

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	Periodic oral evaluation	0-20		No	One per 6 months per dentist or dental group. Only one exam (D0120) every 6 months per dentist or dental group.	
D0140	Limited oral evaluation	0-20		No	Not reimbursable on the same day as D0120, D0150 or D0160	
D0150	Comprehensive oral evaluation	0-20		No	One comprehensive exam per patient per dentist or dental group per 12 months. Only one exam (D0120) every 6 months per dentist or dental group.	
D0160	Detailed and extensive oral evaluation	0-20		No	One comprehensive exam per patient per dentist or dental group per 12 months. Only one exam (D0120) every 6 months per dentist or dental group.	
D0170	Re-evaluation- limited, problem focused	0-20		No	One per 6 months per dentist or dental group. Only one exam every 6 months per dentist or dental group.	
D0180	Comprehensive periodontal evaluation	0-20		No	One per 6 months per dentist or dental group. Only one exam every 6 months per dentist or dental group.	

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0210	Intraoral- complete series	0-20		No	One per 36 months, Either a D0210 or D0330	
D0220	Intraoral- periapical first film	0-20		No		
D0230	Intraoral- periapical each additional film	0-20		No		
D0240	Intraoral- occlusal	0-20		No		
D0270	Bitewing- single film	0-20		No		
D0272	Bitewing- two films	0-20		No		
D0274	Bitewing- four films	0-20		No		
D0290	Posterior- anterior or lateral skull and facial bone survey	0-20		No		Narrative of medical shall be maintained in patient records.
D0330	Panoramic film	0-20		No	One per 36 months, Either a D0210 or D0330	
D0340	Cephalometric film	0-20		No	One per 36 months- non orthodontic cases.	Narrative of medical necessity.
D0460	Pulp vitality tests	0-20		No	One per visit. Includes multiple teeth and contra lateral comparison(s), as indicated.	
D0470	Diagnostic casts	0-20		No		Narrative of medical
D1110	Prophylaxis- adult	0-20		No	One per 6 months. Includes scaling and polishing procedures to remove coronal plaque, calculus and	
D1120	Prophylaxis- child	0-20		No	One per 6 months.	
D1203	Topical application of fluoride w/o prophy- child	0-20		No	One per 6 months.	

**HSCSN Table Top
Reference Guide**

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1204	Topical application of fluoride w/o prophy- adult	0-20		No	One per 6 months.	
D1351	Sealant- per tooth	0-14		2,3,14,15,18,19,30,31	Once per lifetime. Covered on permanent molars	
D1510	Space maintainer- fixed- unilateral	0-20		No		Indicate missing tooth numbers and arch/quadrant
D1515	Space maintainer- fixed- bilateral	0-20		No		Indicate missing tooth numbers and arch/quadrant
D1520	Space maintainer- removable- unilateral	0-20		No		Indicate missing tooth numbers and arch/quadrant
D2140	Amalgam- one surface, primary or permanent	0-20	Teeth 1 through 32, A through T	No		
D2150	Amalgam- two surfaces, primary or permanent	0-20	Teeth 1 through 32, A through T	No		
D2160	Amalgam- three surfaces, primary or permanent	0-20	Teeth 1 through 32, A through T	No		
D2161	Amalgam- four surfaces, primary or permanent	0-20	Teeth 1 through 32, A through T	No		

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	Resin- based composite- one surface, anterior	0-20	Teeth 6-11, 22-27, C-H, M-R	No		
D2331	Resin- based composite- two surfaces, anterior	0-20	Teeth 6-11, 22-27, C-H, M-R	No		
D2332	Resin- based composite- three surfaces, anterior	0-20	Teeth 6-11, 22-27, C-H, M-R	No		
D2335	Resin-based composite crown- anterior	0-20	Teeth 6-11, 22-27, C-H, M-R	No		
D2391	Resin- based composite- one surface, posterior	0-20	Teeth 4,5,12,13, 20,21,28, 29	No	Teeth 1,2,3,14-19, 30-32/ A,B,I,J,L,K,S,T are not covered for composites. Amalgams are covered	
D2392	Resin- based composite- two surface, posterior	0-20	Teeth 4,5,12,13, 20,21,28, 29	No	Teeth 1,2,3,14-19, 30-32/ A,B,I,J,L,K,S,T are not covered for composites. Amalgams are covered.	
D2393	Resin- based composite- three surface, posterior	0-20	Teeth 4,5,12,13, 20,21,28, 29	No	Teeth 1,2,3,14-19, 30-32/ A,B,I,J,L,K,S,T are not for composites. Amalgams are covered.	

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2394	Resin- based composite- four surface, posterior	0-20	Teeth 4,5,12,13, 20,21,28, 29	No	Teeth 1,2,3,14-19, 30-32/ A,B,I,J,L,K,S,T are not covered for composites. Amalgams are covered.	
D2710	Crown- resin based composite (indirect)	0-20		Yes		Pre-operative radiograph
D2750	Crown- porcelain fused to high noble metal	0-20	Teeth 1 through	Yes	One per 60 months	Pre-operative radiograph of adjacent and opposing teeth.
D2790	Crown- full cast high noble metal	0-20	Teeth 1 through	Yes	One per 60 months	Pre-operative radiograph of adjacent and opposing teeth.
D2920	Recement crown	0-20	Teeth 1 through	Yes	One per 60 months	Pre-operative radiograph of adjacent and opposing teeth.
D2930	Prefabricated stainless steel crown- primary tooth	0-20		Yes		Pre-operative radiograph of adjacent and opposing teeth.
D2931	Prefabricated stainless steel crown- permanent tooth	0-20		Yes		Pre-operative radiograph of adjacent and opposing teeth.
D2940	Sedative filling	0-20		No	Temporary restoration intended to relieve pain. Not to be used as a base or liner under a restoration.	
D2952	Post and core in addition to crown, indirectly fabricated	0-20		Yes		Pre-operative radiograph of adjacent and opposing teeth.
D2970	Temporary crown (fractured tooth)	0-20		No		
D2999	Unspecified restorative procedure	0-20		Yes, by report		

**HSCSN Table Top
Reference Guide**

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3110	Pulp cap- direct (excluding final restoration)	0-20		Yes		Pre-operative radiograph.
D3220	Therapeutic pulpotomy	0-20		Yes		Pre-operative radiograph.
D3310	Anterior- one canal (excluding final restoration)	0-20		Yes	Once per lifetime.	Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.
D3320	Bicuspid- two canals (excluding final restoration)	0-20		No	Once per lifetime.	Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.
D3330	Molar- three canals (excluding final restoration)	0-20		Yes	Once per lifetime.	Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.
D3347	Retreatment of previous root canal therapy- anterior	0-20		Yes	Once per lifetime.	Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.
D3351	Apexification/recalcification- initial visit	0-20		Yes	Once per lifetime.	Pre-operative radiographs of adjacent and opposing teeth with authorization. Fill radiograph with claim.
D3410	Apicoectomy/periradicular surgery- anterior	0-20		No	Once per lifetime.	Pre-operative radiograph of adjacent and opposing teeth.
D3426	Apicoectomy/periradicular surg (each additional root)	0-20		No	Once per lifetime.	Pre-operative radiograph of adjacent and opposing teeth.

**HSCSN Table Top
Reference Guide**

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3430	Retrograde filling- per root	0-20		No	Once per lifetime.	Pre-operative radiograph of adjacent and opposing teeth.
D4210	Gingivectomy or gingivoplasty- four or more contiguous teeth or bounded teeth spaces per quadrant	0-20	Per Quadrant.	Yes	One per 24 months. A minimum of four (4) teeth in the affected quadrant.	Periodontal charting pre-operative radiographs.
D4211	Gingivectomy or gingivoplasty- one to three contiguous teeth or bounded teeth spaces per quadrant	0-20	Per Quadrant.	Yes	One per 24 months. One (1) to three (3) teeth in the affected quadrant.	Periodontal charting pre-operative radiographs.
D4249	Clinical crown lengthening- hard tissue	0-20	Per Quadrant.	Yes	One per 24 months. Crown Lengthening requires reflection of a flap.	Pre-operative radiograph and narrative with claim. There must be evidence of restorability.
D4263	Bone replacement graft- first site in quadrant	0-20	Per Quadrant	Yes		Periodontal charting pre-operative radiographs.
D4264	Bone replacement graft- each additional site in quadrant	0-20	Per Quadrant.	Yes		Periodontal charting pre-operative radiographs.
D4341	Periodontal scaling and root planning- Four or more teeth per quadrant	0-20	Per Quadrant.	Yes	One per 12 months. A minimum of four (4) teeth in the affected quadrant.	Periodontal charting pre-operative radiographs. There must be radiographic evidence of root calculus or noticeable loss of bone support.

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4342	Periodontal scaling and root planning- one to three teeth per quadrant	0-20	Per Quadrant.	Yes	One per 12 months. A minimum of four (4) teeth in the affected quadrant.	Periodontal charting pre-operative radiographs. There must be radiographic evidence of root calculus or noticeable loss of bone
D4355	Full mouth debridement	0-20		No	One per 12 months.	Calculus must be abnormally heavy and visible on radiograph as well as diagnostic records shall be maintained in the patients records.
D5110	Complete denture- maxillary	0-20		Yes	One per 60 months.	Pre-operative radiographs.
D5120	Complete denture- mandibular	0-20		Yes	One per 60 months.	Pre-operative radiographs.
D5211	Maxillary partial denture- resin base	0-20		Yes	One per 60 months.	Pre-operative radiographs of adjacent and opposing teeth.
D5213	Maxillary partial denture- cast metal framework with resin denture bases	0-20		Yes	One per 60 months.	Pre-operative radiographs of adjacent and opposing teeth.
D5214	Mandibular partial denture- cast metal framework with resin denture bases	0-20		Yes	One per 60 months.	Pre-operative radiographs of adjacent and opposing teeth.
D5281	Removable unilateral partial denture	0-20		Yes	One per 60 months.	Pre-operative radiographs of adjacent and opposing teeth.
D5610	Repair resin denture base	0-20		No	One per 60 months.	
D5640	Replace broken teeth- per	0-20		No	One per 60 months.	
D5820	Interim partial denture (maxillary)	0-20		Yes	One per 60 months.	

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5821	Interim partial denture (mandibular)	0-20		Yes	One per 60 months.	
D7140	Extraction	0-20		No		
D7210	Surgical removal of erupted tooth	0-20		No		Pre-operative radiographs of adjacent and opposing teeth with claim.
D7220	Removal of impacted tooth-soft tissue	0-20		No	Removal of asymptomatic tooth not covered.	Pre-operative radiographs of adjacent and opposing teeth with claim.
D7230	Removal of impacted tooth-partially bony	0-20		No	Removal of asymptomatic tooth not covered.	Pre-operative radiographs of adjacent and opposing teeth with claim.
D7240	Removal of impacted tooth-completely bony	0-20		No	Removal of asymptomatic tooth not covered.	Pre-operative radiographs of adjacent and opposing teeth with claim.
D7241	Removal of impacted tooth-completely bony w/con	0-20		No	Removal of asymptomatic tooth not covered.	Pre-operative radiographs of adjacent and opposing teeth with claim.
D7250	Surgical removal of residual tooth roots	0-20		No	Removal of asymptomatic tooth not covered.	Pre-operative radiographs of adjacent and opposing teeth with claim.
D7260	Oroantral fistula closure	0-20		No		Pre-operative radiographs of adjacent and opposing teeth with claim.
D7270	Replantation of tooth with splint	0-20		No	Includes splinting and/or stabilization	Pre and post-operative radiographs and narrative of medical necessity.

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7280	Surgical access of an unerupted tooth	0-20		No		Pre-operative radiographs of adjacent and opposing teeth with claim.
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	0-20		No		Pre-operative radiographs and narrative.
D7286	Biopsy of oral tissue- soft	0-20		No		Copy of pathology report with claim.
D7310	Alveolectomy in conjunction with extraction	0-20		No	Minimum of three extractions in the affected	
D7320	Alveoplasty not in conjunction with extraction- four or more teeth or tooth spaces, per quadrant	0-20		No	No extractions performed in an edentulous area.	Narrative of medical necessity shall be maintained in patient records.
D7340	Vestibuloplasty- ridge extension (secondary	0-20		Yes		Pre-operative radiographs and narrative of medical
D7350	Vestibuloplasty ridge- extension (including soft tissue	0-20		Yes		Pre-operative radiographs and narrative of medical
D7460	Removal of benign odontogenic cyst or tumor- lesion diameter up to 1.25 cm	0-20		No		Copy of pathology report with claim.
D7510	Incision and drainage of abscess- intraoral soft tissue	0-20		No	By request and report	Narrative of medical necessity.
D7520	Incision and drainage of abscess- extraoral soft tissue	0-20		No	By request and report	Narrative of medical necessity.
D7610	Maxilla- open reduction	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7620	Maxilla- closed reduction	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7630	Mandible- open reduction	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7640	Mandible- closed reduction	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7820	Closed reduction of dislocation	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7850	Surgical discectomy, with/without implant	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7860	Arthrotomy	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7870	Arthrocentesis	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7911	Complicated suture- up to 5 cm	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7940	Osteotomy- for orthognathic deformities	0-20		Yes	By request and report	Pre-operative radiographs and narrative of medical
D7960	Frenulectomy	0-20		No	By request and report	Narrative of medical
D7980	Sialolithotomy	0-20		Yes	By request and report	Narrative of medical
D7995	Synthetic graft	0-20		Yes	By request and report	Narrative of medical
D7999	Unspecified oral surgery procedure	0-20		Yes	By request and report	Narrative of medical necessity.
D8070	Comprehensive orthodontic treatment of the transitional definition	0-20		Yes	Once per lifetime.	Study models. Panoramic or periapical radiographs and narrative/treatment plan.

**HSCSN Table Top
Reference Guide**

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8080	Comprehensive orthodontic treatment of the adolescent definition	0-20		Yes	Once per lifetime.	Study models. Panoramic or periapical radiographs and narrative/treatment plan.
D8210	Removable appliance- habit breaker			Yes		
D8220	Fixed appliance therapy	0-20		Yes		
D9110	palliative treatment of dental pain	0-20		No	Not allowed with any other services other than radiographs.	
D9220	General anesthesia- first 30 minutes	0-20		No		Narrative of medical necessity shall be maintained in patient records.
D9221	General anesthesia- each additional 15 minutes	0-20		No	Maximum of 60 minutes (4 units)	Narrative of medical necessity shall be maintained in patient records.
D9230	Analgesia- inhalation of nitrous oxide	0-20		No		Narrative of medical necessity shall be maintained in patient records.
D9310	Consultation	0-20		No	Diagnostic service provided by dentist other than practitioner providing treatment.	
D9420	Hospital visit	0-20		No		Narrative of medical necessity shall be maintained in patient records.
D9430	Consultant evaluation exam	0-20		No		Narrative of medical necessity shall be maintained in patient records.

HSCSN Table Top Reference Guide

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9940	occlusal equilibration by report	0-20		Yes	One per 24 months. Removable dental appliances which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.	Narrative of medical necessity shall be maintained in patient records.
D9941	Fabrication of athletic mouthguard	0-20		Yes	One per 12 months.	Narrative of medical necessity shall be maintained in patient records.
D9951	occlusal adjustment ltd	0-20		No	Not covered with any restorative procedure on same date of service. Two per 12 months.	Narrative of medical necessity shall be maintained in patient records.
D9952	occlusal adjustment complete	0-20		Yes	Not covered with any restorative procedure on same date of service. Two per 12 months.	Narrative of medical necessity shall be maintained in patient records.