

OAP Dental Procedure Guidelines

This is not intended to replace appropriate clinical judgments and recommended treatment but is intended as a guide for reimbursement under the Old Age Pension Dental Assistance Program.

Seniors served under the OAP Dental Assistance Program should receive ethical treatment that aligns with standards of care in dentistry and takes into consideration the individual's ability to withstand limited treatment time and number of procedures per appointment.

Diagnostic CDT Codes:

0120 Periodic Oral Evaluation – Established Patient

Evaluation on patient of record to determine changes in medical or dental status since last evaluation. Includes oral cancer evaluation, periodontal evaluation, diagnosis, treatment planning.

- Frequency: one (1) time per 6 month period per patient; 2 week window accepted

0140 Limited Oral Evaluation – Problem Focused

Evaluation limited to a specific oral health problem or complaint. This code must be used in association with a specific oral health problem or complaint and is not to be used to address situations that arise during multi-visit treatments covered by a single fee, such as endodontic or post operative visits related to treatments including prosthesis. Specific problems may include dental emergencies, trauma, acute infections, etc.

- Should not be used for adjustments made to prosthesis provided within previous 12 months
- Should not be used as an encounter fee

0150 Comprehensive Oral Exam – New or Established Patient

Evaluation used by general dentist or specialist. Applicable to new patients or established patients with significant health changes, or absence from active treatment for more than five years. This includes a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues, and an evaluation and recording of the patient's dental and medical history and a general health assessment. A periodontal evaluation, oral cancer evaluation, diagnosis and treatment planning should be included.

- Frequency: one(1) per five(5) years per patient
- Should not be charged on the same date as 0180

0180 Comprehensive Periodontal Evaluation – New or Established Patient

Evaluation for patients presenting signs and symptoms of periodontal disease and patients with risk factors such as smoking or diabetes. This evaluation encompasses a comprehensive oral exam, and full, complete and detailed periodontal charting.

- Frequency: one (1) per three (3) years per patient
- Should not be charged on the same date as 0150

0210 Intraoral – Complete series of radiographic images

Radiographic survey of whole mouth, 6-22 periapical and posterior bitewing images displaying the crowns and roots of all teeth, periapical areas and alveolar bone.

Panoramic radiographic image and bitewing radiographic images taken on the same date of service shall not be billed as a D0210.

Payment for additional periapical radiographs within 60 days of a full mouth series or a panoramic film is not covered unless there is evidence of trauma.

- Frequency: one (1) per five (5) years per patient
- Any combination of x-rays taken on the same date of service that equals or exceeds the maximum allowable fee for 0210 should be billed and reimbursed as 0210
- Should not be charged in addition to panoramic film 0330
- Either 0330 OR 0210 per 5 year period

0220 Periapical – 1st radiographic image

- 0220 one (1) per day per patient
- Report additional radiographs as 0230
- Any combination of 0220, 0230, 0270, 0272, 0273, or 0274 taken on the same date of service that exceeds the maximum allowed fee for 0210 is reimbursed at the same fee as 0210. 0210 will only be reimbursed every 5 years.

0230 Periapical – each additional radiographic image

- 0230 should be utilized for additional films taken beyond 220
- Any combination of 0220, 0230, 0270, 0272, 0273, or 0274 taken on the same date of service that exceeds the maximum allowed fee for 0210 is reimbursed at the same fee as 0210.

0270 Bitewing – Single film

- Frequency: one (1) in a 12 month period
- Report more than one (1) radiographic image as: 0272 two (2); 0273 three (3); 0274 four (4)
- Any combination of 0220, 0230, 0270, 0272, 0273, or 0274 taken on the same date of service that exceeds the maximum allowed fee for 0210 is reimbursed at the same fee as 0210.

0272 Bitewings – Two films

- Frequency: one (1) time in a 12 month period

- Any combination of 0220, 0230, 0270, 0272, 0273, or 0274 taken on the same date of service that exceeds the maximum allowed fee for 0210 is reimbursed at the same fee as 0210.

0273 Bitewings – Three films

- Frequency: one (1) time in a 12 month period
- Any combination of 0220, 0230, 0270, 0272, 0273, or 0274 taken on the same date of service that exceeds the maximum allowed fee for 0210 is reimbursed at the same fee as 0210.

0274 Bitewings – Four films

- Frequency: one (1) time in a 12 month period
- Any combination of 0220, 0230, 0270, 0272, 0273, or 0274 taken on the same date of service that exceeds the maximum allowed fee for 0210 is reimbursed at the same fee as 0210.

0330 Panoramic radiographic image

Extraoral radiographic image

- Frequency: one (1) per 5 years per patient
- Should not be charged in addition to full mouth series 0210
- Either 0330 OR 0210 per 5 years

Preventive CDT Codes:

1110 Prophylaxis (Adult)

Removal of plaque, calculus and stains from the tooth structures, with intent to control local irritational factors. Prophylaxis is not a benefit when billed on the same date of service as any periodontal procedure code.

- Frequency: One (1) time per 6 calendar months; ; 2 week window accepted
- May be billed for routine prophylaxis for areas of the mouth not periodontally involved. Should not be billed in addition to code 4910 for periodontal maintenance.
- 1110 may be billed with 4341 and 4342 one time during initial periodontal therapy for prophylaxis of areas of the mouth not receiving nonsurgical periodontal therapy. When this option is used, individual should still be placed on 4910 for maintenance of periodontal disease. 1110 should only be charged once, not per quadrant, and represents areas of the mouth not included in the 4341 or 4342 being reimbursed.
- Should not be alternated with 4910 for maintenance of periodontally-involved individuals.

- Should not be used as one month re-evaluation following nonsurgical periodontal therapy.

1206 Topical Fluoride Varnish

Topical Fluoride application to be used in conjunction with prophylaxis or preventive appointment. Should be applied to whole mouth.

- Frequency: up to four (4) times per 12 calendar months
- Should not be used with 1208

1208 Topical Fluoride

Any Fluoride application, including swishing, trays or paint on variety, to be used in conjunction with prophylaxis or preventive appointment.

- Frequency: One (1) time per 12 calendar months
- Should not be used with 1206
- 1206 varnish should be utilized in lieu of 1208 whenever possible

Restorative CDT Codes:

2140 Amalgam One surface

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.

2150 Amalgam Two surfaces

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2160 Amalgam Three surfaces

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2161 Amalgam Four+ surfaces

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2330 Resin – One surface - anterior

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.

2331 Resin – Two surface - anterior

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2332 Resin – Three surface - anterior

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2335 Resin – Four surface – incisal angle

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2391 Resin –One surface - posterior

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2392 Resin – Two surface - posterior

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2393 Resin – Three surface - posterior

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2394 Resin – Four surface - posterior

- Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
- Frequency: 36 months for the same restoration

2951 Pin Retention per tooth

Pins placed to aid in retention of restoration.

- Should only be used in combination with a multi-surface amalgam

Periodontal CDT Codes:

4341 Scaling and Root Planing – Four or more teeth/quad

Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For patients with periodontal disease and is therapeutic, not prophylactic. 4341 and 1110 can be reported on same service date when 1110 is utilized for areas of the mouth that are not affected by periodontal disease. 1110 may only be charged once, not per quadrant. A diagnosis of periodontitis with clinical attachment loss (CAL) included. Diagnosis and classification of the periodontology case type must be in accordance with documentation as currently established by the American Academy of Periodontology. Current periodontal charting must be present in patient chart documenting active periodontal disease.

- Frequency: one (1) time per quadrant per 36 month interval
- When 4 quadrants are completed in a single visit, consideration should be taken for individual's ability to withstand extended treatment time. Documentation of other treatment provided at same time will be requested.
- Should include any follow-up and re-evaluation

4342 Scaling and Root Planing – Three or less teeth/quad

Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For patients with periodontal disease and is therapeutic, not prophylactic. 4342 and 1110 can be reported on same service date when 1110 is utilized for areas of the mouth that are not affected by periodontal disease. 1110 may only be charged once, not per quadrant. A diagnosis of periodontitis with clinical attachment loss (CAL) included. Current periodontal charting must be present in patient chart documenting active periodontal disease .

- Frequency: one (1) time per quadrant per 36 month interval
- When 4 quadrants are completed in a single visit, consideration should be taken for individual's ability to withstand extended treatment time. Documentation of other treatment provided at same time will be requested.
- Should include any follow-up and re-evaluation

4910 Periodontal Maintenance

Procedure following periodontal therapy (4341/4342). This procedure includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated and polishing the teeth.

If 1110 is once again reported then scaling and root planing will be required to use 4910.

- Frequency: up to four (4) times per fiscal year per patient
- Should not be charged alternating with 1110.
- Cannot be charged within the first three months following active periodontal treatment.

Prosthetics CDT Codes:

5110 & 5120 Complete Denture Maxillary & Mandibular

Maxillary or Mandibular Complete Denture

- Reimbursement made upon DELIVERY (completed) of complete maxillary or mandibular denture.
- 5110 or 5120 should not be used to report an immediate denture. Immediate denture (5130, 5140) OR interim complete denture (5810, 5811) is inserted immediately after extraction of teeth and is not currently covered on the OAP Dental Program Provider Reimbursement Schedule.
- Routine follow-up adjustments/relines within 12 months should be anticipated and are included in the initial reimbursement.
- A complete denture is made after teeth have been removed and the gum and bone tissues have healed – or to replace an existing denture.
- Complete dentures are provided once adequate healing has taken place following extractions. This can vary greatly depending upon patient, oral health, overall health and other confounding factors.
- Frequency: There should be an expected life span of 5-10 years before replacement dentures should be considered – documentation that existing prosthesis cannot be made serviceable should be maintained.

5211 & 5212 Partial Denture Maxillary & Mandibular – resin, inc. clasps, rest, and teeth

Maxillary or Mandibular Partial Denture – resin base

- Reimbursement made upon DELIVERY (completion) of partial maxillary or mandibular denture.
- 5211 or 5212 should not be used to report an interim partial denture (5820, 5821). 5211 and 5212 should be considered definitive treatment.
- Routine follow-up adjustments/relines within 12 months should be anticipated and are included in the initial reimbursement.
- A partial resin base denture can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple).
- A partial resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal.
- Several impressions and “try-in” appointments may be necessary and are included in the cost.
- Routine follow-up adjustments/relines within 12 months should be anticipated and are included in the initial reimbursement.
- Frequency: There should be an expected life span of 5-10 years before replacement dentures should be considered – documentation that existing prosthesis cannot be made serviceable should be maintained.

5510 Repair broken complete denture

Repair broken complete denture base

5520 Replace missing or broken teeth on complete denture – per tooth

Replacement/repair of missing or broken teeth

5610 Repair resin denture base

Repair of upper/lower partial denture base

5630 Replace or repair broken clasp

Repair of broken clasp on partial denture base

5640 Replace missing or broken teeth on existing partial – per tooth

Repair/replacement of missing tooth

5650 Add tooth to existing partial

Adding tooth to partial denture base

- Documentation may be requested when charged on partial delivered in last 12 months

5660 Add clasp to existing partial

Adding clasp to partial denture base

- Documentation may be requested when charged on partial delivered in last 12 months

5710 & 5711 Rebase Complete Denture Maxillary & Mandibular

Rebasing the denture base material due to alveolar ridge resorption

- Frequency: one (1) time per 12 months
- Completed at laboratory
- May not be charged on denture provided in the last 12 months.
- May not be charged in addition to a reline in a 12 month period.

5720 & 5721 Rebase Partial Denture Maxillary & Mandibular

Rebasing the partial denture base material due to alveolar ridge resorption

- Frequency: one (1) time per 12 months
- Completed at laboratory
- May not be charged on denture provided in the last 12 months.
- May not be charged in addition to a reline in a 12 month period.

5730 & 5731 Reline Complete Denture Maxillary & Mandibular - Chair side

Chair side reline that resurfaces without processing denture base

- Frequency: one (1) time per 12 months
- May not be charged on denture provided in the last 12 months
- May not be charged in addition to a rebase in a 12 month period.

5740 & 5741 Reline Partial Denture Maxillary & Mandibular - Chair side

Chair side reline that resurfaces without processing partial denture base

- Frequency: one (1) time per 12 months
- May not be charged on denture provided in the last 12 months.
- May not be charged in addition to a rebase in a 12 month period.

5750 & 5751 Reline Complete Denture Maxillary & Mandibular - Laboratory

Laboratory reline that resurfaces with processing denture base

- Frequency: one (1) time per 12 months
- May not be charged on denture provided in the last 12 months.
- May not be charged in addition to a rebase in a 12 month period.

5760 & 5761 Reline Partial Denture Maxillary & Mandibular - Laboratory

Laboratory reline that resurfaces with processing partial denture base

- Frequency: one (1) time per 12 months
- May not be charged on denture provided in the last 12 months.
- May not be charged in addition to a rebase in a 12 month period.

Oral Surgery CDT Codes:

7140 Extraction of erupted tooth or exposed root

Routine removal of tooth structure, including minor smoothing of socket bone, and closure as necessary.

- Treatment notes must include documentation that a surgical extraction was done per tooth.

7210 Surgical removal of erupted tooth

Includes removal of bone, and/or sectioning of erupted tooth, smoothing of socket bone and closure as necessary.

- Treatment notes must include documentation that a surgical extraction was done per tooth.

7250 Surgical removal of residual tooth roots

Includes removal of bone, and/or sectioning of residual tooth roots, smoothing of socket bone and closure as necessary.

- Treatment notes must include documentation that a surgical extraction was done per tooth.

- May only be charged once per tooth.
- May not be charged for removal of broken off roots for recently extracted tooth.

7286 Biopsy, soft tissue

Removing tissue for histologic evaluation

- Treatment notes must include documentation and proof that biopsy was sent for evaluation.

7310 Alveoplasty (w/extractions) Four teeth or more

Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone.

- Reported per quadrant

7311 Alveoplasty (w/extractions) Three teeth or less

Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone.

- Reported per quadrant

7320 Alveoplasty (w/out extractions) Four teeth or more

Substantially reshaping the bone without an extraction procedure, correcting anatomical irregularities.

- Reported per quadrant

7321 Alveoplasty (w/out extractions) Three teeth or less

Substantially reshaping the bone without an extraction procedure, correcting anatomical irregularities.

- Reported per quadrant

7510 Incision and drainage of abscess – intraoral soft tissue

Incision through mucosa, including periodontal origins

9110 Palliative treatment – ER treatment of dental pain – minor procedure (limited to 1 time/year)

Emergency treatment to alleviate pain/discomfort. This code should not be used for file claims for writing or calling in a prescription to the pharmacy or to address situations that arise during multi-visit treatments covered by a single fee such as surgical or endodontic treatment.

- Report per visit, not procedure
- Frequency limit: one (1) time per fiscal year
- May not be charged as an encounter fee.
- Maintain documentation that specifies problem and treatment

Duplicative or Unnecessary Services Not Covered - Services that are duplicative in nature or otherwise do not add value to the overall treatment may not be billed to the OAP program. Examples of unnecessary or duplicative services include attempted restoration of an unrestorable tooth, extraction following incomplete root canal therapy; extraction of retained roots following an incomplete extraction, etc. Please contact OAP Dental Program staff for specific guidance or questions.

Coding and Bundled Services

Providers may not unbundle, or separate into smaller components of treatment, any part of a treatment that is by practice included in a single procedure code.