1999	Unspecified preventive procedure, by report	10.00 copay	10.00 copay	10.00 copay
D0210	Intraoral – complete set of radiographic images including bitewings	10.00 copay	10.00 copay	10.00 copay
D0220	Intraoral - periapical radiographic image	10.00 copay	10.00 copay	10.00 copay
D0230	Intraoral - additional periapical image	10.00 copay	10.00 copay	10.00 copay
D0240	Intraoral - occlusal radiographic image	10.00 copay	10.00 copay	10.00 copay
D0250	Extraoral - first radiographic image	10.00 copay	10.00 copay	10.00 copay
D0251	Extra-oral posterior dental radiographic image	10.00 copay	10.00 copay	10.00 copay
D0270	Bitewing - single image	10.00 copay	10.00 copay	10.00 copay
D0272	Bitewings - two images	10.00 copay	10.00 copay	10.00 copay
D0273	Bitewings - three images	10.00 copay	10.00 copay	10.00 copay
D0274	Bitewings - four images	10.00 copay	10.00 copay	10.00 copay
D0277	Vertical bitewings – 7 to 8 images	10.00 copay	10.00 copay	10.00 copay
D0330	Panoramic radiographic image	10.00 copay	10.00 copay	10.00 copay
D0460	Pulp vitality tests; Includes multiple teeth and contra lateral comparison(s), as indicated	10.00 copay	10.00 copay	10.00 copay
D0480	Oral Pathology lab	10.00 copay	10.00 copay	10.00 copay
D0502	Oral Pathology lab	10.00 copay	10.00 copay	10.00 copay
D0999	Unspecified diagnostic procedure, by report;	10.00 copay	10.00 copay	10.00 copay
D2140	Amalgam - one surface, primary or permanent	50.00 copay	30.00 Copay	45.00 copay
D2150	Amalgam - two surfaces, primary or permanent	50.00 copay	30.00 Copay	45.00 copay





Code	Description	Copay for CareSource Medicare Advantage	Copay for CareSource Medicare Advantage Plus	Copay for CareSource Medicare Advantage Zero Premium
D2160	Amalgam - three surfaces, primary or permanent	50.00 copay	30.00 Copay	45.00 copay
D2161	Amalgam - four or more surfaces, primary or permanent	50.00 copay	30.00 Copay	45.00 copay
D2330	Resin-based composite - one surface, anterior	50.00 copay	30.00 Copay	45.00 copay
D2331	Resin-based composite - two surfaces, anterior	50.00 copay	30.00 Copay	45.00 copay
D2332	Resin-based composite - three surfaces, anterior	50.00 copay	30.00 Copay	45.00 copay
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	50.00 copay	30.00 Copay	45.00 copay
D2390	Resin-based composite crown, anterior	50.00 copay	30.00 Copay	45.00 copay
D2391	Resin-based composite - one surface, posterior; Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure	50.00 copay	30.00 Copay	45.00 copay
D2392	Resin-based composite - two surfaces, posterior	50.00 copay	30.00 Copay	45.00 copay
D2393	Resin-based composite - three surfaces, posterior	50.00 copay	30.00 Copay	45.00 copay
D2394	Resin-based composite - four or more surfaces, posterior	50.00 copay	30.00 Copay	45.00 copay
D9222	Deep sedation/general anesthesia – first 15 minutes	50.00 copay	30.00 Copay	45.00 copay
D9223	Deep sedation/general anesthesia - each 15 minute increment	50.00 copay	30.00 Copay	45.00 copay
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	50.00 copay	30.00 Copay	45.00 copay
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	50.00 copay	30.00 Copay	45.00 copay
D9310	Consultation	50.00 copay	30.00 Copay	45.00 copay
D9610	Therapeutic drug injection, by report	50.00 copay	30.00 Copay	45.00 copay

# MAJOR RESTORATIVE SERVICES

CareSource Medicare Advantage and Medicare Advantage Plus members:

- Have coverage for the major restorative services listed in the Covered Services chart
- Are responsible for 50 percent coinsurance of the CareSource Medicare Advantage rate

CareSource Medicare Advantage Zero Premium members:

- Do not have coverage for major restorative services
- Are responsible for 100 percent of the health partner charge

Code	Description	Code	Description
D1510	Space maintainer – fixed – unilateral	D5899	Unspecified removable prosthodontic procedure, by report
D1515	Space maintainer – fixed – bilateral	D5911	Facial Moulage (sectional)
D1520	Space maintainer - removable – unilateral	D5912	Facial Moulage (complete)
D1525	Space maintainer - removable – bilateral	D5983	Radiation Carrier
D1550	Re-cementation or rebond space maintainer	D5984	Radiation Shield
D1555	Removal of fixed space maintainer	D5987	Commissure Splint
D1575	Distal shoe space maintainer - fixed - unilateral	D6010	Endosteal Implant
D2510	Inlay - metallic – one surface	D6011	Second stage implant surgery
D2520	Inlay - metallic – two surfaces	D6012	Surgical Placement of Interim Implant Body
D2530	Inlay - metallic – three surfaces	D6013	Surgical placement of mini implant
D2542	Onlay - metallic - two surfaces	D6040	Eposteal Implant
D2543	Onlay - metallic - three surfaces	D6050	Transosteal Implant, Including Hardware
D2544	Onlay - metallic - four or more surfaces	D6055	Connecting Bar – implant or abutment supported
D2610	Inlay - porcelain/ceramic - one surface	D6056	Prefabricated Abutment
D2620	Inlay - porcelain/ceramic - two surfaces	D6057	Custom Abutment
D2630	Inlay - porcelain/ceramic - three or more surfaces	D6058	Abutment supported porcelain ceramic crown
D2642	Onlay - porcelain/ceramic - two surfaces	D6059	Abutment supported porcelain fused to high noble metal



Code	Description	Code	Description
D2643	Onlay - porcelain/ceramic - three surfaces	D6060	Abutment supported porcelain fused to predominately base metal crown
D2644	Onlay - porcelain/ceramic - four or more surfaces	D6061	Abutment supported porcelain fused to noble metal crown
D2650	Inlay - resin-based composite - one surface	D6062	Abutment supported cast high noble metal crown
D2651	Inlay - resin-based composite - two surfaces	D6063	Abutment supported cast predominately base metal crown
D2652	Inlay - resin-based composite - three or more surfaces	D6064	Abutment supported cast noble metal crown
D2662	Onlay - resin-based composite - two surfaces	D6065	Implant supported porcelain/ceramic crown
D2663	Onlay - resin-based composite - three surfaces	D6066	Implant supported porcelain fused to high metal crown
D2664	Onlay - resin-based composite - four or more surfaces	D6067	Implant supported metal crown
D2710	Crown - resin-based composite (indirect)	D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture
D2712	Crown - 3/4 resin-based composite (indirect); This code does not include facial veneers.	D6069	Abutment supported retainer for porcelain fused to high noble metal fixed partial denture
D2720	Crown - resin with high noble metal	D6070	Abutment supported retainer for porcelain fused to predominately base metal fixed partial denture
D2721	Crown - resin with predominantly base metal	D6071	Abutment supported retainer for porcelain fused to noble metal fixed partial denture
D2722	Crown - resin with noble metal	D6072	Abutment supported retainer for cast high noble metal fixed partial denture
D2740	Crown - porcelain/ceramic substrate	D6073	Abutment supported retainer for predominately base metal fixed partial denture
D2750	Crown - porcelain fused to high noble metal	D6074	Abutment supported retainer for cast noble metal fixed partial denture
D2751	Crown - porcelain fused to predominately base metal	D6075	Implant supported retainer for ceramic fixed partial denture
D2752	Crown - porcelain fused to noble metal	D6076	Implant supported retainer for porcelain fused to high noble metal fixed partial denture
D2780	Crown - 3/4 cast high noble metal	D6077	Implant supported retainer for cast metal fixed partial denture
D2781	Crown - 3/4 cast predominately base metal	D6080	Implant Maintenance Procedures
D2782	Crown - 3/4 cast noble metal	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant
D2783	Crown - 3/4 porcelain/ceramic	D6085	Provisional implant crown
D2790	Crown - full cast high noble metal	D6090	Repair Implant Prosthesis





Code	Description	Code	Description
D2791	Crown - full cast predominately base metal	D6091	Replacement of Semi-Precision or Precision Attachment
D2792	Crown - full cast noble metal	D6092	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D2794	Crown – titanium	D6093	Recement implant/abutment supported crown
D2910	Re-cement inlay or re-bond inlay, onlay veneer or partial coverage restoration	D6094	Recement implant/abutment supported fixed partial denture
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	D6095	Repair Implant Abutment
D2920	Re-cement or re-bond crown	D6096	Remove broken implant retaining screw
D2921	Reattachment of tooth fragment, incisal edge or cusp	D6100	Implant Removal
D2929	Prefabricated porcelain crown - primary	D6101	Debridement peri-implant defect
D2930	Prefabricated stainless steel crown - primary tooth – Under age 15	D6102	Debridement and osseous peri-implant defect
D2931	Prefabricated stainless steel crown - permanent tooth – Under age 15	D6103	Bone graft peri-implant defect
D2932	Prefabricated resin crown	D6104	Bone graft implant replacement
D2933	Prefabricated stainless steel crown with resin window; Open-face stainless steel crown with aesthetic resin facing or veneer	D6110	Implant/abutment supported removable denture for edentulous arch-maxillary
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth; Stainless steel primary crown with exterior esthetic coating	D6111	Implant/abutment supported removable denture for edentulous arch-mandibular
D2940	Protective Restoration	D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary
D2941	Protective restoration; Direct placement of a restorative material to protect tooth and/or tissue form.	D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular
D2949	Interim therapeutic restoration - primary dentition	D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary
D2950	Core buildup, including any pins	D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular
D2951	Pin retention - per tooth, in addition to restoration	D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary
D2952	Post and core in addition to crown, indirectly fabricated; Post and core are custom fabricated as a single unit.	D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular
D2953	Each additional indirectly fabricated post - same tooth; To be used with D2952.	D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular
D2954	Prefabricated post and core, in addition to crown	D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary
D2957	Each additional prefabricated post - same tooth; To be used with D2954.	D6190	Implant Index



Code	Description	Code	Description
D2960	Labial veneer (resin laminate) - chairside; Refers to labial/facial direct resin bonded veneers.	D6205	Pontic - indirect resin based composite; Not to be used as a temporary or provisional prosthesis.
D2961	Labial veneer (resin laminate) - laboratory; Refers to labial/facial indirect resin bonded veneers.	D6210	Pontic - cast high noble metal
D2962	Labial veneer (porcelain laminate) - laboratory; Refers also to facial veneers that extend interproximally and/or cover the incisal edge.	D6211	Pontic - cast predominately base metal
D2980	Crown repair, by report	D6212	Pontic - cast noble metal
D2981	Inlay Repair	D6214	Pontic - titanium
D2982	Onlay Repair	D6240	Pontic - porcelain fused to high noble metal
D2983	Veneer Repair	D6241	Pontic - porcelain fused to predominately base metal
D2990	Resin infiltration/smooth surface	D6242	Pontic - porcelain fused to noble metal
D2999	Unspecified restorative procedure, by report	D6245	Pontic - porcelain/ceramic
D3110	Pulp cap - direct (excluding final restoration)	D6250	Pontic - resin with high noble metal
D3120	Pulp cap - indirect (excluding final restoration)	D6251	Pontic - resin with predominantly base metal
D3220	Therapeutic pulpotomy (excluding final restoration)	D6252	Pontic - resin with noble metal
D3221	Pulpal debridement, primary and permanent teeth	D6545	Retainer - cast metal for resin bonded fixed prosthesis
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	D6549	Resin retainer-for resin bonded fixed prosthesis
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth excluding final restoration)	D6600	Inlay - porcelain/ceramic, two surfaces
D3310	Anterior root canal (excluding final restoration)	D6601	Inlay - porcelain/ceramic, three or more surfaces
D3320	Bicuspid root canal (excluding final restoration)	D6602	Inlay - cast high noble metal, two surfaces
D3330	Molar root canal (excluding final restoration)	D6603	Inlay - cast high noble metal, three or more surfaces
D3331	Treatment of root canal obstruction; non-surgical access	D6604	Inlay - cast predominantly base metal, two surfaces
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	D6605	Inlay - cast predominantly base metal, three or more surfaces
D3333	Internal root repair of perforation defects; Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by provider filing claim	D6606	Inlay - cast noble metal, two surfaces
D3346	Retreatment of previous root canal therapy-anterior	D6607	Inlay - cast noble metal, three or more surfaces
D3347	Retreatment of previous root canal therapy-bicuspid	D6608	Onlay -porcelain/ceramic, two surfaces
D3348	Retreatment of previous root canal therapy-molar	D6609	Onlay - porcelain/ceramic, three or more surfaces



Code	Description	Code	Description
D3351	Apexification/recalcification - initial visit	D6610	Onlay - cast high noble metal, two surfaces
D3352	Apexification/recalcification - interim medication replacement	D6611	Onlay - cast high noble metal, three or more surfaces
D3353	Apexification/recalcification - final visit	D6612	Onlay - cast predominantly base metal, two surfaces
D3410	Apicoectomy/periradicular surgery - anterior	D6613	Onlay - cast predominantly base metal, three or more surfaces
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	D6614	Onlay - cast noble metal, two surfaces
D3425	Apicoectomy/periradicular surgery - molar (first root)	D6615	Onlay - cast noble metal, three or more surfaces
D3426	Apicoectomy/periradicular surgery (each additional root)	D6624	Inlay - titanium
D3430	Retrograde filling - per root	D6634	Onlay - titanium
D3450	Root amputation - per root	D6710	Crown - indirect resin based composite; Not to be used as a temporary or provisional prosthesis.
D3920	Hemisection (including any root removal)	D6720	Crown - resin with high noble metal
D3999	Unspecified endodontic procedure, by report; Used for procedure that is not adequately described by a code	D6721	Crown - resin with predominantly base metal
D4210	Gingivectomy or gingivoplasty – four or more teeth	D6722	Crown - resin with noble metal
D4211	Gingivectomy or gingivoplasty – one to three teeth	D6740	Crown - porcelain/ceramic
D4212	Gingivectomy or gingivoplasty - with restorative procedures, per tooth	D6750	Crown - porcelain fused to high noble metal
D4240	Gingival flap procedure, four or more teeth	D6751	Crown - porcelain fused to predominately base metal
D4241	Gingival flap procedure, including root planning - one to three contiguous teeth or tooth bounded spaces per quadrant	D6752	Crown - porcelain fused to noble metal
D4249	Clinical crown lengthening-hard tissue	D6780	Crown - 3/4 cast high noble metal
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant	D6781	Crown - 3/4 cast predominately base metal
D4263	Bone replacement graft - first site in quadrant	D6782	Crown - 3/4 cast noble metal
D4264	Bone replacement graft - each additional site in quadrant;	D6783	Crown - 3/4 porcelain/ceramic
D4268	Surgical revision procedure, per tooth;	D6790	Crown - full cast high noble metal
D4270	Pedicle soft tissue graft procedure	D6791	Crown - full cast predominately base metal
D4273	Autogenous connective tissue graft procedures	D6792	Crown - full cast noble metal
D4275	Non-Autogenous connective tissue graft	D6794	Crown - titanium
D4277	Free soft tissue graft 1st tooth	D6920	Connector bar
D4278	Free soft tissue graft-additional teeth	D6930	Recement fixed partial denture
D4283	Subepithelial tissue graft/each additional contiguous tooth, implant or edentulous tooth position in same graft site	D6980	Fixed partial denture repair, by report



Code	Description	Code	Description
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	D6985	Pediatric partial denture, fixed; This prosthesis is used primarily for aesthetic purposes
D4341	Periodontal scaling and root planning-four or more teeth per quadrant	D6999	Unspecified fixed prosthodontic procedure, by report; Used for procedure that is not adequately described by a code
D4342	Periodontal scaling and root planning-one to three teeth, per quadrant	D7111	Extraction, coronal remnants - deciduous tooth; Removal of soft tissue-retained coronal remnants
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth;	D7220	Removal of impacted tooth - soft tissue
D4910	Periodontal maintenance	D7230	Removal of impacted tooth – partially bony
D4920	Unscheduled dressing change (by someone other than treating dentist)	D7240	Removal of impacted tooth - completely bony
D4999	Unspecified periodontal procedure, by report; Use for procedure that is not adequately described by a code. Describe procedure.	D7241	Removal of impacted tooth - completely bony with unusual surgical complications
D5110	Complete denture - maxillary	D7250	Surgical removal of residual tooth roots (cutting procedure)
D5120	Complete denture - mandibular	D7251	Coronectomy - intentional partial tooth removal
D5130	Immediate denture - maxillary	D7260	Oroantral fistula closure
D5140	Immediate denture - mandibular	D7261	Primary closure of a sinus perforation
D5211	Maxillary partial denture - resin base	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D5212	Mandibular partial denture - resin base		
D5213	Maxillary partial denture - cast metal framework with resin denture base	D7282	Mobilization of erupted or malpositioned tooth to aid eruption; To move/luxate teeth to eliminate ankylosis; not in conjunction with an extraction.
D5214	Mandibular partial denture - cast metal framework with resin denture base		
D5221	Immediate maxillary partial denture-resin base	D7288	Brush biopsy - transepithelial sample collection; For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.
D5222	Immediate mandibular partial denture-resin base	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report



Code	Description	Code	Description
D5223	Immediate maxillary partial denture-cast metal framework with resin denture base	D7310	Alveoplasty in conjunction with extractions - per quadrant
D5224	Immediate mandibular partial denture-cast metal framework with resin denture base	D7311	Alveoplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	D7320	Alveoplasty not in conjunction with extractions - per quadrant
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	D7321	Alveoplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D5281	Removable unilateral partial denture-one piece cast metal	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)
D5410	Adjust complete denture - maxillary	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D5411	Adjust complete denture - mandibular	D7471	Removal of exostosis
D5421	Adjust partial denture - maxillary	D7472	Removal of torus palatinus
D5422	Adjust partial denture - mandibular	D7473	Removal of torus mandibularis
D5511	Repair broken complete denture base, mandibular	D7485	Surgical reduction of osseous tuberosity
D5512	Repair broken complete denture base, maxillary	D7490	Radical resection upper/lower
D5520	Replace missing or broken teeth - complete denture (each tooth)	D7510	Incision and drainage of abscess - intraoral soft tissue
D5611	Repair resin denture base, mandibular	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D5612	Repair resin denture base, maxillary	D7520	Incision and drainage of abscess - extraoral soft tissue; Involves incision through skin.
D5621	Repair cast framework, mandibular	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D5622	Repair cast framework, maxillary	D7910	Suture of recent small wounds up to 5 cm
D5630	Repair or replace broken clasp	D7921	Collect - Apply Autologous Product
D5640	Replace broken teeth - per tooth	D7953	Bone replacement graft for ridge preservation-per site
D5650	Add tooth to existing partial denture	D7960	Frenulectomy - also known as frenectomy or frenotomy
D5660	Add clasp to existing partial denture	D7963	Frenuloplasty; Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	D7970	Excision of hyperplastic tissue - per arch
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	D7971	Excision of pericoronal gingiva



Code	Description	Code	Description
D5710	Rebase complete maxillary denture	D7972	Surgical reduction of fibrous tuberosity
D5711	Rebase complete mandibular denture	D9110	Palliative treatment of dental pain - minor procedure
D5720	Rebase maxillary partial denture	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D5721	Rebase mandibular partial denture	D9248	Non-intravenous conscious sedation
D5730	Reline complete maxillary denture	D9630	Other drugs and or medicaments
D5731	Reline complete mandibular denture	D9930	Treatment of complications (post-surgical) unusual circumstances, by report
D5740	Reline maxillary partial denture	D9932	Cleaning and inspection of removable complete denture, maxillary
D5741	Reline mandibular partial denture	D9933	Cleaning and inspection of removable complete denture, mandibular
D5750	Reline complete maxillary denture (laboratory)	D9934	Cleaning and inspection of removable partial denture, maxillary
D5751	Reline complete mandibular denture (laboratory)	D9935	Cleaning and inspection of removable partial denture, mandibular
D5760	Reline maxillary partial denture (laboratory)	D9940	Occlusal guard, by report
D5761	Reline mandibular partial denture (laboratory) Rebase/Reline	D9942	Repair and/or reline of occlusal guard
D5850	Tissue conditioning (maxillary)	D9943	Occlusal guard adjustment
D5851	Tissue conditioning (mandibular)	D9950	Occlusion analysis - mounted case
D5875	Modification of removable prosthesis following implant surgery	D9951	Occlusal adjustment - limited





