



Dental Providers: Billing Resource for Early Dental Visits

Providing early dental visits is professionally and personally rewarding.

To help support dental providers who treat very young children, TeethFirst! has created this Billing Resource for you.

The first two pages outline the most frequently used 2015 Current Dental Terminology (CDT) codes for which reimbursement may be granted. Codes are grouped based on category of service and include relevant CDT descriptor definitions. General information on common insurance benefit limitations is also provided in the note section for most of the frequently used codes. Dental offices should verify benefit guidelines for individual patients as plans/coverage will vary.

The last page outlines additional less frequently used CDT codes by service category. Relevant CDT descriptor definitions and common insurance benefit limitations are not provided.

Please note when referencing any part of this document that billing guidelines are subject to change as new procedure codes are introduced or modified, or to reflect changes in materials, techniques, and insurance industry practices.

NOTE: This resource is intended to encourage dentists considering treating young children to do so by providing a brief overview of a range of CDT codes. This document is not intended to serve as a billing policy document. All questions regarding reimbursement should be referred to the patient's dental insurance carrier directly.

It's never too soon for dentists and families to team up – making a child's teeth a priority from the start!

Most recently updated October 2015



Most Frequently Used 2015 CDT Codes For Early Dental Visits

Diagnostic Codes			
Code	Nomenclature	CDT Descriptor	Notes
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen, and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.	Some insurance carriers may ... <ul style="list-style-type: none"> • Reimburse this code explicitly if any other comprehensive exam codes (D0150, D0160, or D0180) are submitted for children under age 3. • Pay subsequent D0145 submissions as D0120. • Place a two exam limit for children under age 3.
D0120	Periodic oral evaluation – established patient	An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.	Some insurance carriers may ... <ul style="list-style-type: none"> • Require subsequent follow up visits for children under age three to be charged with the D0120 code instead of the D0145 code. • Apply a frequency limit of twice every 12 months.
D0220	Intraoral – periapical first radiographic image	Image capture with interpretation.	
D0230	Intraoral – periapical each additional radiographic image	<i>Same as D0220</i>	Some insurance carriers may ... <ul style="list-style-type: none"> • Consider individually listed intraoral radiographs by the same dentist/office a complete series if fee for individual radiographs equals or exceeds the fee for a complete series done on the same date of service. • Disallow any fee in excess of the fee for a full mouth series of radiographs.
D0240	Intraoral – occlusal radiographic image	<i>Same as D0220</i>	Some insurance carriers may allow only two occlusal films in a 12-month period.
D0272	Bitewings – two radiographic images	<i>Same as D0220</i>	Some insurance carriers may... <ul style="list-style-type: none"> • Provide an allowance of an FMX, if bitewings and panoramic film are taken on the same day by same provider. • Place a frequency limit of once every 12 months.



Most Frequently Used 2015 CDT Codes For Early Dental Visits

Preventive Codes			
Code	Nomenclature	CDT Descriptor	Notes
D1120	Prophylaxis – child	Removal of plaque, calculus, and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.	Some insurance carriers may... <ul style="list-style-type: none"> • Limit the application of this code up to, but not including the patient's 14th birthday. • Place a frequency limit of twice every 12 months.
D1206	Topical application of fluoride varnish	Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.	Some insurance carriers may... <ul style="list-style-type: none"> • Pay D1206 and D1208 interchangeably according to plan contract. • Place a frequency limit of once or twice every 12 months.
D1208	Topical application of fluoride - excluding varnish	<i>Same as D1206</i>	<i>Same insurance notes as D1206.</i>

Restorative Codes			
Code	Nomenclature	CDT Descriptor	Notes
D2140	Amalgam – one surface, primary or permanent	Amalgam Restorations (including polishing)	Some insurance carriers may... <ul style="list-style-type: none"> • Place a limit of one restoration per surface. • Apply a 24 month rule for the replacement of restorations, especially for those dentists who performed the original restoration.
D2150	Amalgam – two surfaces, primary or permanent	<i>Same as 2140</i>	<i>Same as D2140</i>
D2330	Resin-based composite – one surface, anterior	Resin-based composite restorations - direct	Some insurance carriers may disallow payment for the replacement of an existing restoration to the same dentist if done within 24 months of the original restoration. Fee may be paid if performed by different dentist and only for the new surface involved.
D2331	Resin-based composite – two surfaces, anterior	<i>Same as D2330</i>	<i>Same as D2330</i>
D2391	Resin-based composite – one surface, posterior	Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.	Some insurance carriers may base corresponding benefit on amalgam restoration. The patient is responsible for any difference up to the dentist charge.
D2392	Resin-based composite – two surfaces, posterior	<i>Same as D2330</i>	<i>Same as D2391</i>



Additional 2015 CDT Codes For Early Dental Visits

Diagnostic	
D0140	Limited oral evaluation – problem focused
D0160	Detailed and extensive oral evaluation – problem focused, by report
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)
D0270	Bitewing – single radiographic image
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally

Preventive	
D1510	Space maintainer – fixed – unilateral
D1515	Space maintainer – fixed – bilateral
D1550	Re-cement or re-bond space maintainer
D1555	Removal of fixed space maintainer

Restorative	
D2160	Amalgam – three surfaces, primary or permanent
D2161	Amalgam – four or more surfaces, primary or permanent
D2332	Resin-based composite – three surfaces, anterior
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)
D2393	Resin-based composite – three surfaces, posterior
D2394	Resin-based composite – four or more surfaces, posterior
D2929	Prefabricated porcelain/ceramic crown – primary tooth
D2930	Prefabricated stainless steel crown – primary tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window

Endodontics	
D3110	Pulp cap – direct (excluding final restoration)
D3120	Pulp cap – indirect (excluding final restoration)
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	Pulpal debridement, primary and permanent teeth
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Prosthodontics, Fixed	
D6985	Pediatric partial denture, fixed

Oral and Maxillofacial Surgery	
D7111	Extraction, coronal remnants – deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and or forceps removal)

Adjunctive General Services	
D9110	Palliative (emergency) treatment of dental pain – minor procedure
D9220	Deep sedation/general anesthesia – first 30 minutes
D9221	Deep sedation/general anesthesia – each additional 15 minutes
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis
D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes
D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes
D9248	Non-intravenous moderate (conscious) sedation
D9310	Consultation – diagnostic services provided by dentist or physician other than requesting dentist or physician
D9920	Behavior management, by report

