

Procedure/Service	Common ADA Codes		HUSKY B		
Initial Oral Exam	0150		1 per 36 months <b>-No Co-pay</b>		
Periodic Oral Exam	0120		Every 6 months after Initial Oral Exam <b>-No Co-pay</b>		
Emergency or Limited Oral Exam	0140		No Limits <b>-No Co-pay</b>		
Prophylaxes (includes cleaning, supra & sub gingival scaling & polishing)	1120 Pediatric 1110 Adult		1X every 6 months per provider <b>-No Co-pay</b>		
X-Ray-Intraoral, complete series (full mouth) or Panoramic (Requires PA.)	0210 Periapical 0330 Panoramic		Consisting of at least 10 periapical films plus bitewings, limited to 1X per 36 months. <b>-No Co-pay</b>		
X-Ray-Bitewing (Any X-Ray's in addition to bitewings & 3 periapicals requires a PA.)	0270 0277		1X during any 6 month interval per provider <b>-No Co-pay</b>		
X-Ray-Periapical (Any X-Ray in addition to 4 Periapical requires PA.)	0220		The single 1 <sup>st</sup> film is not covered on the same date of service as bitewings, panoramic or lateral jaw films. <b>-No Co-pay</b>		
Fluoride Treatment (Requires a PA for ages 21 & over)	1203 Pediatric 1204 Adult Not covered		No more than 2X (at 6 month intervals) per provider. Eligible to age 19. <b>-No Co-pay</b>		
Space Maintainers	1510 1515 1525		Covered- <b>Co-pay?</b>		
Night Guards			Covered- <b>Co-pay?</b>		
Pit & Fissure Sealants (Required PA for first permanent molars- 3, 14, 19, & 30 for ages other than 5-10 & second permanent molars-2, 15, 18 & 31 for ages other than 10-16 )	1351		Ages 5-16, 1X in a five year period per tooth, limited to 1 <sup>st</sup> & 2 <sup>nd</sup> permanent molars. Must be free of decay. 2,3,4,5,12,13,14,15,18,19,20,21,28,29,30,31 <b>-No Co-pay</b>		
Restorations-Fillings-Amalgams (Metal)	2000-2399		1X per year to same surface by same provider-no primary teeth which are about to come out. <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Restorations-Fillings-Composite Resin (White)	2000-2399		1X per year to same surface by same provider-no primary teeth which are about to come out. <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Restorative Temporary Sedative filling			Only when done to treat dental pain requiring emergency treatment <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Crowns-Stainless Steel	02400-02999		Only when breakdown of		

			tooth structure is excessive -No limit-primary or perm teeth, Anterior or Posterior- no primary teeth which are about to come out. <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Crowns-Preformed Plastic	?		Anterior teeth only, no limit on primary or perm teeth- No primary teeth which are about to come out. <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Crowns-Acrylic or Porcelain Veneer (Requires PA)	2751		Permanent teeth anterior teeth only. (Requires PA) <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Endodontic –Root Canal (Requires PA)			Pulpotomy for primary or permanent teeth. Root Canal in permanent dentition. <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Apexification (Requires PA)		Not including root canal treatment but includes all visits to complete the service.			
Removable Prosthetic – Full Denture (Fixed prosthetics-bridges are not covered) (Requires PA)	5110 Full Upper 5120 Full Lower		1 in 5 year period. Relining or rebasing of existing dentures not more than once in any two year period. Denture labeling for patients in long term care facilities. Benefit of <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Removable Prosthetic – Partial Denture (Fixed prosthetics-bridges are not covered) (Requires PA)	5211 Partial Upper 5212 Partial Lower		1 in 5 year period. Relining or rebasing of existing dentures not more than once in any two year period. Denture labeling for patients in long term care facilities. Partial Dentures not covered if client has at least 8 posterior teeth in occlusion & no missing anterior teeth. <b>\$50.00 per occurrence (\$250 eligibility period)</b>		
Exodontias (Extractions)	7140 Simple 7210 Surgical		Simple & surgical extractions of primary & permanent dentition including third molars. <b>Benefit of \$50.00 per occurrence applies to simple extractions. (\$250 eligibility period)</b>		
Oral Surgery		Limitations: Only Sutures of lacerations of mouth in accident cases only & not cases incidental to and connected with dental surgery. Gingivectomy only for severe side effects caused by medication. Only replant avulsed anterior tooth, not in conjunction with a root canal. Only bone grafts, mandible, restricted to the replacement of bone previously removed by radical surgery procedure.			
Orthodontics (Required PA)	8000-8999		1X per provider for same recipient. Active treatment-max of		

			30 months per recipient Work must be qualified Ortho dentist Limited to recipients under age 19 (must be banded by the last day of the month of their 17 <sup>th</sup> birthday.) <b>No predetermination- Benefit limited to \$725.00</b>		
Alveolectomy (Alveoplasty) Or drainage of an extra- oral alveolar abscess  (Requires PA)			Only covered when an edentulous ridge is involved (not in conjunction with extractions.)		
Patient Management (Requires PA)		Only in cases of cognitive disabilities who are limited in their ability to understand direction and require additional time on part of the dentist to deliver services. Provider must document specific diagnosis in patients record, must be moderate to severe or profound mental retardation. & provider must have signature of physician or professional staff member of the DMR attesting the authenticity of diagnosis.			
General Surgical Anesthesia  (Local Anesthesia is not payable as a separate service & is included in other procedure codes)	9220-Gen Anesthesia-first 30 minutes 9221- Gen Anesthesia-each additional 15 minutes 9241-Intravenous Conscious Sedation-first 30 minutes 9242- Intravenous Conscious Sedation-each additional 15 minutes  No more than total 4 hours of sedation per session.  No Co-Pay for HUSKY-B				
Periodontia			Not covered		
Implants & Transplants			Not covered		
Vestibuloplasty			Not covered		
Canceled or Missed Office Visits			Not covered		
Change of Dentist in the middle of a procedure  (Requires PA)					
Impactions  (Requires PA)  Elective Impactions require special consideration & X-Rays supporting the need for service.					
All Require PA: • Gingeectomy • Reposition forming tooth bud to another socket • Osteoplasty	4210				
All items on Fee Schedule indicated by a single Asterisk					