

County of San Diego, Health and Human Service Agency
Ryan White Primary Care Medical Care

Allowable Dental Services List

The following dental services may be billed to the Ryan White Primary Care when provided to enrolled Ryan White Primary Care Pool patients. HIV positive patients in need of dental services not specifically listed below should be referred to the Specialty Care Coordinator at AIDS Healthcare Foundation.

Service description restrictions are described on Page 2 of this document.

Code	Service Description
D0120	Periodic oral evaluation
D0140	Limited oral evaluation - problem focused
D0150	Comprehensive oral evaluation
D0210	Intraoral - complete series (including bitewings)
D0220	Intraoral - periapical, single, first film
D0230	Intraoral periapical, single, additional files (10 maximum)
D0272	Bitewings - 2 films ¹
D0274	Bitewings - 4 films ¹
D0330	Panoramic film ²
D1110	Prophylaxis – adult
D2140	Amalgam, one surface, primary or permanent tooth
D2150	Amalgam, two surfaces, primary or permanent tooth
D2160	Amalgam, three surfaces, primary or permanent tooth
D2161	Amalgam, four or more surfaces, primary or permanent tooth
D2330	Resin-based composite – one surface, anterior
D2331	Resin-based composite – two surfaces, anterior
D2332	Resin-based composite – three surfaces, anterior
D2335	Resin-based composite – four or more surfaces, anterior
D2391	Resin-based composite – one surface, posterior
D2392	Resin-based composite – two surfaces, posterior
D2393	Resin-based composite – three surfaces, posterior
D2394	Resin-based composite – four or more surfaces, posterior
D2910	Recement inlay
D2920	Recement crown
D2950	Core build-up, including pins when required
D2951	Pin retention
D2952	Cast post and core, indirectly fabricated
D2954	Prefabricated post and core in addition to crown
D4341	Generalized periodontal scaling. Therapeutic, not prophylactic.
D4342	Localized periodontal scaling. Therapeutic, not prophylactic.
D4355	Full mouth debridement ^{5, 6, 7}
D4910	Periodontal Maintenance Procedures ^{8, 9}
D5110	Complete Denture - Maxillary ¹⁰
D5120	Complete Denture - Mandibular ¹⁰

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Code	Service Description
D5211	Maxillary Partial Denture, resin base ¹⁰
D5212	Mandibular Partial Denture, resin base ¹⁰
D5510	Repair broken complete denture base
D5520	Repair missing or broken teeth - complete denture
D6930	Recement fixed partial denture
D7111	Extraction, coronal remnants - deciduous teeth
D7140	Extraction, erupted tooth or exposed root
D7210	Removal of erupted tooth, surgical
D7220	Remove impacted tooth – soft tissue
D7230	Remove impacted tooth – partial bony
D7240	Remove impacted tooth – completely bony
D7241	Remove impacted tooth – unusual surgical complication
D7250	Surgical removal residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7285	Biopsy of oral tissue - hard
D7286	Biopsy of oral tissue - soft
D7310	Alveoplasty with extractions – per quadrant
D7320	Alveoplasty (no extractions) – per quadrant
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7510	Incision and drainage of abscess - intraoral soft tissue
D7510	Incision and drainage of abscess, intraoral
D7971	Excision pericoronary gingiva
D9110	Palliative (Emergency) treatment of dental pain, minor
D9630	Antibacterial (Peridex) mouth rinse – on formulary
D9930	Postoperative visit, complications (e.g., osteitis)

Footnotes (Restrictions)	
1.	Once annually
2.	Once every 3 years
3.	Each quad limited to once every 24 months
4.	Periodontal procedures on the same date of service are not covered for any combination of the following codes: D1110, D1120, D4210, D4240, D4260, D4341, D4910
5.	Debridement allowed once every three years (provided D1110, D4910, D4341, have not been done within the last three years)
6.	Debridement is not a substitute for difficult prophylaxis

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7.	Not allowed on the same day as D1110, D4910 or D4341
8.	Limit 2 within 12 months
9.	Requires history of periodontal therapy (D4210, D4211, D4240, D4260, D4341 [except D4249 and D4355])
10.	Once every 5 years