Fee-for-Service Coverage, Limitations and Prior Authorization Requirements for the Nevada Medicaid and Nevada Check Up Dental Program

- Updated September 28, 2026 -

In the following table:

00 = Prior authorization is not required for EPSDT/Healthy Kids, adult emergency and palliative services, for a pregnancy related service, and expanded adult services.

01 = Prior authorization is required.

02 = Prior authorization is required. Covered services are for 1) adjacent/abutment tooth for partials or 2) for a pregnancy-related service (recipients age 21 years or older).

NC = This code is not a covered benefit.

N/A = Not Applicable

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Code	Short Description and Coverage	Benefit Population	Service for Persons Up to Age 21	Pregnancy-Related Service	Service for Persons Age 21 Years and Older	Service Limits
DIAGNOSTIC AND PREVENTIVE (D0120-D1575)						
D0120	PERIODIC ORAL EVALUATION		00	00	00	1 service unit per 6 rolling months $1,000 Limitation for Adults 21 years and older
D0140	LIMIT ORAL EVAL PROBLM FOCUS		00	00	00	2 service units per 6 rolling months
D0145	ORAL EVALUATION PT < 3YRS - 6 MOS up to the age of 3 years		00	NC	NC	1 service unit per 6 rolling months
D0150	COMPREHENSVE ORAL EVALUATION	Recipient up to age 21 and pregnancy- related services for all ages	00	00	N/A	1 service unit per 12 rolling months
		Recipient 21 years and older	N/A	N/A	00	1 service unit per 36 rolling months $1,000 Limitation for Adults 21 years and older
D0160	EXTENSV ORAL EVAL PROB FOCUS		00	00	00	1 service unit per 6 rolling months
D0170	RE-EVAL,EST PT,PROBLEM FOCUS		00	00	00	1 service unit per 6 rolling months
D0190	SCREENING OF A PATIENT		00	00	00	1 service unit per 6 rolling months
D0191	ASSESSMENT OF A PATIENT		00	00	00	1 service unit per 6 rolling months
D0210	INTRAORAL COMPLETE SERIES OF RADIOGRAPHIC IMAGES		00	00	00	D0210 may not be billed on the same date of service as D0220, D0230, D0372 and/or D0387. Use code D0210 when providing 14 or more intraoral exams on the same date of service.
D0220	INTRAORAL PERIAPICAL FIRST FILM		00	00	00	1 service unit per 12 rolling months. D0220 may not be billed on the same date of service as D0210, D0372, D0374 and/or D0387.
D0230	INTRAORAL PERIAPICAL EA ADD FILM		00	00	00	12 units per rolling year. D0230 may not be billed on the same date of service as D0210, D0372 and/or D0387. No more than 13 units of any combination of D0220 and /or D0230 may be billed per rolling year.
D0240	INTRAORAL OCCLUSAL FILM		00	00	00	2 units per 12 rolling months
D0270	DENTAL BITEWING SINGLE FILM		00	00	00	D0270 may not be billed on the same date of service as D0373.
D0272	DENTAL BITEWINGS TWO FILMS		00	00	00	1 unit per 6 months
D0273	BITEWINGS - THREE FILMS		00	00	00	1 unit per 6 months
D0274	DENTAL BITEWINGS FOUR FILMS		00	00	00	1 unit per 6 months
D0277	VERT BITEWINGS-SEV TO EIGHT		00	00	00	1 unit per 6 months
D0322	DENTAL TOMOGRAPHIC SURVEY		00	00	00	1 unit per 6 months

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D0330	DENTAL PANORAMIC FILM		00	00	00	1 service unit per 36 months
D0340	DENTAL CEPHALOMETRIC FILM		00	00	00	1 unit per 36 months
D0350	ORAL/FACIAL PHOTO IMAGES		00	NC	NC	1 service unit per 12 rolling months 1 unit covers an unlimited number of photos
D0364	CONE BEAM CT CAPT/INTERP, < 1 JAW		00	00	00	1 service unit per 6 months
D0365	CONE BEAM CT CAPT/INTERP, MAN ARCH		00	00	00	1 service unit per 6 months
D0366	CONE BEAM CT CAPT/INTERP, MAX ARCH		00	00	00	1 service unit per 6 months
D0367	CONE BEAM CT CAPT/INTERP, BOTH JAWS		00	00	00	1 service unit per 6 months
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION		00	00	00	1 service unit per 36 months
D0372	INTRAORAL TOMOSYNTHESIS – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES		00	00	00	D0372 may not be billed on the same date of service as D0210, D0220 and/or D0230. 1 service unit per 36 months
D0373	INTRAORAL TOMOSYNTHESIS – BITEWING RADIOGRAPHIC IMAGE		00	00	00	D0373 may not be billed on the same date of service as D0270.
D0374	INTRAORAL TOMOSYNTHESIS – PERIAPICAL RADIOGRAPHIC IMAGE		00	00	00	D0374 may not be billed with D0210 and D0220. 1 service unit per 36 months
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW		00	00	00	1 service unit per 36 months
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE		00	00	00	1 service unit per 36 months
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM		00	00	00	1 service unit per 36 months
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM		00	00	00	1 service unit per 36 months
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE		00	00	00	1 service unit per 36 months
D0387	INTRAORAL TOMOSYNTHESIS – COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES (IMAGE CAPTURE ONLY)		00	00	00	D0387 may not be billed on the same date of service as D0210, D0220, D0230, D0372 and/or D0709. 1 service unit per 36 months
D0388	INTRAORAL TOMOSYNTHESIS – BITEWING RADIOGRAPHIC IMAGE (IMAGE CAPTURE ONLY)		00	00	00	D0388 may not be billed on the same date of service as D0270, D0272 and/or D03731 service. 1 unit per 36 months
D0389	INTRAORAL TOMOSYNTHESIS – PERIAPICAL RADIOGRAPHIC IMAGE (IMAGE CAPTURE ONLY)		00	00	00	D0389 may not be billed with D0220, D0374 and/or D0707. 1 service unit per 36 months
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		00	00	00	1 service unit per 6 months
D0415	COLLECTION OF MICROORGANISMS		00	00	00	1 unit per 6 months
D0416	VIRAL CULTURE		00	00	00	1 unit per 6 months
D0460	PULP VITALITY TEST		00	00	00	1 service unit per patient, per day, same provider
D0470	DIAGNOSTIC CASTS		00	NC	NC	1 service unit per 12 rolling months

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D0502	OTHER ORAL PATHOLOGY PROCEDURE		00	00	00	1 service unit per 12 rolling months
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN AND CEMENTUM		00	00	00	1 service unit per 6 months
D0701	PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY		00	00	00	1 service unit per 36 months
D0702	2-D CEPHAL OMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY		00	00	00	1 unit per 36 months
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA- ORALLY - IMAGE CAPTURE ONLY		00	00	00	1 service unit per 12 months 1 unit covers an unlimited number of photos
D0706	INTRAORAL OCCLUSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY		00	NC	NC	2 units per 12 rolling months
D0707	INTRAORAL - PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY		00	00	00	1 service unit per 12 rolling months. D0707 may not be billed on the same date of service as D0210, D0220 and/or D0389.
D0708	INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY		00	00	00	1 unit per 6 months
D0709	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES - IMAGE CAPTURE ONLY		00	00	00	D0709 may not be billed on the same date of service as D0210, D0220, D0230 and D0388. Use code D0709 when providing 14 or more intraoral exams on the same date of service. 1 service unit (complete series) per 36 rolling months
D1110	DENTAL PROPHYLAXIS ADULT		00	02	00	1 unit per 6 months Coverage for ages 14 years or older $1,000 Limitation for Adults 21 years and older
D1120	DENTAL PROPHYLAXIS CHILD		00	NC	NC	1 unit per 6 months Coverage for ages 00 - 13
D1206	TOPICAL FLUORIDE VARNISH		00	02	NC	1 unit per 6 months
D1208	TOPICAL APP FLUORID EX VRNSH		00	02	NC	1 unit per 6 months
D1351	DENTAL SEALANT PER TOOTH		00	NC	NC	1 per 60 months, limited to FULLY erupted permanent pre-molars and 1st and 2nd molars
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT -		00	NC	NC	Once in a lifetime per tooth
D1353	SEALANT REPAIR - PER TOOTH		00	NC	NC	1 unit per 36 months
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - SILVER DIAMIDE FLUORIDE APPLICATION		00	02	01	1 service unit per 6 months per tooth $1,000 Limitation for Adults 21 years and older
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH		00	00	NC	1 service unit per 6 months per tooth
D1510	SPACE MAINTAINER FXD UNILAT		00	NC	NC	4 units any provider and 2 units per 12 months
D1516	SPACE MAINTAINER - FIXED BILAT MAX		00	NC	NC	2 units any provider and 1 unit per 12 months
D1517	SPACE MAINTAINER – FIXED BILAT MAN		00	NC	NC	2 units any provider and 1 unit per 12 months
D1520	REMOVE UNILAT SPACE MAINTAIN		00	NC	NC	4 units any provider and 2 units per 12 months
D1526	SPACE MAINTAINER – REMOV BILAT MAX		00	NC	NC	2 units any provider and 1 unit per 12 months
D1527	SPACE MAINTAINER – REMOV BILAT MAN		00	NC	NC	2 units any provider and 1 unit per 12 months

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D1551	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER - MAX		00	NC	NC	2 units per lifetime
D1552	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER - MAN		00	NC	NC	2 units per lifetime
D1553	RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER - PER QUAD		00	NC	NC	2 units per lifetime
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT		00	NC	NC	1 unit per lifetime
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAX		00	NC	NC	1 unit per lifetime
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAN		00	NC	NC	1 unit per lifetime
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL		00	NC	NC	4 units any provider and 2 units per 12 months
RESTORATIVE (D2140- D2980)						
D2140	AMALGAM ONE SURFACE PERMANENT		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2150	AMALGAM TWO SURFACES PERMANENT		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2160	AMALGAM THREE SURFACES PERMANENT		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2161	AMALGAM 4 OR > SURFACES PERMANENT		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2330	RESIN ONE SURFACE-ANTERIOR		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2331	RESIN TWO SURFACES-ANTERIOR		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2332	RESIN THREE SURFACES-ANTERIOR		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2335	RESIN 4/> SURFACES-ANTERIOR		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2390	ANT RESIN-BASED CMPST CROWN		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2391	POST 1 SRFC RESINBASED CMPST		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2392	POST 2 SRFC RESINBASED CMPST		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2393	POST 3 SRFC RESINBASED CMPST		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2394	POST >=4SRFC RESINBASE CMPST		00	02	00	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2712	CROWN 3/4 RESIN-BASED COMPOS		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2721	CROWN RESIN W/ BASE METAL		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2740	CROWN PORCELAIN/CERAMIC SUBS		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older

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D2751	CROWN PORCELAIN FUSED BASE M		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2781	CROWN 3/4 CAST BASE METAL		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2791	CROWN FULL CAST BASE METAL		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2910	RECEMENT INLAY ONLAY OR PART		00	01	01	1 unit per 12 months per tooth
D2915	RECEMENT CAST OR PREFAB POST		00	NC	NC	Once in a lifetime per tooth
D2920	DENTAL RECEMENT CROWN		00	00	00	1 unit per 12 months per tooth
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP		00	02	NC	Once in a lifetime per tooth
D2928	PREFAB PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH		00	NC	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2929	PREFABRICATED PORCELAIN / CERAMIC CROWN - PRIMARY TOOTH		00	NC	NC	Once in a lifetime per tooth
D2930	PREFAB STNLSS STEEL CRWN PRI	Recipient up to age 21 and pregnancy- related services for all ages	00	02	N/A	1 unit per 36 months per tooth
		Recipient 21 years and older	N/A	N/A	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2931	PREFAB STNLSS STEEL CROWN PE		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2932	PREFABRICATED RESIN CROWN	Recipient up to age 21 and pregnancy- related services for all ages	00	02	N/A	1 unit per 36 months per tooth
		Recipient 21 years and older	N/A	N/A	01 & 02	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2933	PREFAB STAINLESS STEEL CROWN	Recipient up to age 21 and pregnancy- related services for all ages	00	02	N/A	1 unit per 36 months per tooth
		Recipient 21 years and older	N/A	N/A	01 & 02	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2940	DENTAL SEDATIVE FILLING		00	00	00	2 units per 6 months per tooth
D2950	CORE BUILD-UP INCL ANY PINS		00	02	01	1 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2951	TOOTH PIN RETENTION		00	02	01	2 unit per 36 months per tooth $1,000 Limitation for Adults 21 years and older
D2952	POST AND CORE CAST + CROWN		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2953	EACH ADDTNL CAST POST		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2954	PREFAB POST/CORE + CROWN		00	02	01	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2955	POST REMOVAL	Recipient up to age 21 and pregnancy- related services for all ages	00	02	N/A	Once in a lifetime per tooth
		Recipient 21 years and older	N/A	N/A	01 & 02	Once in lifetime per tooth $1,000 Limitation for Adults 21 years and older

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D2957	EACH ADDTNL PREFAB POST	Recipient up to age 21 and pregnancy- related services for all ages	00	02	N/A	Once in a lifetime per tooth
		Recipient 21 years and older	N/A	N/A	01 & 02	Once in a lifetime per tooth $1,000 Limitation for Adults 21 years and older
D2960	LAMINATE LABIAL VENEER		01	NC	NC	Once in a lifetime per tooth
D2961	LAB LABIAL VENEER RESIN		01	NC	NC	Once in a lifetime per tooth
D2962	LAB LABIAL VENEER PORCELAIN		01	NC	NC	Once in a lifetime per tooth
D2975	COPING		00	NC	NC	Once in a lifetime per tooth
D2980	CROWN REPAIR		00	02	02	Once in a lifetime per tooth
			ENDODONTICS (D3110-D3950)			
D3110	PULP CAP DIRECT		00	NC	NC	1 unit per 36 months per tooth
D3120	PULP CAP INDIRECT		00	NC	NC	1 unit per 36 months per tooth
D3220	THERAPEUTIC PULPOTOMY		00	NC	NC	1 unit per 36 months per tooth
D3222	PART PULP FOR APEXOGENESIS		00	NC	NC	Once in a lifetime per tooth
D3230	PULPAL THERAPY ANTERIOR PRIM		00	NC	NC	Once in a lifetime per tooth
D3240	PULPAL THERAPY POSTERIOR PRI		00	NC	NC	Once in a lifetime per tooth
D3310	END THXPY, ANTERIOR TOOTH		00	NC	NC	Once in a lifetime per tooth
D3320	END THXPY, BICUSPID TOOTH		00	NC	NC	Once in a lifetime per tooth
D3330	END THXPY, MOLAR		00	NC	NC	Once in a lifetime per tooth
D3351	APEXIFICATION/RECALC INITIAL		00	NC	NC	Once in a lifetime per tooth
D3352	APEXIFICATION/RECALC INTERIM		00	NC	NC	Once in a lifetime per tooth
D3353	APEXIFICATION/RECALC FINAL		00	NC	NC	Once in a lifetime per tooth
D3410	APICOECT perIRAD SURG ANTER		00	NC	NC	Once in a lifetime per tooth
D3421	ROOT SURGERY BICUSPID		00	NC	NC	Once in a lifetime per tooth
D3425	ROOT SURGERY MOLAR		00	NC	NC	Once in a lifetime per tooth
D3426	ROOT SURGERY EA ADD ROOT		00	NC	NC	Once in a lifetime per tooth
D3430	RETROGRADE FILLING		00	NC	NC	Once in a lifetime per tooth - multiple roots may be claimed; you must attach documentation to claim if multiple roots are involved on the same tooth
D3450	ROOT AMPUTATION		00	NC	NC	Once in a lifetime per tooth
D3460	ENDODONTIC ENDOSSEOUS IMPLAN		00	NC	NC	Once in a lifetime per tooth
D3471	SURG REP ROOT RES ANTERIOR		00	NC	NC	Once in a lifetime per tooth
D3472	SURG REP ROOT RES PREMOLAR		00	NC	NC	Once in a lifetime per tooth
D3473	SURG REP ROOT RES MOLAR		00	NC	NC	Once in a lifetime per tooth
D3501	SURG EXP ROOT SURF ANTERIOR		00	NC	NC	Once in a lifetime per tooth
D3502	SURG EXP ROOT SURF PREMOLAR		00	NC	NC	Once in a lifetime per tooth
D3503	SURG EXP ROOT SURF MOLAR		00	NC	NC	Once in a lifetime per tooth
D3920	TOOTH SPLITTING		00	NC	NC	Once in a lifetime per tooth
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH		00	NC	NC	Once in a lifetime per tooth
D3950	CANAL PREP/FITTING OF DOWEL		00	NC	NC	Once in a lifetime per tooth
			PERIODONTICS (D4210-D4910)			
D4210	GINGIVECTOMY/PLASTY PER QUAD		00	02	NC	4 units per 60 months
D4211	GINGIVECTOMY/PLASTY PER TOOTH 1-3		00	02	NC	4 units per 60 months
D4212	GINGIVECTOMY/PLASTY REST PER TOOTH		00	02	NC	4 units per 60 months
D4230	ANA CROWN EXP 4 OR> PER QUAD		00	NC	NC	4 units per 60 months
D4231	ANA CROWN EXP 1-3 PER QUAD		00	NC	NC	4 units per 60 months

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D4240	GINGIVAL FLAP PROC W/ PLANIN		00	NC	NC	4 units per 60 months
D4241	GNGVL FLAP W ROOTPLAN 1-3 TH		00	NC	NC	4 units per 60 months
D4249	CROWN LENGTHEN HARD TISSUE		00	NC	NC	4 units per 60 months
D4260	OSSEOUS SURGERY PER QUADRANT		00	NC	NC	4 units per 60 months
D4261	OSSEOUS SURGL - 3 TEETH PER QUAD		00	NC	NC	4 units per 60 months
D4263	BONE REPLCE GRAFT FIRST SITE		00	NC	NC	4 units per 60 months
D4264	BONE REPLCE GRAFT EACH ADD		00	NC	NC	4 units per 60 months
D4265	BIO MTRLS TO AID SOFT/OS REG		00	NC	NC	4 units per 60 months
D4266	GUIDED TISS REGEN RESORBLE		00	NC	NC	4 units per 60 months
D4267	GUIDED TISS REGEN NONRESORB		00	NC	NC	4 units per 60 months
D4270	PEDICLE SOFT TISSUE GRAFT PR		00	NC	NC	4 units per 60 months
D4273	SUBEPITHELIAL TISSUE GRAFT		00	NC	NC	4 units per 60 months
D4274	DISTAL/PROXIMAL WEDGE PROC		00	NC	NC	4 units per 60 months
D4277	FREE SOFT TISSUE GRAFT PROC FIRST TOOTH		00	NC	NC	4 units per 60 months
D4278	FREE SOFT TISSUE GRAFT PROC ADD'L TOOTH		00	NC	NC	4 units per 60 months
D4283	AUTO TISSUE GRAFT ADD ADD'L TOOTH		00	NC	NC	4 units per 60 months
D4322	SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS		00	NC	NC	4 units per 60 months
D4323	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS		00	NC	NC	4 units per 60 months
D4341	PERIODONTAL SCALING & ROOT	Recipient up to age 21 and pregnancy- related services for all ages	00	02	N/A	4 units per 12 months for ages 14+
		Recipient 21 years and older	N/A	N/A	01	4 units per 24 months $1,000 Limitation for Adults 21 years and older
D4342	PERIODONTAL SCALING 1-3TEETH	Recipient up to age 21 and pregnancy- related services for all ages	00	02	N/A	4 units per 12 months for ages 14+
		Recipient 21 years and older	N/A	N/A	01	4 units per 24 months $1,000 Limitation for Adults 21 years and older
D4346	SCALING PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION		00	02	01	1 unit per 12 rolling months $1,000 Limitation for Adults 21 years and older
D4355	FULL MOUTH DEBRIDEMENT		00	00	00	1 unit per 12 rolling months
D4381	LOCALIZED DELIVERY ANTIMICRO		00	NC	NC	1 unit per 12 rolling months
D4910	PERIODONTAL MAINT PROCEDURES		00	02	01	1 unit per 3 months $1,000 Limitation for Adults 21 years and older
PROSTHODONTICS (D5110-D5899)						
D5110	DENTURES COMPLETE MAXILLARY		00	00	00	1 unit per 60 months
D5120	DENTURES COMPLETE MANDIBLE		00	00	00	1 unit per 60 months
D5130	DENTURES IMMEDIAT MAXILLARY		00	00	00	1 unit per 60 months
D5140	DENTURES IMMEDIAT MANDIBLE		00	00	00	1 unit per 60 months
D5211	DENTURES MAXILL PART RESIN		00	00	00	1 unit per 60 months
D5212	DENTURES MAND PART RESIN		00	00	00	1 unit per 60 months
D5213	DENTURES MAXILL PART METAL		00	00	00	1 unit per 60 months
D5214	DENTURES MANDIBL PART METAL		00	00	00	1 unit per 60 months
D5221	DENTURES IMMED MAXILL PART RESIN		00	00	00	1 unit per 60 months

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D5222	DENTURES IMMED MANDIBL PART RESIN		00	00	00	1 unit per 60 months
D5223	DENTURES IMMED MAXILL PART METAL		00	00	00	1 unit per 60 months
D5224	DENTURES IMMED MANDIBL PART METAL		00	00	00	1 unit per 60 months
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)		00	00	00	1 unit per 60 months
D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)		00	00	00	1 unit per 60 months
D5410	DENTURES ADJUST CMPLT MAXIL		00	00	00	1 unit per 6 months
D5411	DENTURES ADJUST CMPLT MAND		00	00	00	1 unit per 6 months
D5421	DENTURES ADJUST PART MAXILL		00	00	00	1 unit per 6 months
D5422	DENTURES ADJUST PART MANDBL		00	00	00	1 unit per 6 months
D5511	DENTUR REPR BRKN COMPL MAND BASE		00	00	00	1 unit per 60 months
D5512	DENTUR REPR BRKN COMPL MAX BASE		00	00	00	1 unit per 60 months
D5520	REPLACE DENTURE TEETH COMPLT		00	00	00	1 unit per 60 months
D5611	DENTURE REPAIR PART RESIN, MANDIBL		00	00	00	1 unit per 60 months
D5612	DENTURE REPAIR PART RESIN, MAXILL		00	00	00	1 unit per 60 months
D5621	DENTURE REPAIR CAST PARTIAL,		00	00	00	1 unit per 60 months
D5622	DENTURE REPAIR CAST PARTIAL, MAXILL		00	00	00	1 unit per 60 months
D5630	REP PARTIAL DENTURE CLASP		00	00	00	Contraindicated any provider, within 91 days
D5640	REPLACE PART DENTURE TEETH		00	00	00	Contraindicated any provider, within 91 days
D5650	ADD TOOTH TO PARTIAL DENTURE		00	00	00	Contraindicated any provider, within 91 days
D5660	ADD CLASP TO PARTIAL DENTURE		00	00	00	Contraindicated any provider, within 91 days
D5670	REPLC TTH&ACRLC ON MTL FRMWK		≥14 yrs old =01	01	01	1 unit per 60 months
D5671	REPLC TTH&ACRLC MANDIBULAR		≥14 yrs old = 01	01	01	1 unit per 60 months
D5730	DENTURE RELN CMPLT MAXIL CH		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5731	DENTURE RELN CMPLT MAND CHR		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5740	DENTURE RELN PART MAXIL CHR		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5741	DENTURE RELN PART MAND CHR		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5750	DENTURE RELN CMPLT MAX LAB		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5751	DENTURE RELN CMPLT MAND LAB		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5760	DENTURE RELN PART MAXIL LAB		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5761	DENTURE RELN PART MAND LAB		00	00	00	1 unit per 6 months with a maximum of 6 units per 60
D5820	DENTURE INTERM PART MAXILL		00	00	00	1 unit per 60 months
D5821	DENTURE INTERM PART MANDBL		00	00	00	1 unit per 60 months
D5850	DENTURE TISS CONDITN MAXILL		00	00	00	1 unit per year
D5851	DENTURE TISS CONDTIN MANDBL		00	00	00	1 unit per year
D5862	PRECISION ATTACHMENT		01	01	01	1 unit per 60 months
D5899	REMOVABLE PROSTHODONTIC PROC (DENTURE IDENTIFICATION IMBEDDING)		00	00	00	2 units per 60 months
MAXILLOFACIAL PROSTHETICS (D5931-D5988)						
D5931	SURGICAL OBTURATOR		00	00	00	Once in a lifetime
D5932	POSTSURGICAL OBTURATOR		00	00	00	Once in a lifetime
D5933	REFITTING OF OBTURATOR		00	00	00	Once in a lifetime
D5936	TEMP OBTURATOR PROSTHESIS		00	00	00	Once in a lifetime
D5983	RADIATION APPLICATOR		01	01	01	1 unit per 12 rolling months
D5984	RADIATION SHIELD		01	01	01	1 unit per 12 rolling months
D5985	RADIATION CONE LOCATOR		01	01	01	1 unit per 12 rolling months

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D5988	SURGICAL SPLINT		01	01	01	Once in a lifetime
D5992	ADJUST MAXILLOFCL PROSTH APPLIANCE		01	01	01	1 unit per 6 months
D5993	MAIN/CLEAN MAXILLOFACL PROSTHESIS		01	01	01	1 unit per 6 months
D5995	PERI MEDICAMENT W/SEAL, MAX		00	NC	NC	4 units per 60 months
D5996	PERI MEDICAMENT W/SEAL, MAND		00	NC	NC	4 units per 60 months
		PROSTHODONTICS, FIXED (D6930)				
D6930	DENTAL RECEMENT BRIDGE		00	00	00	Contraindicated any provider, within 91 days 1 service unit per 12 months per appliance
		ORAL AND MAXILLOFACIAL SURGERY (D7111-D7998)				
D7111	EXTRACTION, CORONAL REMNANTS		00	NC	NC	D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7140	EXTRACTION ERUPTED TOOTH/EXR		00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7210	REM IMP TOOTH W MUCOPER FLP		00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7220	IMPACT TOOTH REMOV SOFT TISS		00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7230	IMPACT TOOTH REMOV PART BONY		00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7240	IMPACT TOOTH REMOV COMP BONY		00	00	00	Once in a lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7241	IMPACT TOOTH REM BONY W/COMP		00	00	00	Once in lifetime, same tooth. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7250	TOOTH ROOT REMOVAL		00	00	00	Once in a lifetime. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7251	CORONECTOMY - PARTIAL TOOTH		01	01	01	Once in a lifetime
D7260	ORAL ANTRAL FISTULA CLOSURE		00	NC	NC	Contraindicated any provider, within 91 days

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D7261	PRIMARY CLOSURE SINUS PERF		00	NC	NC	Contraindicated any provider, within 91 days. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7270	TOOTH REIMPLANTATION		00	NC	NC	Contraindicated any provider, within 91 days
D7280	EXPOSURE IMPACT TOOTH ORTHOD		00	00	00	Once in a lifetime, same tooth
D7283	PLACE DEVICE IMPACTED TOOTH		00	00	00	
D7285	BIOPSY OF ORAL TISSUE HARD		00	NC	NC	
D7286	BIOPSY OF ORAL TISSUE SOFT		00	NC	NC	
D7287	EXFOLIATIVE CYTOLOG COLLECT		00	00	00	
D7288	BRUSH BIOPSY		00	00	00	
D7290	REPOSITIONING OF TEETH		00	NC	NC	
D7291	TRANSSEPTAL FIBEROTOMY		00	00	00	
D7292	SCREW RETAINED PLATE		00	00	00	
D7293	TEMP ANCHORAGE DEV W FLAP		00	00	00	
D7294	TEMP ANCHORAGE DEV W/O FLAP		00	00	00	
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE		00	00	00	
D7298	REMOVAL OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE], REQUIRING FLAP		00	00	00	
D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP		00	00	00	
D7300	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP		00	00	00	
D7310	ALVEOLOPLASTY W/ EXTRACTION - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT		00	00	00	1 unit, per quadrant, in a lifetime. D7310 may not be billed on the same date of service as D7311 for the same quadrant.
D7311	ALVEOLOPLASTY W/EXTRACTION - 1-3 TEETH OR TOOTH SPACES, PER QUADRANT		00	00	00	1 unit, per quadrant, in a lifetime. D7311 may not be billed on the same date of service as D7310 for the same quadrant.
D7320	ALVEOLOPLASTY W/O EXTRACTION - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT		00	00	00	1 unit, per quadrant, in a lifetime. D7320 may not be billed on the same date of service as D7321 for the same quadrant.
D7321	ALVEOLOPLASTY NOT W/EXTRACTIONS - 1-3 TEETH OR TOOTH SPACES, PER QUADRANT		00	00	00	1 unit, per quadrant, in a lifetime. D7321 may not be billed on the same date of service as D7320 for the same quadrant.
D7410	RAD EXC LESION UP TO 1.25 CM		00	NC	NC	
D7411	EXCISION BENIGN LESION>1.25C		00	NC	NC	
D7412	EXCISION BENIGN LESION COMPL		00	01	01	
D7440	MALIG TUMOR EXC TO 1.25 CM		00	00	00	
D7441	MALIG TUMOR > 1.25 CM		00	00	00	
D7450	REM ODONTOGEN CYST TO 1.25CM		00	NC	NC	
D7451	REM ODONTOGEN CYST > 1.25 CM		00	NC	NC	
D7460	REM NONODONTO CYST TO 1.25CM		00	NC	NC	
D7461	REM NONODONTO CYST > 1.25 CM		00	NC	NC	
D7465	LESION DESTRUCTION		00	NC	NC	
D7472	REMOVAL OF TORUS PALATINUS		00	00	00	Twice in a lifetime
D7473	REMOVE TORUS MANDIBULARIS		00	00	00	Twice in a lifetime
D7490	MAXILLA OR MANDIBLE RESECTIO		01	01	01	
D7509	MARSUPIALIZATION ODON CYST		00	00	01	1 unit per 24 rolling months
D7510	I&D ABSC INTRAORAL SOFT TISS		00	00	00	Incidental already part of another procedure
D7511	INCISION/DRAIN ABSCESS INTRA		00	00	00	
D7520	I&D ABSCESS EXTRAORAL		00	00	00	Incidental already part of another procedure

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D7521	INCISION/DRAIN ABSCESS EXTRA		00	00	00	
D7530	REMOVAL FB SKIN/AREOLAR TISS		00	00	00	
D7540	REMOVAL OF FB REACTION		00	00	00	
D7550	REMOVAL OF SLOUGHED OFF BONE		00	00	00	
D7560	MAXILLARY SINUSOTOMY		00	00	00	
D7610	MAXILLA OPEN REDUCT SIMPLE		00	00	00	
D7620	CLSD REDUCT SIMPL MAXILLA FX		00	00	00	
D7630	OPEN RED SIMPL MANDIBLE FX		00	00	00	
D7640	CLSD RED SIMPL MANDIBLE FX		00	00	00	
D7650	OPEN RED SIMP MALAR/ZYGOM FX		00	00	00	Once in a lifetime
D7660	CLSD RED SIMP MALAR/ZYGOM FX		00	00	00	Once in a lifetime
D7670	CLOSD RDUCTN SPLINT ALVEOLUS		00	00	00	
D7671	ALVEOLUS OPEN REDUCTION		00	00	00	
D7680	REDUCT SIMPLE FACIAL BONE FX		00	00	00	
D7710	MAXILLA OPEN REDUCT COMPOUND		00	00	00	
D7720	CLSD REDUCT COMPD MAXILLA FX		00	00	00	
D7730	OPEN REDUCT COMPD MANDBLE FX		00	00	00	
D7740	CLSD REDUCT COMPD MANDBLE FX		00	00	00	
D7750	OPEN RED COMP MALAR/ZYGMA FX		00	00	00	Once in a lifetime
D7760	CLSD RED COMP MALAR/ZYGMA FX		00	00	00	
D7770	OPEN REDUC COMPD ALVEOLUS FX		00	00	00	
D7771	ALVEOLUS CLSD REDUC STBLZ TE		00	00	00	
D7780	REDUCT COMPND FACIAL BONE FX		00	00	00	
D7810	TMJ OPEN REDUCT-DISLOCATION		01	01	01	
D7820	CLOSED TMP MANIPULATION		00	NC	00	
D7840	REMOVAL OF TMJ CONDYLE		00	NC	00	
D7850	TMJ MENISCECTOMY		00	NC	00	
D7852	TMJ REPAIR OF JOINT DISC		00	NC	00	
D7854	TMJ EXCISN OF JOINT MEMBRANE		00	NC	00	
D7858	TMJ RECONSTRUCTION		01	NC	01	
D7860	TMJ CUTTING INTO JOINT		00	NC	00	
D7865	TMJ RESHAPING COMPONENTS		00	NC	00	
D7870	TMJ ASPIRATION JOINT FLUID		00	NC	00	
D7872	TMJ DIAGNOSTIC ARTHROSCOPY		00	NC	00	
D7873	TMJ ARTHROSCOPY LYSIS ADHESN		00	NC	00	
D7874	TMJ ARTHROSCOPY DISC REPOSIT		00	NC	00	
D7875	TMJ ARTHROSCOPY SYNOVECTOMY		00	NC	00	
D7876	TMJ ARTHROSCOPY DISCECTOMY		00	NC	00	
D7877	TMJ ARTHROSCOPY DEBRIDEMENT		00	NC	00	
D7880	OCCLUSAL ORTHOTIC APPLIANCE		00	NC	00	
D7910	DENT SUTUR RECENT WND TO 5CM		00	00	00	
D7911	DENTAL SUTURE WOUND TO 5 CM		00	00	00	
D7912	SUTURE COMPLICATE WND > 5 CM		00	00	00	
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT		00	00	00	
D7940	RESHAPING BONE ORTHOGNATHIC		01	01	01	Once in a lifetime
D7941	BONE CUTTING RAMUS CLOSED		01	01	01	Once in a lifetime
D7943	CUTTING RAMUS OPEN W/GRAFT		01	01	01	Once in a lifetime
D7944	BONE CUTTING SEGMENTED		01	01	01	
D7945	BONE CUTTING BODY MANDIBLE		01	01	01	Once in a lifetime

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D7946	RECONSTRUCTION MAXILLA TOTAL		01	01	01	Once in a lifetime
D7947	RECONSTRUCT MAXILLA SEGMENT		01	01	01	Once in a lifetime
D7948	RECONSTRUCT MIDFACE NO GRAFT		01	01	01	Once in a lifetime
D7949	RECONSTRUCT MIDFACE W/GRAFT		01	01	01	
D7951	SINUS AUG W BONE/BONE SUP		00	00	00	
D7953	BONE REPLACEMENT GRAFT		00	01	01	
D7955	REPAIR MAXILLOFACIAL DEFECTS		01	01	01	1 unit per 24 months
D7961	BUCCAL/LABIAL FRENECTOMY		00	00	00	Three in a lifetime
D7962	LINGUAL FRENECTOMY		00	00	00	Three in a lifetime
D7963	FRENULOPLASTY		00	NC	NC	
D7970	EXCISION HYPERPLASTIC TISSUE		00	00	00	
D7971	EXCISION PERICORONAL GINGIVA		00	00	00	
D7980	SIALOLITHOTOMY		00	00	00	
D7981	EXCISION OF SALIVARY GLAND		00	00	00	
D7982	SIALODOCHOPLASTY		00	00	00	
D7983	CLOSURE OF SALIVARY FISTULA		00	00	00	
D7990	EMERGENCY TRACHEOTOMY		00	00	00	
D7991	DENTAL CORONOIDECTOMY		00	00	00	Once in a lifetime
D7993	SURG PLACE CRANIOFACIAL IMP		00	00	00	Three in a lifetime
D7994	SURG PLACE ZYGOMATIC IMP		00	00	00	Three in a lifetime
D7996	IMPLANT MANDIBLE FOR AUGMENT		01	01	01	
D7998	INTRAORAL PLACE OF FIX DEV		00	00	00	
ORTHODONTICS (D8010-D8693) ORTHODONTICS SERVICES ARE PAID AS AN ALL INCLUSIVE PAYMENT EXCLUDING CODE D8660						
D8010	LIMITED DENTAL TX PRIMARY		01	NC	NC	Once in a lifetime
D8020	LIMITED DENTAL TX TRANSITION		01	NC	NC	Once in a lifetime
D8040	LIMITED DENTAL TX ADULT		01	NC	NC	Once in a lifetime
D8080	COMPRE DENTAL TX ADOLESCENT		01	NC	NC	Once in a lifetime
D8090	COMPRE DENTAL TX ADULT		01	NC	NC	Once in a lifetime
D8210	ORTHODONTIC REM APPLIANCE TX		00	NC	NC	Once in a lifetime
D8220	FIXED APPLIANCE THERAPY HABT		01	NC	NC	Once in a lifetime
D8660	PREORTHODONTIC TX VISIT		00	NC	NC	6 service units per lifetime
D8670	PERIODIC ORTHODONTC TX VISIT		01	NC	NC	Based on approved Treatment Plan
D8680	ORTHODONTIC RETENTION		01	NC	NC	4 in a lifetime
D8696	REPAIR ORTHO APPLIANCE - MAX		00	NC	NC	Once in a lifetime
D8697	REPAIR ORTHO APPLIANCE - MAN		00	NC	NC	Once in a lifetime
D8698	RECEMENT OR REBOND FIXED RETAINER - MAX		00	NC	NC	Once in a lifetime
D8699	RECEMENT OR REBOND FIXED RETAINER - MAN		00	NC	NC	Once in a lifetime
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAX		01	NC	NC	2 in a lifetime
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MIN		01	NC	NC	2 in a lifetime
ADJUNCTIVE GENERAL SERVICES (D9110-D9994)						
D9110	TX DENTAL PAIN MINOR PROC		00	00	00	1 service unit per patient, per day, same provider, and 2 units per 6 months
D9120	FIX PARTIAL DENTURE SECTION		01	00	00	1 unit per 60 months
D9210	DENT ANESTHESIA W/O SURGERY		00	00	00	
D9212	TRIGEMINAL BLOCK ANESTHESIA		00	00	00	

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D9215	LOCAL ANESTHESIA		00	00	00	
D9222	DEEP SEDAT/GEN ANESTH, FIRST 15 MIN		00	00	00	1 unit per day
D9223	DEEP SEDAT/GEN ANESTH, ADD'L 15 MIN		00	00	00	4 units per day
D9230	ANALGESIA		00	00	00	6 units per 12 rolling months
D9239	IV SEDATION, FIRST 15 MIN		00	00	00	1 unit per day
D9243	IV SEDATION, EACH ADD'L 15 MIN		00	00	00	4 units per day
D9248	SEDATION (NON-IV)		00	00	00	6 units per 12 rolling months
D9310	DENTAL CONSULTATION		00	00	00	Payable for providers at different service locations; not in the same office
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL		00	00	00	1 unit per 6 months
D9410	DENTAL HOUSE CALL		00	00	00	
D9420	HOSPITAL CALL		00	00	00	
D9440	OFFICE VISIT AFTER HOURS		00	NC	NC	1 unit per 12 months
D9610	DENT THERAPEUTIC DRUG INJECT		00	00	00	1 unit per 12 months
D9612	THERA PAR DRUGS 2 OR > ADMIN		00	00	00	1 unit per 12 months
D9630	OTHER DRUGS/MEDICAMENTS		00	00	00	
D9930	TREATMENT OF COMPLICATIONS		00	00	00	1 service unit per 12 rolling months
D9942	REPAIR/RELINE OCCLUSAL GUARD		00	NC	NC	Once in a lifetime
D9944	OCCLUSAL GUARD – HARD FULL ARCH		01	NC	NC	1 unit per 36 months
D9945	OCCLUSAL GUARD – SOFT FULL ARCH		01	NC	NC	1 unit per 36 months
D9946	OCCLUSAL GUARD – HARD PARTIAL ARCH		01	NC	NC	1 unit per 36 months
D9950	OCCLUSION ANALYSIS		00	NC	NC	Once in a lifetime
D9951	LIMITED OCCLUSAL ADJUSTMENT		00	NC	NC	Once in a lifetime
D9952	COMPLETE OCCLUSAL ADJUSTMENT		00	NC	NC	Once in a lifetime
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APT COMPLIANCE BARRIERS		00	00	00	1 unit per 6 months
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION		00	00	00	1 unit per 6 months
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING		00	00	00	1 unit per 6 months
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY		00	00	00	1 unit per 6 months