

## HealthPartners Care Benefit Grid - 2014

ADA Code	Description	PMAP/MnCare Kids (under 21) and  Group # 4183 (PMAP) Pkg codes PC000, Group # 4190 (MNCare) PC030	Rules	PMAP/ MnCare Non-Pregnant Group # 4183- 4188 (PMAP) Pkg codes PC00A, PC01A, PC05A, Group # 4190 (MNCare) PC030, PC03A	Rules	MSHO (Minnesota Senior Health Options)  Group #'s 4181, 4182 Pkg code PC02B, PC03B	Rules
D0120	Periodic Oral Exam	X		X	1/year	X	2/year
D0140	Limited Oral Exam	X		X		X	
D0145	Oral Eval for patient under three	X					
D0150	Comprehensive Oral Exam	X		X	1/5years;metering begins 1/1/10	X	1/5years;metering begins 1/1/10
D0160	Detailed & Extensive Eval	X					
D0170	Re-Evaluation, limited, problem focused	X					
D0180	Comprehensive Periodontal Evaluation	X					
D0190	Screening of Patient	X	Limit 2 per year	X	Limit 2 per year	X	Limit 2 per year
D0191	Assessment of Patient	X	Limit 2 per year	X	Limit 2 per year	X	Limit 2 per year
D0210	FMX Series w/BWS		only covered outpatient hospital setting		only covered outpatient hospital setting		
D0220	Periapical First Film	X	maximum allowed 4 per DOS	X	maximum allowed 4 per DOS	X	maximum allowed 4 per DOS
D0230	Periapical Addt'l X-Ray	X	maximum allowed 4 per DOS	X	maximum allowed 4 per DOS	X	maximum allowed 4 per DOS
D0240	Intraoral Occlusal X-ray	X					
D0250	Extraoral First Film	X					
D0260	Extraoral Each Addt'l Film	X					
D0270	Bitewing X-ray Single Film	X		X	1 series/year	X	1 series/year
D0272	Bitewing X-ray 2 Films	X		X	1 series/year	X	1 series/year

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D0273	Bitewing X-ray 3 Films	X		X	1 series/year	X	1 series/year
D0274	Bitewing X-ray 4 Films	X		X	1 series/year	X	1 series/year
D0277	Vertical bitewings 7 to 8 films	X		X	1 series/year	X	1 series/year
D0290	PA or Lat Skull/Facial						
D0310	Saliography						
D0320	TMJ Joint Arthrogram/Inject						
D0321	TMJ Films						
D0322	Tomographic Survery						
D0330	Panoramic X-ray	X		X	1/5 years; metering begins 1/1/10	X	1/5 years; metering begins 1/1/10
D0340	Cephalometric Film	X	As part of workup for covered orthdontic care				
D0350	Oral/facial images	X					
D0360	Radiographs Diagnostic Imaging: Cone beam ct - craniofacial data capture						
D0362	Radiographs Diagnostic Imaging-two dimensional image						
D0393	Treatment Simulation using 3D image						
D0394	Digital subtraction of two or more images						

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D0395	Fusion of two more more 3D images						
D0415	Bacteria Study-Path Agent						
D0416	Viral culture						
D0417	Collection and preparation of saliva for laboratory diagnostic testing						
D0418	Analysis of saliva sample						
D0421	Genetic Test for Susceptibility to Oral Diseases						
D0425	Caries Susceptibility Test						
D0431	Adjunctive pre-diagnostic test-mucosal abnormalities						
D0460	Pulp Vitality Tests	X					
D0470	Diagnostic Casts	X					
D0472	Accession of tissue, exam, written report						
D0473	Accession of tissue, gross and microscopic exam, written report						
D0474	Accession of tissue, gross and microscopic exam, preparation, written report						
D0475	Decalcification procedure						
D0476	Special stains microorganisms						
D0477	Special stains not for microorganisms						

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D0478	Immunohistochemical stains						
D0479	Tissue in-situ hybridization, including interpretation						
D0480	Processing and interpretation of smears, prep, transmission of written report						
D0481	Electron microscopy - diagnostic						
D0482	Direct immunofluorescence						
D0483	Indirect immunofluorescence						
D0484	Consultation on Slides Prepared Elsewhere						
D0485	Consultation, Including Preparation of Slides from Biopsy Material Supplied by Referring Source						
D0486	Accession of brush biopsy sample						
D0601	Caries Risk Assessment - low risk						
D0601	Caries Risk Assessment - moderate risk						
D0603	Caries Risk Assessment - high risk						
D0502	Other Oral Path Proc Rept						
D0999	Unspecified Diagnostic Proc	X					

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D1110	Adult Prophylaxis	X		X	1/year (disabled members may have up to 4/year but prior authorization is required for medical necessity)	X	2/year (disabled members may have up to 4/year but prior authorization is required for medical necessity)
D1120	Child Prophylaxis	X	(disabled members may have up to 4/year but prior authorization is required for medical necessity)				
D1206	Topical Fluo Varnish; application for moderate- high risk patients	X		X	1/year	X	1/year
D1208	Topical Application of Fluoride	X				X	
D1310	Nutritional Counseling	X					
D1320	Tobacco Counseling	X					
D1330	Oral Hygiene Instruction	X	Must be an organized education program to be covered				

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D1351	Sealant Per Tooth	X	Allowed 1/5 years per permanent molar; metering begins 1/1/11				
D1352	Preventive Resin Restoration in moderate to high caries risk patient - permanent tooth	X	Allowed 1/5 years per permanent molar; metering begins 1/1/11				
D1510	Space Maint-Fixed-unil	X					
D1515	Space Maint-fixed-bilat	X					
D1520	Space Maint-remov-unil	X					
D1525	Space Maint-remov-bilat	X					
D1550	Recement Space Maintainr	X					
D1555	Removal of Fixed Space Maintainer	X					
D1999	Unspecified preventive procedure	X					
D2140	1 Surf Amalgam-perm	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)
D2150	2 Surf Amalgam-perm	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)

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D2160	3 Surf Amalgam-perm	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)
D2161	4 Surf Amalgam-perm	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)
D2330	Composite 1 surf-ant	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)
D2331	Composite 2 surf-ant	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface(s) as identified in CDT4 (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)
D2332	Composite 3 surf-ant	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)

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D2335	Composite 4+ surf Inc Ang	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)
D2390	Resin-based Composite Crown - anterior	X				X	
D2391	Composite -1 surface-posterior	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	amalgam fee allowed - not allowed to bill member difference	X	amalgam fee allowed - not allowed to bill member difference
D2392	Resin-based Composite- 2 surfaces, posterior	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	amalgam fee allowed - not allowed to bill member difference	X	amalgam fee allowed - not allowed to bill member difference
D2393	Resin-based Composite- 3 surfaces, posterior	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	amalgam fee allowed - not allowed to bill member difference	X	amalgam fee allowed - not allowed to bill member difference



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D2394	Resin-based Composite-4 or more surfaces, posterior	X	Use appropriate one letter surface as identified in CDT (ie. I, F, O, L, B, M, D)	X	amalgam fee allowed - not allowed to bill member difference	X	amalgam fee allowed - not allowed to bill member difference
D2410	Gold Foil Restor 1 Surf						
D2420	Gold Foil Restor 2 Surf						
D2430	Gold Foil Restor Surf						
D2510	1 Surf Metal Inlay						
D2520	2 Surf Metal Inlay						
D2530	3 Surf Metal Inlay						
D2542	Metal Only - 2 Surface						
D2543	Metal Onlay-3 Surface						
D2544	Metal Onlay-4+ Surface						
D2610	1 Surf Porcelain Inlay						
D2620	2 Surf Porcelain Inlay						
D2630	3 Surf Porcelain Inlay						
D2642	Onlay-Porc/Ceram-2 surface	X				X	
D2643	Onlay-Porc/Ceram-3 surface	X				X	
D2644	Onlay-Porc/Ceram-4 surface	X				X	
D2650	Inlay Comp/Resin-1 Surf	X				X	
D2651	Inlay Comp/Resin-2 Surf	X				X	
D2652	Inlay Comp/Resin-3 Surf	X				X	
D2662	Onlay Comp/Resin-2 surf	X				X	
D2663	Onlay Comp/Resin-3 surf	X				X	
D2664	Onlay Comp/Resin-4 surf	X				X	

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D2710	Resin Crown-lab					X	\$2,000 annual benefit on crowns
D2712	Crown 3/4 resin based (indirect)					X	\$2,000 annual benefit on crowns
D2720	Res/Metal Crown-hi noble					X	\$2,000 annual benefit on crowns
D2721	Res/Metal Crown-low noble					X	\$2,000 annual benefit on crowns
D2722	Res/Metal Crown-noble					X	\$2,000 annual benefit on crowns
D2740	Porcelain Crown					X	\$2,000 annual benefit on crowns
D2750	Porc/Metal Crown-hi noble					X	\$2,000 annual benefit on crowns
D2751	Porc/Metal Crown-lo noble					X	\$2,000 annual benefit on crowns
D2752	Porc/Metal Crown-noble					X	\$2,000 annual benefit on crowns
D2780	Crown 3/4 Metal - Cast-hi noble					X	\$2,000 annual benefit on crowns
D2781	Crown 3/4 Cast Base Metal					X	\$2,000 annual benefit on crowns
D2782	Crown 3/4 Cast Noble Metal					X	\$2,000 annual benefit on crowns
D2783	Crown 3/4 Porcelain/ceramic					X	\$2,000 annual benefit on crowns

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D2790	Full Crown-hi noble					X	\$2,000 annual benefit on crowns
D2791	Full Crown-lo noble					X	\$2,000 annual benefit on crowns
D2792	Full Crown-noble					X	\$2,000 annual benefit on crowns
D2794	Crown titanium					X	\$2,000 annual benefit on crowns
D2799	Provisional Crown	X				X	\$2,000 annual benefit on crowns
D2910	Recementation Inlay					X	
D2915	Recement cast or prefabricated post and core					X	
D2920	Recementation Crown					X	
D2921	Reattachment of tooth fragment	X					
D2929	Prefabrication porcelain/ceramic crown - primary tooth	X					
D2930	Crown-Steel-primary	X				X	\$2,000 annual benefit on crowns
D2931	Crown-Steel-permanent	X				X	\$2,000 annual benefit on crowns
D2932	Prefab Resin Crown	X				X	\$2,000 annual benefit on crowns
D2933	Prefab Crown-steel w/window	X				X	\$2,000 annual benefit on crowns

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D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	X					
D2940	Sedative Filling	X		X		X	
D2941	Interim therapeutic restoration	X					
D2949	Restorative Foundation for an Ind Rest						
D2950	Crown Buildup Incl Pins	X				X	
D2951	Pin Retention Per Tooth					X	
D2952	Cast Post & Core					X	
D2953	Add'tl Cast Post					X	
D2954	Pre Fab Post & Core					X	
D2955	Post Remove-not endo therapy					X	
D2957	Add'tl Prefab Post					X	
D2960	Veneer-chairside						
D2961	Veneer - resin - lab						
D2962	Veneer-porcelain-lab						
D2970	Temporary crown (fractured tooth)	X				X	
D2971	Construct new crown under partial denture						
D2975	Coping	X					
D2980	Crown Repair					X	
D2990	Resin Infiltration of incipient smooth surface lesions	X					
D2999	Unspec Restorative Proc						
D3110	Pulp Cap Direct	X					

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D3120	Pulp Cap Indirect	X					
D3220	Pulpotomy	X					
D3221	Gross pulpal debridement	X					
D3222	Partial Pulpotomy for Apexogenesis	X					
D3230	Pulpal Therapy-post/prim	X					
D3240	Pulpal Therapy-ant/prim	X					
D3310	Root Canal-anterior	X		X	1/lifetime	X	1/lifetime
D3320	Root Canal-bicuspid	X		X	1/lifetime	X	1/lifetime
D3330	Root Canal-molar	X				X	1/lifetime
D3331	Treatment of RCT obstruction: non-surgical access	X					
D3332	Incomplete endo therapy	X					
D3333	Internal root repair of perforation defects	X					
D3346	Retreatment Ant By Report	X					
D3347	Retreatment Bic By Report	X					
D3348	Retreatment Molar By Report	X					
D3351	Apexification/Recalc-initial	X					
D3352	Apexification/Recalc-interim	X					
D3353	Apexification/Recalc-final	X					
D3354	Pulpal regeneration - completion of regenerative treatment in an immature perm tooth w/necrotic pulp	X					
D3355	Pulpal regeneration-initial visit						

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D3356	Pulpal regeneration-interim medication placement						
D3357	Pulpal regeneration -completion of treatment						
D3410	Apicoectomy Surg-anterio						
D3421	Apicoectomy Surg-bicuspd						
D3425	Apicoectomy Surg-molar						
D3426	Apicoectomy Surg-adtl rt						
D3427	Periapical surg without apicectomy						
D3428	Bone graft in conj w/ periradicular surg - per tooth						
D3429	Bone graft in conj w/ periradicular surg - each addl contig tooth						
D3431	Biologic materials to aid in soft and osseous tissue regen						
D3432	Guided tissue regen resorbable barrier						
D3430	Retrograde Filling Per Root						
D3450	Root Amputation Per Root						
D3460	Endosseous Implant						
D3470	Replantation-incl splint						
D3910	Surg to Place Rbr Dam						
D3920	Hemisection						
D3950	Canal Prep for Post						

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D3999	Unspecified Endodontic Proc						
D4210	Gingivectomy/Plasty/Quad	X					
D4211	Gingivectomy/Plasty/Tooth	X					
D4212	Gingivectomy/Plasty to allow access for restorative procedure	X					
D4230	Anatomical crown exposure - four+contiguous teeth per quadrant	X					
D4231	Anatomical crown exposure-one-three teeth per quadrant						
D4240	Gingival Flap/Rp/Quad						
D4241	Gingival Flap Procedure including root planing- one to three teeth, per quad		only covered outpatient hospital setting		only covered outpatient hospital setting		
D4245	Apically positioned flap		only covered outpatient hospital setting		only covered outpatient hospital setting		
D4249	Crown Lengthening	X					
D4260	Osseous Surgery Per Quad						
D4261	Osseous surgery (including flap entry and closure)-one to three teeth, per quad						
D4263	Bone Repl Graft-1st site quad						
D4264	Bone Repl Graft-adl site quad						
D4265	Biological materials to aid in soft and osseous tissue regeneration						

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D4266	Tissue Regen-resorb barrier						
D4267	Tissue Regen-nonresorb						
D4268	Guided Tissue Regeneration						
D4270	Pedicle Soft Tissue G/Pro	X					
D4271	Free Soft Tissue Graft						
D4273	Subepithelial Tissue Graft						
D4274	Distal/Prox Wedge Proc						
D4275	Soft tissue allograft						
D4276	Combined connective tissue and double pedicle graft						
D4320	Provision Splint Intraco						
D4321	Provision Splint Extra	X					
D4341	Perio Scale & Rt Plane-quad	X	Pocket depth must be greater than 4mm to be eligible for coverage			X	



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D4342	Periodontal Scaling and root planing- one to three teeth, per quad	X	Must be reported using tooth numbers, not a quadrant. You may list a range or individual tooth numbers. (ie. 2-4 or 6, 9, 10). Pocket depth must be greater than 4mm to be eligible for coverage.			X	
D4355	Full Mouth Debridement	X		X	1/5years;metering begins 1/1/10	X	
D4381	Delivery of Chemo Therapy	X	Covered if perio scaling and root planing history found in last three months				
D4910	Perio Maint Aft/Therapy	X				X	
D4920	Unscheduled Dressing Change						
D4921	Gingival irrigation - per quad						
D4999	Unspecified Perio Procedure	X					By Report

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D5110	Denture-full upper	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10..
D5120	Denture-full lower	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10..
D5130	Denture-immed upper	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.
D5140	Denture-immed lower	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.
D5211	Partial-upper resin base	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required

## HealthPartners Care Benefit Grid - 2014

ADA Code	Description	PMAP/MnCare Kids (under 21) and  Group # 4183 (PMAP) Pkg codes PC000, Group # 4190 (MnCare) PC030	Rules	PMAP/ MnCare Non-Pregnant Group # 4183- 4188 (PMAP) Pkg codes PC00A, PC01A, PC05A, Group # 4190 (MnCare) PC030, PC03A	Rules	MSHO (Minnesota Senior Health Options)  Group #'s 4181, 4182 Pkg code PC02B, PC03B	Rules
D5212	Partial-lower resin base	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required
D5213	Partial-upper cast metal	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required
D5214	Partial-lower cast metal	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required
D5225	Maxillary partial denture-flexible base (including clasps, rests and teeth)	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required
D5226	Mandibular partial denture-flexible base (including clasps, rests and teeth)	X	1/3 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required	X	1/6 years; metering begins 1/1/10.. Authorization required
D5281	Unilat rpd-1 pc cast metal						

## HealthPartners Care Benefit Grid - 2014

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D5410	Adjust Max-full denture	X		X		X	
D5411	Adjust Mand-full denture	X		X		X	
D5421	Adjust Max Rpd	X		X		X	
D5422	Adjust Mand Rpd	X		X		X	
D5510	Repair Full Denture Base	X		X		X	
D5520	Replace Miss/Broke Per Tooth	X		X		X	
D5610	Partial Repair-resin	X		X		X	
D5620	Partial Repair-cast frame	X		X		X	
D5630	Partial Repair-clasp	X		X		X	
D5640	Partial Repair-per tooth	X		X		X	
D5650	Partial Repair-add tooth	X		X		X	
D5660	Partial Repair-add clasp	X		X		X	
D5670	Partial repair -replaces all teeth and acrylic on cast metal framework (maxillary)	X		X		X	
D5671	Partial repair -replaces all teeth and acrylic on cast metal framework (mandibular)	X		X		X	
D5710	Rebase Max Full Denture	X		X		X	
D5711	Rebase Mand Full Denture	X		X		X	
D5720	Rebase Max Rpd	X		X		X	
D5721	Rebase Mand Rpd	X		X		X	
D5730	Char Reline Max Full Denture	X		X		X	
D5731	Char Reline Mand Full Denture	X		X		X	
D5740	Char Reline Max Rpd	X		X		X	
D5741	Char Reline Mand Rpd	X		X		X	

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D5750	Lab Reline Max Full Denture	X		X		X	
D5751	Lab Reline Mand Full Denture	X		X		X	
D5760	Lab Reline Max Rpd	X		X		X	
D5761	Lab Reline Mand Rpd	X		X		X	
D5810	Max Interim Denture	X					
D5811	Mand Interim Denture	X					
D5820	Max Interim Part Denture	X		X	Authorization required	X	Authorization required
D5821	Mand Interim Part Denture	X		X	Authorization required	X	Authorization required
D5850	Tissue Cndtn-max denture						
D5851	Tissue Cndtn-mand denture						
D5860	Full Overdenture By Report			X	Authorization required	X	Authorization required
D5861	Partial Overdenture By Report			X	Authorization required	X	Authorization required
D5862	Precision Attachment By Report			X	Authorization required	X	Authorization required
D5863	Overdenture - complete maxillary						
D5864	Overdenture - partial maxillary						
D5865	Overdenture - complete mandibular						
D5866	Overdenture - partial mandibular						
D5867	Replace precision attachment			X	Authorization required	X	Authorization required

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D5875	Modification of removable Pros following Implant Surgery						
D5899	Name Identification for Upper and Lower denture			X	Authorization required	X	Authorization required
D5982	Surgical Stent						
D5992	Adjust maxillofacial prosthetic appliance						
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral)						
D5994	Periodontal medicament carrier w/ peripheral seal						
D5999	Unspec Max Pros Proc						
D6010	Surgical placement of implant body:Endosteal Implant	X	Prior Authorization Required				
D6011	Second stage implant surgery						
D6012	Surgical placement of interim implant body for transitional prosthesis						
D6013	Surgical placement of mini implant						
D6040	Surgical placement:Eposteal Implant	X	Prior Authorization Required				

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D6051	Surgical placement:Transosteal Implant	X	Prior Authorization Required				
D6052	Semi-precision attachment						
D6053	Implant/abutment supported removal denture for completely edentulous arch	X	Prior Authorization Required				
D6054	Implant/abutment supported removal denture for partially edentulous arch	X	Prior Authorization Required				
D6055	Dental Implant Support Bar	X	Prior Authorization Required				
D6056	Prefabricated Abutment	X	Prior Authorization Required				
D6057	Custom Abutment	X	Prior Authorization Required				
D6058	Abutment supported porc/cer Cr	X	Prior Authorization Required				
D6059	Abutment supported porc/high noble metal	X	Prior Authorization Required				

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D6060	Abutment supported porc/base metal	X	Prior Authorization Required				
D6061	Abutment supported porc/noble metal	X	Prior Authorization Required				
D6062	Abutment supported cast metal cr	X	Prior Authorization Required				
D6063	Abutment supported based metal cr	X	Prior Authorization Required				
D6064	Abutment supported nobel metal cr	X	Prior Authorization Required				
D6065	Implant supported porc/cer cr	X	Prior Authorization Required				
D6066	Implant supported metal/ceramic cr	X	Prior Authorization Required				
D6067	Implant supported metal crown	X	Prior Authorization Required				



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D6068	Abutment supported retained porc/cer FPD	X	Prior Authorization Required				
D6069	Abutment supported retainer porc/high noble metal FPD	X	Prior Authorization Required				
D6070	Abutment supported retainer porc/base metal FPD	X	Prior Authorization Required				
D6071	Abutment supported retainer porc/noble metal FPD	X	Prior Authorization Required				
D6072	Abutment supporter retainer high noble metal FPD	X	Prior Authorization Required				
D6073	Abutment supported retainer base metal FPD	X	Prior Authorization Required				
D6074	Abutment supported retainer for nobel metal FPD	X	Prior Authorization Required				
D6075	Implant supported reatiner for ceramic FPD	X	Prior Authorization Required				

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D6076	Implant supported ratiner for porc/metal FPD	X	Prior Authorization Required				
D6077	Implant supported retainer cast metal FPD	X	Prior Authorization Required				
D6078	Implant abutment supported fixed denture - edentulous	X	Prior Authorization Required				
D6079	Implant abutment supported fixed denture - part edentulous	X	Prior Authorization Required				
D6080	Implant maintenance	X	Prior Authorization Required				
D6090	Repair Implant Support Pros						
D6091	Replacement of semi-precious/precious attach of implant/abutment suppt pros						
D6092	Recement implant/abutment suppt crown	X					
D6093	Recement implant/abutment suppt fixed partial denture	X					
D6094	Abutment supported crown (titanium)						
D6095	Repair Implant Abutment						

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D6100	Implant removal, by report						
D6190	Radiographic/surgical implant						
D6194	Abutment supported retainer crown for FPD (titanium)						
D6199	Unspec Implant Proc						
D6205	Pontic - indirect resin based composite						
D6210	Pontic-Cast Hi Noble Metal						
D6211	Pontic-Cast Base Metal						
D6212	Pontic-Cast Noble Metal						
D6214	Pontic - titanium						
D6240	Pontic-Porc to Hi Noble						
D6241	Pontic-Porc to Base						
D6242	Pontic-Porc to Noble						
D6245	Pontic-Porcelain/Ceramic						
D6250	Pontic-Resin to Hi Noble						
D6251	Pontic-Resin to Base						
D6252	Pontic-Resin to Noble						
D6253	Provisional pontic						
D6254	Interim Pontic						
D6795	Interim Retainer Crown						
D6545	Retainer Cast Metal/Fixed						
D6548	Retainer porc/cer for resin bonded fixed pros						
D6600	Inlay-porecelain/ceramic, two surfaces						

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D6601	Inlay-porecelain/ceramic, three or more surfaces						
D6602	Inlay-cast high noble metal, two surfaces						
D6603	Inlay-cast high noble metal, three or more surfaces						
D6604	Inlay - cast predominantly base metal, two surfaces						
D6605	Inlay - cast predominantly base metal, three or more surfaces						
D6606	Inlay-cast noble metal, two surfaces						
D6607	Inlay-cast noble metal, three or more surfaces						
D6608	Onlay-porcelain/ceramic, two surfaces						
D6609	Onlay-porcelain/ceramic, three or more surfaces						
D6610	Onlay-cast high noble metal, two surfaces						
D6611	Onlay-cast high noble, three or more surfaces						
D6612	Onlay-cast predominantly base metal, two surfaces						
D6613	Onlay-cast predominantly base metal, three or more surfaces						

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D6614	Onlay-cast noble metal, two surfaces						
D6615	Onlay-cast noble metal, three or more surfaces						
D6624	Inlay - titanium						
D6634	Onlay - titanium						
D6710	Crown-indirect resin based composite						
D6720	Retainer-Resin to Hi Noble						
D6721	Retainer-Resin to Base						
D6722	Retainer-Resin to Noble						
D6740	Retainer- porc/cer						
D6750	Retainer-Porc to Hi Noble						
D6751	Retainer-Porc to Base						
D6752	Retainer-Porc to Noble						
D6780	Retainer 3/4 Crown-Hi Noble						
D6781	Retainer - 3/4 cast base metal						
D6782	Retainer - 3/4 cast noble metal						
D6783	Retainer 3/4 porc/cer						
D6790	Retainer-f c Hi Noble						
D6791	Retainer-f c Base						
D6792	Retainer-f c Noble						
D6793	Provisional Retainer Crown						
D6794	Crown - titanium						
D6920	Connector Bar	X					
D6930	Recement Bridge						

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D6940	Stress Breaker						
D6950	Precision Attachment						
D6970	Cast Post Core for Bridge						
D6972	Prefab Post Core for Bridge						
D6973	Core Build up for Retainer						
D6975	Coping-Metal						
D6976	Each additional cast post/same tooth						
D6977	Each additional prefabricated post/same tooth						
D6980	Fixed Partial Denture Repair	X					
D6985	Pediatric Partial Denture						
D6999	Unspec Fixed Pros Proc	X					
D7111	Extraction, Coronal remnants - deciduous tooth	X		X		X	
D7140	Extraction, erupted tooth or exposed root	X		X		X	
D7210	Surgical Ext-erupted tooth	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented
D7220	Soft Tissue Impact	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented

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D7230	Partial Impact Bony	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented
D7240	Complete Impact Bony	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented
D7241	Impact Bony w/Compl	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented	X	Medical necessity for 3rd molars must be documented
D7250	Surg Removal Resid Roots	X		X		X	
D7251	Coronectomy-intentional partial tooth removal						
D7260	Oral Antral Fistula Closed						
D7261	Primary closure of sinus perforation						
D7270	Tooth Reimplant/Stabilize	X					
D7272	Tooth Transplantation	X					
D7280	Surgical Exposure-ortho	X					
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	X					
D7283	Placement of device to facilitate eruption of impacted tooth						

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D7285	Biopsy Oral Tissue-hard	X		X		X	
D7286	Biopsy Oral Tissue-soft	X		X		X	
D7287	Cytology sample collection						
D7288	Brush Biopsy - Transepithelial Sample Collection						
D7290	Surg Reposition Teeth						
D7291	Transseptal Fiberotomy						
D7292	Surgical place: temp anchorage device (screw retained) requiring surgical flap						
D7293	Surgical place: temp anchorage device requiring surgical flap						
D7294	Surgical place: temporary anchorage device w/out surgical flap						
D7295	Harvest of bone for use in autogenous grafting procedure						
D7310	Alveoplasty w/ext-quad						maybe covered under medical - must be submitted to medical with CPT codes



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D7311	Alveoloplasty in conjunction with extractions						maybe covered under medical - must be submitted to medical with CPT codes
D7320	Alveoloplasty-per quad						maybe covered under medical - must be submitted to medical with CPT codes
D7321	Alveoloplasty not in conjunction with extractions						maybe covered under medical - must be submitted to medical with CPT codes
D7340	Vestibuloplasty						
D7350	Vestibuloplasty w/grrafts						
D7410	Excision-Lesion -1.25cm						
D7411	Excision of benign lesion greater than 1.25 cm						
D7412	Excision of benign lesion, complicated						

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D7413	Excision of malignant lesion up to 1.25 cm						
D7414	Excision of malignant lesion greater than 1.25 cm						
D7415	Excision of malignant lesion - complicated						
D7440	Exc Malig Tumor to 1.25						
D7441	Exc Malig Tumor +1.25cm						
D7450	Rmv Odont Cyst to 1.25cm						
D7451	Rmv Odont Cyst +1.25cm						
D7460	Rmv Nonodon Cyst -1.25cm						
D7461	Rmv Nonodon Cyst +1.25cm						
D7465	Destruct Lesion Physchem						
D7471	Removal of lateral exostosis						
D7472	Removal of torus palatinus						
D7473	Removal of torus mandibularis						
D7485	Surgical reduction of osseous tuberosity						
D7490	Mand Resection W/Graft						
D7510	I&D Intraoral Soft Tissue	X		X		X	
D7511	Incision and drainage of abscess-intraoral soft tissue complicated	X		X		X	
D7520	I&D Extraoral Soft Tissue	X		X		X	
D7521	I&D of abscess-extraoral soft tissue	X		X		X	
D7530	Remove Foreign Body Skin						

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D7540	Remove Foreign Body						
D7550	Sequestrectomy for Osteo						
D7560	Max Sinusotomy-remove f b						
D7610	Max Open Reduc-smpl frac						
D7620	Max Clos Reduc-smpl frac						
D7630	Mand Open Reduc-smpl fx						
D7640	Mand Close Reduc -smpl fx						
D7650	Malarzygomat Arch Open						
D7660	Malarzygomat Arch Closed						
D7670	Open Red Alveolar fx						
D7671	Alveolus - open reduction, may include stabilization of teeth						
D7680	Facial Bones Comp Reduction						
D7710	Open Reduction Max Cmpfx						
D7720	Clsd Reduction Max Cpdx						
D7730	Open Reduction Mand Cmf						
D7740	Closed Reduction - Mandible						
D7750	Open Reduct Malarzygo						
D7760	Clsd Reduct Malarzygo						
D7770	Open Reduct Alvl Fx						
D7771	Alveolus, closed reduction stabilization of teeth						
D7780	Complicated Reduc-facial						
D7810	TMJ Open Reduc of Disloc						
D7820	TMJ Close Reduc Disloc						
D7830	TMJ Manip w/Anesthesia						

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D7840	TMJ Condylectomy						
D7850	TMJ Menisectomy						
D7852	Disc Repair						
D7854	Synovectomy						
D7856	Myotomy						
D7858	Joint Reconstruction						
D7860	Arthrotomy						
D7865	Arthroplasty						
D7870	Arthrocentesis						
D7871	Non arthroscopic lysis and lavage						
D7872	Arthroscopy-diagnosis						
D7873	Arthroscopy-surgical lavage						
D7874	Arthroscopy-surg disc repositioning and stabilization						
D7875	Arthroscopy-surg synovectomy						
D7876	Arthroscopy-surg discectomy						
D7877	Arthroscopy-surg debridement						
D7880	Occlusal Orthotic Device						
D7899	Unspec TMD Therapy						
D7910	Suture Small Wound 5cm						
D7911	Comp Suture -5cm						
D7912	Comp Suture +5cm						
D7920	Skin Grafts						
D7940	Osteoplasty/Orthognathic						
D7941	Osteoplasty/Ramus Closed						
D7943	Osteotomy Ramus Open/Graft						

## HealthPartners Care Benefit Grid - 2014

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D7944	Ostoetomy-Segment/Subap						
D7945	Osteotomy-Body of Mand						
D7946	Lefort I Max-Total						
D7947	Lefort I Max-Segmented						
D7948	Lefort II or III w/o Bone Graft						
D7949	Lefort II or III w/Bone Graft						
D7950	Graft of Man or Fac Bones						
D7951	Sinus augmentation w/bone or bone substitute						
D7953	Bone replacement graft for ridge preservation						
D7955	Repair of Max Tissue Defect						
D7960	Frenulectomy-Sep Proc						
D7963	Frenuloplasty						
D7970	Excise Hyperplas Tissue						
D7971	Excise Pericoronal Gingiva						
D7972	Surgical reduction of fibrous tuberosity						
D7980	Sialolithotomy						
D7981	Exc Salivary Gland						
D7982	Sialodochoplasty						
D7983	Closure of Salivary Fistula						
D7990	Emergency Tracheotomy						
D7991	Coronoidectomy						
D7995	Synthetic Graft/Mand or Fac						
D7996	Implant-Mand Augmentation						

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D7997	Appliance removal-different DDS than placed appliance						
D7998	Intraoral placement of fixation device not in conjunction w/fracture						
D7999	Unspec Oral Sx Proc						
D8010	Limited Tx/Primary Dentition	Prior Auth if Medically Necessary	Must have an overall orthodontic problem that interferes with chewing or biting function; severe overbite or disfigurement of facial appearance				

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D8020	Limited Tx /Transitional Dent	Prior Auth if Medically Necessary	Must have an overall orthodontic problem that interferes with chewing or biting function; severe overbite or disfigurement of facial appearance				
D8030	Limited Tx/Adolescent Dent	Prior Auth if Medically Necessary	Must have an overall orthodontic problem that interferes with chewing or biting function; severe overbite or disfigurement of facial appearance				
D8040	Limited Tx/Adult Dentition						

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D8050	Intercept Tx/Primary Dent	Prior Auth if Medically Necessary	Must have an overall orthodontic problem that interferes with chewing or biting function; severe overbite or disfigurement of facial appearance				
D8060	Intercept Tx/Transition Dent	Prior Auth if Medically Necessary	Must have an overall orthodontic problem that interferes with chewing or biting function; severe overbite or disfigurement of facial appearance				



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D8070	Comp Tx/Transitional Dent	Prior Auth if Medically Necessary	Must have an overall orthodontic problem that interferes with chewing or biting function; severe overbite or disfigurement of facial appearance				
D8080	Comp Tx/Adolescent Dent	Prior Auth if Medically Necessary	Must have an overall orthodontic problem that interferes with chewing or biting function; severe overbite or disfigurement of facial appearance				
D8090	Comp Tx/Adult Dentition						
D8210	Remove Habit Appliance						
D8220	Fixed Appliance Therapy						
D8660	Pre-Orthodontic Tx Visit						

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D8670	Periodic Ortho Tx Visit						
D8680	Orthodontic Retention						
D8690	Orthodontic Treatment						
D8691	Repair of orthodontic appliance						
D8692	Replacement of lost or broken retainer	X					
D8693	Rebonding or recementing						
D8694	Repair of fixed retainers, incl reattachments						
D8999	Unspecified Orthodontic Tx						
D9110	Palliative Tx	X		X		X	
D9120	Fixed partial denture sectioning						
D9210	Local Anesth not w/sx Proc						
D9211	Regional Block Anesthesia						
D9212	Trigeminal Division Blck						
D9215	Local Anesthesia						
D9220	Gen Anest First 30 Min	X	only covered outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting
D9221	Gen Anest/Addtl 15 Min	X	only covered outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting

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D9230	Analgesia	X					
D9241	IV Sedation - 1st 30 minutes	X	only covered outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting
D9242	IV Sedation - add'l 15 minutes	X	only covered outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting
D9248	Non IV conscious sedation	X	only covered outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting	X	only covered for disabled members in an outpatient hospital setting
D9310	Consultation	X					
D9410	House Call / ECF call	X		X	only covered for disabled members in an extended care facility	X	only covered for disabled members in an extended care facility
D9420	Hospital Call	X					
D9430	Office Visit Observation	X					
D9440	Office Visit After Hours						

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D9450	Case presentation, detailed and extensive treatment planning						
D9610	Therapeutic Drug Injection	X					
D9612	Therapeutic Drug Injection (2+)	X					
D9630	Other Drug and or Medication						
D9910	Desensitizing Medicament	X					
D9911	Desensitizing resin , cervical or root surface, per tooth	X					
D9920	Behavior Management	X		X	disabled members may have coverage but prior authorization is required for medical necessity	X	disabled members may have coverage but prior authorization is required for medical necessity
D9940	Occlusal Guard						
D9941	Athletic Mouth Guard						
D9942	Repair and/ore reline of occlusal guard						
D9951	Occlusal Adjustment-Limited						
D9952	Occlusal Adjustment-Complt						
D9970	Enamel Microabrasion	X					
D9971	Odontoplasty 1-2 teeth						
D9974	Internal bleaching per tooth						
D9999	Unspec Adjunctive Procedure						