APPENDIX A: EPSDT DENTAL PROGRAM FEE SCHEDULE

Provided in the table on the following pages are the reimbursable dental procedure codes and fees for the Medicaid of Louisiana, EPSDT Dental Program.

All procedures listed in the EPSDT Dental Program Fee Schedule are subject to the guidelines, policies and limitations of the Medicaid of Louisiana, EPSDT Dental Program. Please refer to the EPSDT Dental Program section of the Dental Services Manual for complete guidelines, policies and limitations for each procedure.

All services marked with an asterisk (*) in the code column require prior authorization.

All services marked with an underscored asterisk (*) in the code column requires partial prior authorization. Prior authorization requirements for these procedures are based on tooth number or age of recipient.

All services marked with a number sign (#) in the code column for the EPSDT Dental Program require a tooth number or letter to be specified on the claim form for payment and on the prior authorization request when prior authorization is required.

All services marked with a plus sign (+) in the code column for the EPSDT Dental Program require an oral cavity designator to be specified on the claim form for payment and on the prior authorization request when prior authorization is required.

All fees marked with 5 asterisks (*****) in the fee column will be priced manually by the dental consultant.

EPSDT DENTAL PROGRAM FEE SCHEDULE

EPSDT DENTAL PROGRAM DIAGNOSTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
D0120	Periodic Oral Examination – Patient of Record	32.06
D0145	Oral Examination for a Patient Under Three Years of Age and Counseling with Primary Caregiver	45.91
D0150	Comprehensive Oral Examination – New Patient Note: Medicaid requires use of this code to report new patients (patients not seen by the billing provider within 3 years) only.	55.39
*D0210	Radiographs – Complete Series (including bitewings)	70.15
#D0220	Radiograph – Periapical, First Film This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.	17.08
#D0230	Radiograph – Periapical, Each Additional Film This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.	14.35
+ *D0240	Radiograph – Occlusal Film This procedure is reimbursable for Oral Cavity Designator 01 and 02.	24.23
D0272	Radiograph – Bitewings, Two Films	25.51
*D0330	Radiograph – Panoramic Film	66.28
+ D0350	Oral/Facial Images This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	38.49
*D0470	Diagnostic Casts	55.07
*D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	100.00
*D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	100.00

EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
D1110	Prophylaxis – Adult (12 through 20 years of age)	54.66
D1120	Prophylaxis – Child (under 12 years of age)	40.31
D1203	Topical Application of Fluoride (prophylaxis not included) – Child (under 12 years of age)	22.55
D1204	Topical Application of Fluoride (prophylaxis not included) – Adult (12 through 15 years of age)	23.23
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients (under 6 years of age)	29.38
#D1351	Sealant, Per Tooth (6-year molar sealant – under 10 years of age; 12-year molar sealant – 10 through 15 years of age.) This procedure is reimbursable for Tooth Number 2, 3, 14, 15, 18, 19, 30, and 31.	29.97
+ *D1510	Space Maintainer, Fixed, Unilateral This procedure is reimbursable for Oral Cavity Designator 10, 20, 30, and 40.	180.47
+ *D1515	Space Maintainer, Fixed, Bilateral This procedure is reimbursable for Oral Cavity Designator 01 and 02.	247.43
+ D1550	Recementation of Space Maintainer This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30, and 40.	42.63
D1555	Removal of Fixed Space Maintainer This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30, and 40.	42.01

EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**

EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
#D2140	Amalgam, One Surface, Primary or Permanent This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T. However, this Procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age.	75.25
#D2150	Amalgam, Two Surfaces, Primary or Permanent This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T. However, this Procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age.	95.66
#D2160	Amalgam, Three Surfaces, Primary or Permanent This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T. However, this Procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age.	114.79
#D2161	Amalgam, Four or More Surfaces, Permanent This procedure is reimbursable for Tooth Number 1 through 32.	136.47
#D2330	Resin-based Composite, One Surface, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. This procedure is reimbursable for Tooth Letter C, H, M and R for recipients under 21 years of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age.	89.28
#D2331	Resin-based Composite, Two Surfaces, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. This procedure is reimbursable for Tooth Letters C, H, M and R for recipients under 21 years of age; and Tooth Letters D, E, F,	110.32

EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	G, N, O, P and Q only if the recipient is under 5 years of age.	
#D2332	Resin-based Composite, Three Surfaces, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. This procedure is reimbursable for Tooth Letters C, H, M and R for recipients under 21 years of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age.	133.92
#*D2335	Resin-based Composite, Four or More Surfaces, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 with prior authorization; and Tooth Letters C, H, M, and R for recipients under 21 years of age. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age. Prior authorization for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older. Prior authorization is not required for Tooth Letters D, E, F, G, N, O, P and Q.	168.99
#*D2390	Resin-based Composite Crown, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 with prior authorization; and Tooth Letters C, H, M, and R for recipients under 21 years of age. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age. Prior authorization for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older. Prior authorization is not required for Tooth Letters D, E, F, G, N, O, P and Q.	251.89
#D2391	Resin-based Composite, One Surface, Posterior	75.25

EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.	
#D2392	Resin-based Composite, Two Surface, Posterior This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.	95.66
#D2393	Resin-based Composite, Three Surface, Posterior This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.	114.79
#D2394	Resin-based Composite, Four or More Surfaces, Posterior This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.	136.47
#D2920	Recement Crown This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letter A through T.	56.25
#*D2930	Prefabricated Stainless Steel Crown, Primary Tooth This procedure is reimbursable for Tooth Letters A through T. However, this procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age. Prior	154.32

EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	Authorization is required only for Tooth Letters B, I, L, and S for recipients 8 years of age and older; and for Tooth Letters A, C, H, J, K, M, R and T for recipients 9 years of age and older.	
#* D2931	Prefabricated Stainless Steel Crown, Permanent Tooth This procedure is reimbursable for Tooth Number 1 through 32.	179.83
#* D2932	Prefabricated Resin Crown This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 with prior authorization; and Tooth Letters C, H, M, and R for recipients under 21 years of age. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age. Prior authorization for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older. Prior authorization is not required for Tooth Letters D, E, F, G, N, O, P and Q.	197.69
#* D2933	Prefabricated Stainless Steel Crown with Resin Window This procedure is reimbursable for Tooth Letters C, H, M, and R for recipients under 21 years of age and for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age. Prior authorization is required for Tooth Letters C, H, M and R only for recipients 9 years of age and older. Prior authorization is *not* required for Tooth Letters D, E, F, G, N, O, P and Q.	202.79
#* D2950	Core Buildup, Including Any Pins This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.	156.24

EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
#D2951	Pin Retention, Per Tooth, In Addition To Restoration This procedure is reimbursable for Tooth Number 2 through 5; 12 through 15; 18 through 21; and 28 through 31.	40.81
#* D2954	Prefabricated Post And Core In Addition To Crown This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.	189.40
#* D2999	Unspecified Restorative Procedure, By Report This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letter A through T.	*****

EPSDT DENTAL PROGRAM ENDODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
#D3110	Pulp Cap – Direct (excluding final restoration) This procedure is reimbursable for Tooth Number 1 through 32.	43.23
#* D3220	Therapeutic Pulpotomy (excluding final restoration) This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T. However, this procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age. Prior authorization required for Tooth Number 1 through 32 only.	103.63
#* D3240	Pulpal Therapy (Resorbable Filling), Posterior, Primary Tooth This procedure is reimbursable for Tooth Letter A, J, K, and T.	165.80
#* D3310	Endodontic Therapy, Anterior (excluding final restoration) This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	376.08

EPSDT DENTAL PROGRAM ENDODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
#* D3320	Endodontic Therapy, Bicuspid (excluding final restoration) This procedure is reimbursable for Tooth Number 4, 5, 12, 13, 20, 21, 28 and 29.	438.19
#* D3330	Endodontic Therapy, Molar (excluding final restoration) This procedure is reimbursable for Tooth Number 2, 3, 14, 15, 18, 19, 30 and 31.	527.01
#* D3346	Retreatment of Previous Root Canal Therapy, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	431.09
#* D3352	Apexification/Recalcification, Interim Medication Replacement This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.	134.42
#* D3410	Apicoectomy/Periradicular Surgery, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	353.51
#* D3430	Retrograde Filling, Per Root This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	145.08
#* D3999	Unspecified Endodontic Procedure, By Report This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letter A through T.	*****

EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
+ *D4210	Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	328.64

EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	
+ *D4341	Periodontal Scaling And Root Planing, Four or More Teeth Per Quadrant This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	130.27
*D4355	Full Mouth Debridement To Enable Comprehensive Evaluation and Diagnosis	94.74
*D4999	Unspecified Periodontal Procedure, By Report	*****

EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
***D5110**	Complete Denture, Maxillary	495.00
*D5120	Complete Denture, Mandibular	495.00
*D5130	Immediate Denture, Maxillary	495.00
*D5140	Immediate Denture, Mandibular	495.00
*D5211	Maxillary Partial Denture, Resin Base (including clasps)	470.00
*D5212	Mandibular Partial Denture, Resin Base (including clasps)	470.00
*D5213	Maxillary Partial Denture, Cast Metal (including clasps)	688.00
*D5214	Mandibular Partial Denture, Cast Metal (including clasps)	688.00
+ D5510	Repair Broken Complete Denture Base This procedure is reimbursable for Oral Cavity Designator 01 and 02.	125.00
#D5520	Replace Missing or Broken Tooth, Complete Denture, Per Tooth 1st Tooth = $65.00; Each Additional Tooth = $33.00 This procedure is reimbursable for Tooth Number 2 through 15 and 18	65.00/33.00

EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	through 31.	
+ D5610	Repair Resin Denture Base, Partial Denture This procedure is reimbursable for Oral Cavity Designator 01 and 02.	125.00
+ D5630	Repair or Replace Broken Clasp, Partial Denture This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	119.00
#D5640	Replace Broken Teeth, Partial Denture, Per Tooth 1st Tooth = $65.00; Each Additional Tooth = $33.00 This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.	65.00/33.00
#D5650	Add Tooth to Existing Partial Denture 1st Tooth = $65.00; Each Additional Tooth = $33.00 This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.	65.00/33.00
+ D5660	Add Clasp to Existing Partial Denture This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	119.00
*D5750	Reline Complete Maxillary Denture (Laboratory)	238.00
*D5751	Reline Complete Mandibular Denture (Laboratory)	238.00
*D5760	Reline Maxillary Partial Denture (Laboratory)	208.00
*D5761	Reline Mandibular Partial Denture (Laboratory)	208.00
*D5820	Interim Partial Denture (Maxillary), Includes Clasps	375.00
*D5821	Interim Partial Denture (Mandibular), Includes Clasps	375.00

EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
*D5899	Unspecified Removable Prosthodontic Procedure, By Report	*****

EPSDT DENTAL PROGRAM MAXILLOFACIAL PROSTHETIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
+ *D5986	Fluoride Gel Carrier This procedure is reimbursable for Oral Cavity Designator 01 and 02.	111.32

EPSDT DENTAL PROGRAM FIXED PROSTHODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
#*D6241	Pontic - Porcelain Fused to Predominantly Base Metal This procedure is reimbursable for Tooth Number 7, 8, 9, and 10.	521.09
#*D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis This procedure is reimbursable for Tooth Number 6, 7, 8, 9, 10 and 11.	419.83
*D6999	Unspecified, Fixed Prosthodontic procedure, By Report	*****

EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
#D7111	Extraction, Coronal Remnants – Deciduous Tooth Includes soft tissue-retained coronal remnants. This procedure code is reimbursable for Tooth Letters A through T and AS through TS.	71.06
#D7140	Extraction, Erupted Tooth or Exposed Root This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS	92.47

EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	through TS.	
#* D7210	Surgical Removal of Erupted Tooth This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS.	156.24
#* D7220	Removal of Impacted Tooth – Soft Tissue This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS.	176.01
#* D7230	Removal of Impacted Tooth – Partially Bony This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS.	223.20
#* D7240	Removal of Impacted Tooth – Completely Bony This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS.	294.48
#* D7241	Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS	347.77

EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	through TS.	
#*D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure) This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS.	172.18
+*D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth This procedure is reimbursable for Oral Cavity Designator 01 and 02.	***** Maximum Fee $288.00
#*D7280	Surgical Access of an Unerupted Tooth This procedure is reimbursable for Tooth Number 2 through 15; and 18 through 31.	251.07
#*D7283	Placement of Device to Facilitate Eruption of Impacted Tooth This procedure is reimbursable for Tooth Number 2 through 15; and 18 through 31 for Medicaid approved comprehensive orthodontic cases only.	313.00
+*D7285	Biopsy of Oral Tissue – Hard (bone, tooth) This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 or 40.	***** Maximum Fee $250.00
+*D7286	Biopsy of Oral Tissue - Soft (all others) This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	162.84
+*D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report This procedure is reimbursable for Oral Cavity Designator 01 and 02 for Medicaid approved comprehensive orthodontic cases only.	164.03
+*D7310	Alveoloplasty in Conjunction with Extractions – Per Quadrant	151.0

EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
	This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	
#D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue This procedure is reimbursable for Tooth Number 1 through 32.	118.43
+ *D7880	Occlusal Orthotic Device, By Report This procedure is reimbursable for Oral Cavity Designator 01 and 02.	512.21
D7910	Suture of Recent Small Wounds up to 5 cm	157.51
+ *D7960	Frenulectomy (Frenectomy or Frenotomy) – Separate Procedure This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	236.27
+ *D7997	Appliance Removal (not by dentist who placed appliance), includes removal of archbar This procedure is reimbursable for Oral Cavity Designator 01 and 02.	***** Maximum Fee $240.00
*D7999	Unspecified Oral Surgery Procedure, By Report	*****

EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
+ *D8050	Interceptive Orthodontic Treatment of the Primary Dentition This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	***** Maximum Fee $438.00

EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
+ *D8060	Interceptive Orthodontic Treatment of the Transitional Dentition This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	***** Maximum Fee $438.00
*D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	***** Maximum Fee $4,182.00
*D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	***** Maximum Fee $4,281.00
*D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	***** Maximum Fee $4,515.00
*D8220	Fixed Appliance Therapy	534.71
*D8999	Unspecified Orthodontic Procedure, By Report	*****

EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES		
CODE	**DESCRIPTION**	**FEE**

EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES		
CODE	**DESCRIPTION**	**FEE**
D9110	Palliative (Emergency) Treatment of Dental Pain	66.96
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	38.49
*D9241	Intravenous Conscious Sedation/Analgesia – First 30 Minutes	207.84
*D9242	Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes	82.90
*D9248	Non-intravenous Conscious Sedation	171.72
*D9420	Hospital Call	144.48
*D9440	Office Visit – After Regularly Scheduled Hours	94.00
*D9920	Behavior Management, By Report	75.20
+ *D9940	Occlusal Guard, By Report This procedure reimbursable for Oral Cavity Designator 01 and 02.	310.88
*D9951	Occlusal Adjustment – Limited	94.74
*D9999	Unspecified Adjunctive Procedure, By Report	*****

Note: Dental prior authorization requests and dental claims for payment must indicate tooth surface(s) when the procedure code directly involves one or more tooth surfaces.